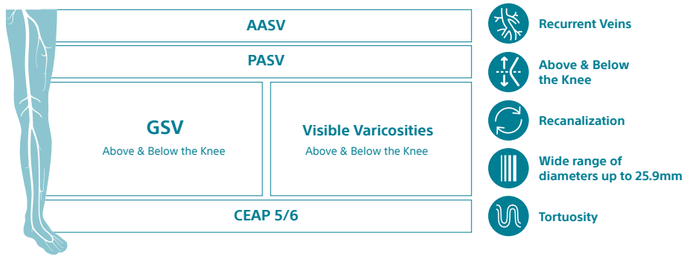
A Versatile Treatment.

Varithena goes where thermal can't and enhances results where thermal can, treating a range of varicose vein anatomies and diameters, both above and below the knee.

Treat More Varicose Veins



- Recurrent Veins
- Above & Below the Knee
- Recanalization
- Wide range of diameters up to 25.9mm
- Tortuosity

Confident in its Consistency

Using Varithena's O_2:CO_2 (65:35) gas mixture with <0.8% nitrogen produces reliably small bubbles (median diameter <100 µm; all ≤500 µm) and a 7:1 gas: liquid ratio enhances blood displacement to allow for longer dwell time in the vessel.

Varithena Microfoam UDSS

physician compounded foam*

Add Varithena to your practice.

- Extensive reimbursement support
- On-site and online training
- Covered and reimbursed by a majority of national payers
- Two active CPT® codes: 36465 and 36466

Learn more at **VarithenaProfessional.com**

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Varithena (polidocanol injectable foam)
INDICATIONS: Varithena (polidocanol injectable foam) is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and the appearance of visible varicosities. **IMPORTANT SAFETY INFORMATION:** The use of Varithena is contraindicated in patients with known allergy to polidocanol and those with acute thromboembolic disease. Severe allergic reactions have been reported following administration of liquid polidocanol, including anaphylactic reactions, some of them fatal. Observe patients for at least 10 minutes following injection and be prepared to treat anaphylaxis appropriately. Intra-arterial injection or extravasation of polidocanol can cause severe necrosis, ischemia or gangrene. Patients with underlying arterial disease may be at increased risk for tissue ischemia. If intra- arterial injection of polidocanol occurs, consult a vascular surgeon immediately. Varithena can cause venous thrombosis. Follow administration instructions closely and monitor for signs of venous thrombosis after treatment. Patients with reduced mobility, history of deep vein thrombosis or pulmonary embolism, or recent (within 3 months) major surgery, prolonged hospitalization, or pregnancy are at increased risk for developing thrombosis. The most common adverse events observed were pain/discomfort in extremity, retained coagulum, injection site hematoma or pain, common femoral vein thrombus extension, superficial thrombophlebitis, and deep vein thrombosis. Physicians administering Varithena must be experienced with venous procedures, possess a detailed working knowledge of the use of the duplex ultrasound in venous disease and be trained in the administration of Varithena.
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PI-840706-AB

Varithena®
(polidocanol injectable foam) 1%

One thing can be a meaningful addition for your patients and your practice

Add to your practice.

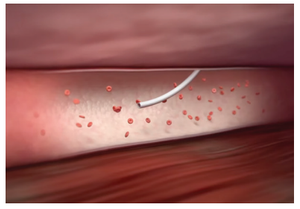
A chemical ablation for GSV-system varicosities above and below the knee.

INDICATIONS Varithena (polidocanol injectable foam) is indicated for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee. Varithena improves the symptoms of superficial venous incompetence and the appearance of visible varicosities.

Prepped to Perform.

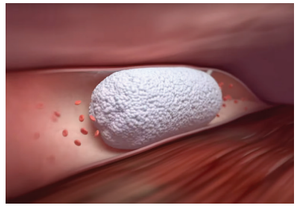
Easy and efficient to use, Varithena's low-nitrogen microfoam comes pre-formulated and delivers a reliably cohesive performance. The small, residual bubbles are rapidly absorbed for consistent results with reduced complications. It achieves endothelial destruction with a very low polidocanol concentration.

How does it work?



Venous access is confirmed

After venous access is confirmed, the vein distal to access point is compressed prior to injection.



Varithena fills the lumen with microfoam

Varithena's small consistent bubble structure and size aids in the effective displacement of blood and fills the lumen with microfoam.

Small consistent bubble size and structure

Displacement of blood helps ensure the polidocanol is neither diluted nor deactivated allowing circumferential endothelial destruction to occur.

Clinical Evidence.

Count on the treatment that's backed by clinically proven success.

VANISH-1 & VANISH-2

Two randomized multi-center controlled trials demonstrated efficacy and durability of Varithena treatment in the GSV and led to FDA-approval.

88%

APPEARANCE IMPROVEMENT[1]

70% of patients reported a clinically meaningful improvement in appearance week 8 and an 88% improvement in appearance at 1 year.

78%

SYMPTOM IMPROVEMENT[2]

78% of patients reported "moderately" or "much" improved symptoms at week 8 and year 1 following Varithena treatment

3.4%

RE-TREATMENT

3.4% of patients required re-treatment of the same vein in a pivotal clinical trial[2]

Real-world Outcomes

Varithena's record of safety and efficacy isn't limited to clinical studies.

Key findings below are from a collection of 25+ real-world studies and peer-reviewed journals since Varithenas's FDA approval in 2013.

VARITHENA VS PCF PHLEBOLOGY STUDY

CARUGO, MD I 2016

This study demonstrates the advantages of Varithena compared to physician-compounded foam, why the former is more durable than the latter, and what that means for your patients.

VARITHENA +ETA

VARITHENA + ETA PHLEBOLOGY STUDY

VASQUEZ, MD I 2017

Varithena with endovenous thermal ablation (ETA) yielded better results than using ETA alone, including lower retreatment rates and a higher percentage of patients with eliminated reflux.

94.4%

VARITHENA JVS PUBLICATION[3]

DEAK, MD I 2018

In this study, Varithena demonstrated a 94.4% complete elimination of venous valvular reflux and vein closure and 94.4% patient reported symptom relief.

EVLA VS. VARITHENA

VARITHENA VS LASER JVS PUBLICATION[4]

DEAK, MD I 2021

Varithena is comparable in safety and efficacy to EVLA for the treatment of saphenous reflux.

Exceptional Patient Experience.

Offer your patients a gentler way to treat varicose veins. Varithena is minimally invasive with nearly no pain and no downtime leading to a more comfortable experience. Some patients only need a single Varithena treatment to see effective results.

25%
of patients don't seek varicose vein treatment over fear of pain.[2]

60-80%
of patients studied prefer attribute combinations that correspond with non-thermal, non-tumescent technologies over thermal ablation—regardless of out-of-pocket costs

ONLY 1-2 NEEDLESTICKS

A gentle microfoam treatment is delivered in as few as 1-2 needle sticks.

1hr TREATMENT

LESS THAN ONE HOUR

With a procedure time of less than one hour, patients can get back to normal life the same day.

PATIENT FRIENDLY

No tumescent anesthesia and a nearly painless[4] treatment.