

Division of Imaging

Information for Patients

Sclerotherapy for Vascular Malformations

This leaflet tells you about having sclerotherapy treatment. It explains what is involved and what the possible risks are. It is not meant to replace an informed discussion between you and your doctor but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you or the department which is going to perform it.

What is a Sclerotherapy?

Sclerotherapy is a procedure to treat vascular malformations (benign non-cancerous tumours). A liquid agent (sclerosant) is injected through a needle into the swelling to cause it to shrink. Often a course of treatment over a period of time is required to obtain the desired effect.

Why do you need Sclerotherapy?

Your doctors feel that your malformation is not suitable for an operation and is best treated with sclerotherapy. This is aimed at reducing the size and symptoms of the malformation, usually over a course of treatment.

Other imaging tests will usually have been performed (such as a magnetic resonance imaging (MRI) scan and an ultrasound scan) to aid the diagnosis and will have helped in deciding the best form of treatment in your case.

What is a Malformation?

A vascular malformation is a rare benign tumour that is present at birth. They are low (slow) flow lesions that tend to grow very slowly. At certain times (such as puberty and pregnancy) they may grow more quickly. Most vascular malformations cause no particular problems; however, about half do.

The problems caused are commonly pain and swelling, overlying skin discoloration or a combination. Although we cannot cure these malformations, the aim is to

improve the symptoms and aesthetics (look of them). Surgery is sometimes used but even then, the malformations tend to grow back in time. Low flow malformations can be venous (blood spaces), lymphatic (lymph spaces) or mixed.

What happens during Sclerotherapy procedure?

A trained specialist doctor called an interventional radiologist along with a team including a radiographer and a nurse will perform your sclerotherapy procedure.

- You will be asked to change into a hospital gown.
- You might be asked to remove certain items of clothing and jewellery.
- You will also be asked to confirm some details including date of birth and pregnancy status.

You will be asked to lie on the X-ray table. Sclerotherapy is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure.

The skin overlying the swelling will be swabbed with antiseptic and you may have a small injection of a sedative to make you feel sleepy. Using ultrasound guidance, several small needles will be placed in the swelling. A small amount of dye (contrast agent) is sometimes injected to confirm the needle is correctly positioned and to calculate the correct volume of sclerosing agent to inject. The liquid or foam sclerosing agent is injected, and the procedure is finished. Sometimes it is not possible to place a needle in a safe position and the procedure has to be abandoned.

Will I feel any pain?

Following injection of the liquid or foam agent, there will be some pain and swelling due to inflammation. This is to be expected. It may last up to 10-14 days. Pain relief medication and anti-inflammatory medication will have been administered to help reduce this but expect some pain and swelling to last up to ten days.

Are there any risks with this examination?

Sclerotherapy is a safe and effective procedure, but as with any medical procedure there are some risks and complications that can arise.

There will be pain and swelling following the procedure. If the malformation does not swell, then it is likely that the treatment will not work. The pain should subside over a day or so and the swelling over about 5-10 days. This usually responds to paracetamol or ibuprofen.

If the malformation is close to, or just under the skin, there is a small risk of skin blistering and rarely skin loss. If this were to occur, it usually requires simple bandaging but rarely may require an operation.

Very rarely, nerve damage can occur if the malformation is close to a major nerve. This is usually a temporary situation due to the nerve being 'bruised'. However, although extremely rare, this can be a permanent loss. This will be taken into account by the multidisciplinary team of doctors before deciding whether this type of treatment is suitable for you.

There is a chance the malformation may not shrink or may even grow again later, in which case further treatment may be required. This will be decided when you visit the clinic for a follow-up appointment in the months following treatment.

If a general anaesthetic is required, this carries an extremely small risk.

Radiation risk

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous.

Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures, there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiographer is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.

Contrast risk

We might need to give you contrast dye to make the malformation show up more clearly.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

Is there anything I need to inform you of before I attend for my appointment?

Pregnancy:

Radiation can be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer before the examination.

Each examination request will be checked by the radiologist to make sure it is properly justified and necessary.

How do I prepare for my Sclerotherapy procedure?

Timing:

You should plan to be in the department for a few hours. Your appointment letter will give you more details.

Please note the time you have been asked to arrive in the department is your admission time, not the time of your procedure. This is to ensure there is adequate time to fully prepare you for the procedure. We will try to see you as soon as possible, but occasionally we have to see patients urgently at short notice. This means that your appointment could be delayed. We will let you know if this is the case.

We will advise you not to eat or drink before your procedure. Your appointment letter will tell you how long beforehand to stop or if you are an inpatient, the medical team on the ward will take care of the preparations.

If you are taking any medications, please continue to take these as usual unless you have been told otherwise by a member of the Radiology team. If you are taking Metformin and have poorly functioning kidneys, please contact the department to review this as you may be asked to stop taking this medication 48 hours prior to your appointment.

Help and support in the department

If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

Do I need to give my permission (consent)?

You will be seen by a Consultant Vascular Interventional Radiologist or a member of their team in an outpatient appointment before the procedure, this could be face to face, virtual or via a phone call. The purpose of this appointment is to discuss your symptoms, the procedure you have been referred for and the associated risks and benefits.

This is an opportunity to ask any questions you may have. In the instance you wish to proceed, the consent form for the procedure will be completed during this appointment.

If you do not wish to have the examination or are undecided, please ask the radiologist or a member of the team so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for a few hours.

What happens after the Sclerotherapy procedure?

Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will generally go home later that day. You will only stay overnight if the pain and swelling is not adequately controlled.

When will I get my results?

You will be made aware of the outcome and any additional information, after the procedure has been completed.

What should I do if I have a problem?

You should not have any problems that is a result of the Sclerotherapy procedure.

If you feel your condition has changed, or you need further medical advice before receiving your results/after leaving the hospital, please make an appointment with the doctor that referred you, or in an emergency, go to your nearest Emergency Department (ED).

How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.

Contact us

For contact information please refer to your appointment letter or if you are an inpatient please direct your queries to one of the medical staff on the ward

Language and accessible support services:

If you need an interpreter or information about your care in a different language or format, please get in touch.

Your comments and concerns

If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website www.patientopinion.org.uk/ click on 'Tell your Story'

If you would like to discuss a concern or make a complaint:

Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: pals@mft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone: 111, 24 hours a day

Website: www.111.nhs.uk

Finally

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.