

Treatment to destroy abnormal blood vessels (sclerotherapy for vascular anomalies)

Department of Radiology

Information for Patients

Last reviewed: September 2024

Next review: September 2027

Leaflet number: 74 Version: 5

Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your treatment. Please read it carefully as it has important information and instructions.

What is a vascular anomaly?

A vascular anomaly (VA) is made up of extra blood vessels that have no use and can cause problems. Blood collects inside the VA and makes the blood vessels stretch. You may have been born with this but may not have noticed it until recently.

What is sclerotherapy for vascular anomalies?

Sclerotherapy involves injecting the abnormal blood vessels with a liquid (called a sclerosant) to block and destroy them. The intended benefits of this treatment are to reduce pain and other symptoms caused by your VA.

This is not a cosmetic treatment. If your VA involves the skin and causes change in skin colour and swelling, this may not change after this treatment. Swelling and discomfort is likely to get worse for 1 or 2 weeks after the treatment, before getting better.

If your VA is large, you may need 2 or more sessions of sclerotherapy treatment.

If your VA is complex, deep under your skin, on the palms of your hands or soles of your feet, you may be advised to have the treatment under a general anaesthetic. This is because treatment can be painful in these cases.

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**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Asking for your permission (consent)

Before starting sclerotherapy, you will have been seen by a doctor who specialises in operations on blood vessels (vascular surgeon) and a doctor who specialises in imaging and X-ray treatments (a radiologist) in the Vascular Anomalies Clinic.

The doctor who referred you should have talked to you about the reasons for this treatment and any other options.

You have been referred to a radiologist for this treatment. They will confirm that you understand why the treatment is being done, the potential risks and the chances of success.

You will sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the treatment then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the treatment is still needed. They may ask for the doctor who wanted you to have the treatment to talk to you and review your condition.

Important information about blood thinners:

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it or take a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter and at the end of this leaflet. You will be asked what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this treatment. Please still call the radiology department so we can check this.

Important information

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

- **You are taking aspirin.**
- **You are allergic to iodine or rubber (latex),** have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast).** This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney dialysis or have any problems with your kidneys.**
- **You have diabetes.**
- **There is any chance that you may be pregnant.**

How do I get ready for the treatment?

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

Have a bath or shower on the morning of your appointment, or the night before. This will help to reduce the risk of you getting an infection from the treatment.

Eating and drinking instructions 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). Do not eat after 6am. Keep drinking until 1 hour before your appointment.
- If you have an afternoon appointment, please have a light breakfast before 9am. Do not eat after 9am. Keep drinking until 1 hour before your appointment.

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.

Other instructions:

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

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

What happens during the treatment?

- The treatment is usually done in the Radiology Department. We may do it in an operating theatre if you are having a general anaesthetic.
- You will be awake (unless you are having a general anaesthetic) and lying down during the treatment. We may be able to give you a sedative to relieve anxiety. The sedative will make you feel drowsy but will not make you go to sleep.
- Everything will be kept clean (sterile). We clean your skin with antiseptic. This may feel cold. We cover some of your body with sterile sheets.
- We inject some local anaesthetic into the skin and deeper tissues over the VA. You may feel a stinging pain at first. This soon wears off and the skin and deeper tissues should then feel numb.
- We put a thin needle (the size of a blood test needle) into the VA. We inject a colourless liquid that shows up on X-rays (contrast liquid) through the needle. This may give you a warm feeling but will only last a few seconds. We take X-ray pictures to see the VA.
- When the needle is in the right position we inject the sclerosant into the VA.

- When the treatment is done, we take the needle out. The radiologist will press firmly on your skin for a few minutes to stop any bleeding. An elasticated bandage may be put on if your VA is on your arm or leg.
- The treatment may be uncomfortable but it is not usually painful. If it does become uncomfortable you should tell the member of staff who will be with you throughout the treatment. They will arrange for you to have some painkillers.

How long will the treatment take?

Every patient's situation is different. It is not always easy to know how difficult or how straight forward the treatment will be.

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

You will need someone to take you home after the treatment. You will be at the hospital for about 2 or 3 hours.

What happens after the treatment?

We ask you to rest in bed for about 1 hour after the treatment.

We will carry out routine checks, such as taking your pulse and blood pressure. This is to make sure that there are no problems. We will also look at the skin entry point to make sure there is no bleeding from it before you go home. **You will need someone to take you home after the treatment.**

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: a responsible adult must stay with you for 12 hours. An adult must take you home. If you are being transported by ambulance you must have someone waiting at home to stay with you.

For 24 hours:

- do not drive a car, ride a bicycle or climb ladders
- do not drink alcohol.
- do not operate any machines or do anything requiring skill or judgement.
- do not make important decisions or sign any documents.
- do not return to work until after 24 hours or until you are well enough.
- do not do any strenuous exercise or heavy lifting

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 take it off 24 hours after the treatment .
- Expect to have some swelling and tenderness. This may be worse than the symptoms you had before the treatment. It will settle down after 1 or 2 weeks.
- If you have pain you can take your usual painkiller. You may find a non-steroidal, anti-inflammatory drug (such as ibuprofen) works best. Only take this if you know it is a suitable medicine for you. If your usual painkiller does not work you can contact your GP.
- After 24 hours you can return to your usual activities.

Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

- The main risk is that the sclerosant goes outside the VA. This may cause:
 - **numbness, tingling or weakness** if a nerve is involved. This is likely to improve or get better over the next 3 to 6 months.
 - **a wound on the skin caused by 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. For some patients these risks and other risks will be higher.

- **Swelling and pain** - you are likely to get an increase in any swelling or pain that you had before treatment. 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 contact your GP** for advice.
- **Reaction to contrast liquid** - Some patients may be allergic to the contrast liquid. You could get symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you start to get symptoms at home you should contact your GP or call 111.

How do I get the results?

You will be told at your appointment if the treatment session has been successful. But, it is unlikely that all the VA will be treated in 1 session.

If you still have symptoms you may be offered more injections, or referred back to the VA Clinic.

Follow-up

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

The clinic doctor can ask us to send you an appointment for more treatment if needed.

Even if your VA has been treated successfully, VAs often come back. If this happens in future, you may be able to have it treated again.

What are the risks from exposure to radiation in this examination?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be 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 test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this test are likely to outweigh any possible risks. The risks of not having the test could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

If you have any questions or concerns, or cannot make the appointment:

Please call the Radiology department on **0116 258 8765** and select **option 7**. Monday to Friday 9am to 5pm, but not on bank holidays.

If you have any questions or wish to talk to someone before the treatment, you can talk to the nurses in radiology when you arrive. After the treatment 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

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk