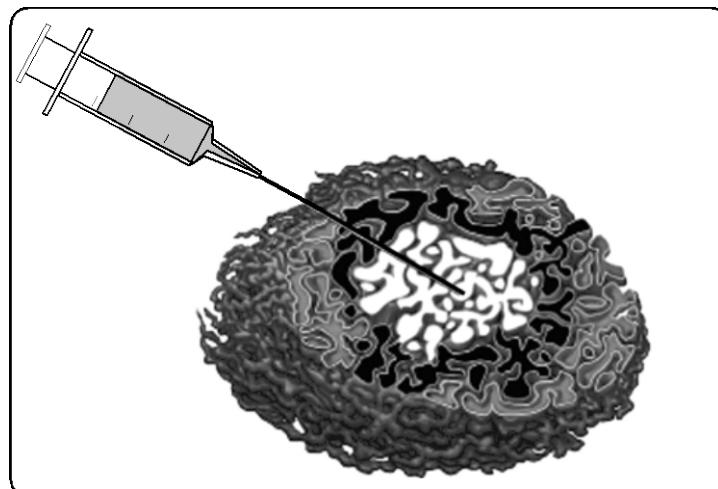




## Sclerotherapy for vascular malformations



### What is Sclerotherapy?

It is a procedure to treat vascular malformations (benign non-cancerous lesions). A liquid agent (sclerosant) is injected through a needle into the swelling to make it shrink. The vascular malformation is made up of two components: a solid component (matrix) and an expandable component (vascular space). It is the vascular spaces that the sclerotherapy targets causing them to shrink. It is performed by an interventional radiologist, who has had special training in this area. This will be carried out in the radiology department or the operating theatre.

### Why do I need Sclerotherapy?

Your doctors feel that the malformation you have is more suited to injection treatment in the first instance rather than open surgery. This is minimally invasive only requiring the placement of a few needles rather than open surgery. It is aimed at reducing the size and symptoms of the lesion. It may take several treatment sessions to successfully treat the lesion. Prior to the sclerotherapy you will have had a MRI scan and an ultrasound scan. You will then be seen in the vascular malformations clinic, at QEHB, to discuss the findings and treatment options.

### Who has made the decision?

The Interventional Radiologist or Multidisciplinary team you will have met in the clinic will have discussed the situation with you and feel this is the next step. Your opinion will also be taken into account and if, after discussion with your doctors, you no longer want the procedure, then you can decide against it.

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## **How do I prepare for Sclerotherapy?**

The procedure will most likely be carried out under local or regional anaesthesia (possibly with a light sedative). Occasionally a general anaesthetic will be required but this will be discussed with you well in advance. The procedure is typically performed as a day case. You will probably be told you must not eat for 6 hours beforehand. You will be asked to put on a hospital gown and a small needle may be put in a vein in your arm so that sedation can be administered if necessary.

## **What actually happens?**

You will be asked to lie flat on your back on the X-ray table. You will have a monitoring device attached to your finger and may be given oxygen. The skin overlying the vascular malformation will be cleaned with antiseptic and then you may have a small injection of a sedative to make you feel drowsy and relaxed. Using ultrasound several small needles will be placed in the swelling. A small amount of X-ray dye (contrast medium) is sometimes injected to confirm the needle is correctly positioned and to calculate the correct volume of sclerosing agent. The sclerosing agent is then 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 it hurt?**

Following injection of the liquid agent there will be some pain and swelling due to inflammation. It often occurs immediately and by the time you have returned to the ward it can be very noticeable. Do not worry this is the desired affect and may last for a number of days. Pain killers and anti-inflammatory medication will have been administered to help reduce the duration at the time of procedure.

## **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. As a guide, expect to be in the interventional radiology department/theatre for about an hour altogether.

## **What happens afterwards?**

If the treated area involves a limb, a bandage may be applied for a few hours. After the procedure you will be taken back to the ward and have routine observations and may have an IV drip for a few hours. You will generally go home later that day.

## **Are there any risks or complications?**

Sclerotherapy is a safe and effective procedure but as with all medical treatments there are some potential risks and complications and it is important you are fully aware of these.

There will be pain and swelling following the procedure which should reduce after a few days (but may last up to 10–14 days). This usually responds to paracetamol and you should avoid taking anti-inflammatory tablets such as ibuprofen and voltarol in the first few days after the procedure.

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

Very rarely, temporary or less likely permanent nerve damage can occur. This is because a nerve lies close to the malformation. This may result in an area of numbness or weakness. Typically this improves over a 3–6 month period. This will be taken into account by the multidisciplinary team of doctors before deciding whether or not this type of treatment is suitable for you.

There is a very small risk of developing black urine after the treatment which can potentially harm the kidneys. Occasionally as a precautionary measure and depending on the size of the vascular malformation you may be given intravenous fluids around the time of the procedure to minimise this risk.

There is a chance the malformation may not shrink. If this happens the multidisciplinary team will review the situation and surgery may be the next step. Treatment is aimed at relieving your symptoms and is not necessarily a cure and the malformation may grow 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.

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