



Historical Background



Fabiola, one of the best known Roman midwives.

With her immense fortune, she founded in her own palace the first free hospital in Roma. This hospital was described by Saint Geronimo as *nosocomium*, or a place where the sick are cared for, establishing a distinction between the sick and the poor. She has been considered the mother of primitive nursing.

The first working women organizations (nursing groups) grew rapidly and became an expression of philanthropic and vocational desires. These organizations were first made up of deaconesses and widows. They were later joined by virgins, presbyterians, ecclesiastics and nuns, even though only deaconesses and nuns were involved in nursing.





Treatment Plan

Objectives of this Chapter:

- Identify all the elements that are taken into account for developing the sclerotherapy treatment plan.
- Learn the sequence and considerations while developing the treatment plan.
- Make a treatment plan.
- Variants of the treatment plan.
- Changes to the treatment plan.
- Sclerotherapy control.



Treatment Plan

The treatment plan is the last stage before starting the treatment of sclerotherapy. Because of its complexity and scope, we decided to devote a whole chapter to this subject alone.

Let us take a look at the steps that need to be taken before implementing the treatment plan.

The first step would be to diagnose the patient as fit for treatment on his or her second visit.

The second step is to explain to the patient the risks and benefits of the treatment, and to get the patient's consent.

The third step is to complete the therapy estimate, which establishes how many therapy sessions and resources the patient requires.

The fourth and last preliminary step is to advise the patient of the treatment cost and for the patient to accept it, along with the center's terms and conditions.

Elements to Consider

A sclerotherapy treatment plan must include the following aspects:

- 1. Patient classification.**
- 2. Description of the procedure**
- 3. Contraindications.**
- 4. Modalities of treatment.**
- 5. Description of the treatment plan.**
- 6. Frequency of treatment.**
- 7. Goals of sclerotherapy.**
- 8. Rehabilitation potential.**
- 9. Special instructions.**

In order to be able to develop these points, you need to have completed several medical tasks that will give you the necessary information for the development of the treatment plan.

What information is needed before design a treatment plan?

The necessary elements in order to make a treatment plan are:

1. The patient's complete clinical record, including all elements, such as family history, a history of the development of the disease, system review, clinical examination, etc.
2. The relevant vascular test results, such as:
 - a. Doppler and/or Venous Imaging.
 - b. Doppler and/or Arterial Imaging.
3. Results of blood tests.
4. The 3D Venous Map and classification of the complexity of the case.
5. The Crown Medical Multifactorial classification, determining the scope and severity of the circulatory problem.
6. Determination of possible differential diagnoses.
7. An estimate of the number of necessary therapies.

Once you have all of the above elements, you are in a position to develop an appropriate treatment plan, as you have all the necessary elements to be able to evaluate the case.

The meticulous development of a sclerotherapy treatment plan must lead to an optimal performance of sclerotherapy procedures. This is done by trying to achieve results that are as efficient as possible for a given case, in as little time as possible, and with as little risk as possible.

What are the three basic objectives of a treatment plan?

1. Obtaining optimal results through an adequate working method.
2. Determining, in as little time as possible, the adequate technique for each individual case.
3. Minimizing risks by adjusting procedures to the specific characteristics of the illness.

The 8 Steps for Developing the Treatment Plan

A good sclerotherapy treatment plan is one that takes the following elements into account:

1. Patient classification
2. Description of the procedure
3. Evaluation of contraindications
4. Modalities of treatment
5. Frequency of treatment
6. Goals of sclerotherapy
7. Rehabilitation potential
8. Special instructions

The first quickly

1. Patient Classification

step is to ascertain what

stage the patient's disease has reached. This classification gives you all the information in summary form.

The patient is classified according to the severity of his or her venous circulatory problem and the different related aspects that negatively impact the disease and the progress of therapy.

To this end, we use the Crown Multifactorial Scale. It gives us a score that allows us to see the scope of the circulatory problem of the patient being evaluated.

Possible results are as follows:

Categories	Classification of the disease
I	Mild varicose disease
II	Minor-to-mild varicose disease
III	Mild-to-severe varicose disease
IV	Severe varicose disease

With this classification in your hands, you can easily determine how often the patient needs to be treated and choose the right specialized professional for each case, as well as determine how often the patient needs to be reevaluated by the physician.

A category I patient will probably require an inter-consultation with the physician much less often than more severe cases. Hence the need to classify patients, as a working guide or tool.

2. Descriptions of the Procedure

A brief summary is made about the findings on the case, both from the physical examination and routine studies.

We will refer to the affected areas and to the classification of varicose disease into a given category (I, II, III and IV) by using the Crown Multifactorial Scale.

Once you have a brief overview of the case, you may let the patient know about the sclerotherapy technique to be applied in his or her case, and the anatomical sequence to be followed in that particular case.

For example:

Starting in a distal or proximal direction, depending on the order in which the varicose veins will be treated, the following methodology may be used:

1. Saphenofemoral junction and/or saphenopopliteal incompetence,
2. Incompetent perforators,
3. Truncal veins
4. Lastly, telangiectasias.

Look at the venous map and the description of each area. Write down new comments on any area that may need special attention, and whether it is necessary to change the behavior to follow.

Remember that duplicate information in medical documentation helps to keep mistakes and complications to a minimum.

A therapist reading this section should have a global overview of the patient's problems, identify areas of complexity and know what technique to apply, and in what sequence.