polidocanol (po-li-doc-o-ka-nole)

Classifications
Therapeutic: sclerosing agents
Pregnancy Category: C

Indications
Treatment of uncomplicated spider veins (varices veins < 3 mm in diameter) and uncomplicated reticular veins (varices veins 1 to 3 mm in diameter) in legs.

Action
Causes local endothelial damage following intravenous administration, followed by platelet aggregation and attachment to the venous wall, resulting in a dense network of plaques, cellular debris, and fibrin, which occludes the vein. This is followed by replacement with connective fibrous tissue.

Therapeutic Effects:
Improved appearance of spider/reticular veins.

Pharmacokinetics
Absorption: Local IV administration results in low systemic blood levels.
Distribution: Action is primarily local.
Metabolism and Excretion: Unknown.
Half-life: 1.5 hr.

TIME/ACTION PROFILE (vessel occlusion)
ROUTE ONSET PEAK DURATION
IV rapid 3–6 wk unknown

Contraindications/Precautions
Contraindicated in: Known allergy; Known thromboembolic disease; OB: Should not be used during pregnancy; Lactation: Avoid breast feeding.
Use Cautiously in: Pedi: Safe and effective use in children has not been established.

Adverse Reactions/Side Effects
Local: Mild injection site reactions.
Misc: Allergic reactions including anaphylaxis.

Interactions
Drug-Drug: None noted.

Route/Dosage
Local, IV (Adults): Spider veins—0.1–0.3 mL of 0.5% solution for each injection into each varicose vein; Reticular veins—0.1–0.3 mL of 1% solution for each injection into each varicose vein. Not to exceed 10 mL/treatment session.

NURSING IMPLICATIONS

Assessment
- Assess extent of spider and reticular veins in lower extremities.
- Monitor for signs and symptoms of anaphylaxis (rash, pruritus, laryngeal edema, wheezing) for at least 15–20 min following administration.

Potential Nursing Diagnoses
- Activity intolerance (Indications)
- Disturbed body image (Indications)

Implementation

IV Administration
- Direct IV: Administer undiluted. Using a fine-gauge (26 or 30 gauge) needle, insert needle tangentially into affected vein and inject solution slowly while needle is still in vein. Apply only gentle pressure during injection to prevent vein rupture. If repeated treatments are needed, separate by 1–2 wks.
- Inadvertent perivascular injection may cause pain. If severe, inject local anesthetic.
- Intra-arterial injection can cause severe necrosis, ischemia, or gangrene; consult a vascular surgeon immediately if this occurs.
- Following injection, apply compression via stocking or bandage to reduce risk of deep vein thrombosis. After treatment session, encourage patient to walk for 15–20 min.

Patient/Family Teaching
- Instruct patient to wear compression stockings or support hose on treated leg continuously for 2–3 days and for 2–3 wks during daytime. Compression stockings or support hose should be thigh high or knee high depending on area treated.
- Advise patient to walk for 15–20 min immediately after procedure and daily for next 3–4 days.
Advise patient to avoid heavy exercise, sunbathing, long plane flights, and hot baths or sauna for 2–3 days following treatment.

Advise patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.

**Evaluation/Desired Outcomes**

- Improvement in size and visibility of spider and/or uncomplicated reticular veins in lower extremities.

Why was this drug prescribed for your patient?