

Having sclerotherapy for vascular anomalies

Department of Radiology

Information for Patients

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What is sclerotherapy for vascular anomalies?

If your blood vessels have not developed normally this is called a vascular anomaly (VA). You may have been born with this but may not have noticed it until recently.

After talking to your doctor, you have been referred for sclerotherapy as the type of VA you have is best treated by this method.

Sclerotherapy involves injecting the abnormal blood vessels with a liquid (called a sclerosant) to block and destroy them. This process can be effective at reducing pain, or other symptoms caused by your VA.

It is important to be aware that this is not a cosmetic procedure. If your VA involves the skin and causes discolouration or swelling, this may not change after this procedure. In fact swelling and discomfort is likely to increase for a week or two after the procedure, before getting better.

If your VA is large, repeated sessions of sclerotherapy may be needed.

If your VA is complex, deep under your skin, on your palms or soles of your feet, you may be advised to have the procedure under a general anaesthetic, as treatment can be painful in these cases, or in some types of VA, complications of treatment may be higher.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Your referral and consent

Before starting sclerotherapy, you will have been seen by a vascular surgeon and a radiologist in the Vascular Anomalies Clinic. The doctor who referred you will have talked to you about the reasons for this procedure and any other options.

You have been referred to a radiologist for this procedure. Radiologists are doctors who specialise in imaging and X-ray treatments. They will check that you understand why the procedure is being done, and what the potential risks and chances of success are. You will be asked to sign a consent form to confirm this. **You should feel that you have had enough information before you sign the consent form.**

If after talking to the hospital doctor or radiologist you do not want to have the procedure, you can decide against it.

If the radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may ask you to return to your referring doctor for review.

Important information

If you are taking medication that thins the blood (anticoagulants or antiplatelets), you may have been given advice in the clinic as to whether you need to stop these for this procedure.

If not, please contact the Radiology Department on the telephone number on your appointment letter, for advice as soon as possible.

These drugs could include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto) and ticagrelor (Brilinta).

Please tell the doctor or nurse who is doing the procedure if:

- you are taking aspirin.
- you are allergic to iodine or rubber (latex), or have any other allergies or asthma.
- you have ever had a reaction to an intravenous contrast liquid (the dye used for kidney X-rays and CT scanning, and X-rays of your heart and blood vessels).
- you are on renal dialysis or have any problems with your kidneys.
- you have diabetes.
- there is any possibility that you may be pregnant.

What do I need to do before the procedure?

Sclerotherapy for VA is done as a day case procedure and you should follow the information sent to you about the appointment.

Your length of stay will be about 2 to 3 hours. **You will need someone to take you home after the procedure.**

Have a bath/ shower on the morning of your appointment, or the night before.

On the day of your appointment:

If you have a morning appointment, please have a light breakfast before 6am (cereal or toast with a drink such as tea or coffee).

If you have an afternoon appointment, please have a light breakfast before 9am.

It is important that you continue to drink until 1 hour before your appointment time. This will help prevent any damage to your kidneys, which is rare for most patients.

If you are taking any blood thinning medication (anticoagulant), you will have been given specific instructions on whether to stop this. Otherwise take all your usual morning medications and bring all your usual medications with you into hospital.

Before the procedure you will be asked to put on a hospital gown and disposable underwear.

What happens during the procedure?

The procedure is done in the Radiology Department, or sometimes in the operating theatre if you are having a general anaesthetic.

You will be awake and lying down during the procedure. Some patients can have sedation if you need help to relax. Sedation will not make you sleep.

Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic and some of your body will be covered with sterile sheets.

The skin and deeper tissues over the VA may be numbed with a local anaesthetic.

The radiologist will place a thin needle (the size of a blood test needle) into the VA. A colourless liquid that shows up on X-rays (contrast liquid) will be injected through the needle; this may give you a warm sensation but will only last a few seconds. X-rays will be taken to outline the VA.

Once the needle is in the correct position the sclerosant is injected into the VA.

Once the radiologist is satisfied that the procedure is complete, the needle will be removed and the radiologist will press firmly on your skin for several minutes to stop any bleeding. An elasticated bandage may be applied if your VA is on your arm or leg.

The procedure may be uncomfortable but it is not usually painful. There will be a nurse or member of staff looking after you. If the procedure does become uncomfortable they will arrange for you to have some painkillers.

How long will the procedure take?

As every patient's situation is different we cannot say how easy or difficult the procedure will be.

It usually takes about 20 minutes, but complex cases treated under general anaesthetic may take much longer.

Your length of stay will be about 2 to 3 hours. **You will need someone to take you home after the procedure.**

What happens after the procedure?

You will be asked to rest in bed for about 1 hour after the procedure. We will carry out routine checks, such as taking your pulse and blood pressure to make sure there are no problems. We will check the needle entry points on your skin to make sure there is no bleeding, before you are sent home.

What advice should I follow when I get home?

The nurse will tell you how to look after yourself at home:

If you had sedation:

For 12 hours you must have another adult with you.

For 24 hours do not:

- drive a car or ride a bicycle.
- drink alcohol.
- operate machinery or do anything which needs skill or judgement.
- make important decisions or sign any documents.
- climb ladders.
- return to work until after this period of time.
- lift heavy items or do any strenuous exercise.

For all patients:

- **Do not drive for 24 hours** - you should relax and take things easy for the rest of the day.
- If your VA is in your leg, keep that leg raised when you sit down.
- If a dressing or bandage has been applied, you can remove this about 24 hours after the procedure.
- Expect to have some swelling and tenderness, which may be worse than your initial symptoms. This will settle down after a week or two.
- If you have pain this can be eased by taking your usual painkiller. You may find a non-steroidal, anti-inflammatory drug (such as ibuprofen) works best, if you know this is a suitable medication for you. If your usual painkiller does not work you should see your GP.
- After 24 hours you can return to normal activities.

Are there any risks or complications?

Complications are possible with any procedure or operation. The most common risks and complications are given below, although they can be different for each person. Your risks will be discussed with you before you sign the consent form.

- The main risk is that the sclerosant spreads outside the VA. This may cause:
 - **numbness, tingling or weakness** if a nerve is involved. Typically this improves over a 3 to 6 month period.
 - **tissue necrosis** - a blister or a small ulcer may form if the VA is close to, or just under the skin. This would usually need special treatment.

These complications are not common in most patients and will often get better without major treatment. In a small number of cases these and other risks will be more significant and will be discussed with you during your consultation and the consent process.

- **Swelling and pain** - you are likely to get an increase in any swelling or pain that you had before treatment. Do not worry as this is part of the normal healing process. Take some painkillers if you need to. These symptoms should go down after a few days, but can last up to 10 or 14 days.
- **Infection** - if the treated area becomes hot and red, or you feel unwell with a temperature, this may mean you have an infection. **You should see your GP or contact the Radiology Department** on the telephone number on your appointment letter for advice.
- **Reaction to the contrast liquid** - some people may be allergic to the contrast liquid and have symptoms such as feeling or being sick (nausea or vomiting), or get a rash. If you get these symptoms at home, contact your GP or call 111 for advice.

How do I get the results?

You will be told at your appointment if the treatment session has been successful. However, it is unlikely that all the VA will be treated in one session.

If you still have symptoms you may be offered further injections, or referred back to the Vascular Anomalies Clinic.

Follow-up procedure

You will usually be seen in the Vascular Anomalies Clinic about 3 months after your treatment, to see how you are doing and to answer any questions you may have.

VA may be extensive beneath the skin and need repeat injections to fully treat. They may also have a tendency to return. If this happens at a later date, further injections are usually possible.

What are the risks from radiation in this procedure?

The risks from having X-rays are very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground.

Each X-ray examination gives a dose on top of this natural background radiation. The risks of this radiation are slightly higher for an unborn child, so we therefore ask female patients aged between 10 to 55 years, about their periods and possibility of being pregnant.

The benefits of this examination are likely to outweigh any potential risk, and the risk from not having the examination could be greater. We follow safeguarding procedures to minimise the amount of X-rays you receive.

Contact details

If you have any questions or wish to talk to someone before the procedure, you can contact the radiology nursing staff or your consultant.

After the procedure you can contact your GP for advice.

You can also get advice from the Radiology Department at the hospital where you had your treatment.

You can contact the NHS helpline on 111 for health advice information.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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