

Patient information

Sclerotherapy

Interventional Radiology Department

This document is designed to provide you with detailed information about this procedure. Please take the time to read through this leaflet carefully to gain a better understanding of what the procedure entails, its benefits, risks, and what to expect during and afterward. It is not meant to replace 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 doctor performing the procedure.

What is an Sclerotherapy procedure?

Most often sclerotherapy is used to treat an abnormality called Vascular Malformations/AVMs, but it can be used in a wide range of abnormalities from cysts to varicose veins.

Sclerotherapy has been used as a treatment at many specialist centres in the region, including ours. It involves the injection of a chemical that causes deliberate damage to an abnormal structure within the body.

Sclerotherapy is mainly a symptomatic treatment, it is most effective in taking away any symptoms such as pain or discomfort, swelling, a discharge or recurrent infection. It is a way to manage symptoms rather than to 'cure' the problem.

Sclerotherapy cannot make the underlying abnormality disappear but may make it smaller and more manageable. You will probably need several treatments over a period of time; because everyone is different it is very difficult to predict at the outset how many treatments will be required. Treatment is usually administered in a set of four-six sessions spaced four-six weeks apart. It ceases once symptoms are under control. If or when symptoms recur in the future a further block of treatment sessions can then be performed.

What are the benefits of Sclerotherapy procedure?

The main benefit is that sclerotherapy is quickly and easily performed in expert hands and it seems to be more effective than traditional open surgery in several conditions. Sclerotherapy is usually performed as a day case and most often no anaesthetic is required.

What will happen if I decide not to have treatment?

There are some other treatments that might be possible (please see alternative treatment section). If you choose not to proceed you should discuss this carefully with the doctor that recommended this treatment. In several cases, it is perfectly reasonable to continue without any specific treatment, and you are able to change your mind at a later date and ask for this treatment if your symptoms become worse.

Who will be doing the procedure?

A specially trained team of doctors, nurses and radiographers in the X-ray department. The specially trained doctor is called an Interventional Radiologist. They have skills in using different imaging such as X-ray, Ultrasound and CT scanners to carry out procedures.

Before the procedure

The Interventional Radiology nursing team will contact you before your procedure with any information you need to know to get ready for it. This may include stopping medications, other tests, or stopping eating or drinking for some time before the procedure. If you are an inpatient on the ward, they will contact the ward nurse.

If you have any allergies, you must let the nurse/doctor know. If you have been unwell after receiving X-ray dye (used for CT scans) please let the team know.

On the day of the procedure the Interventional Radiologist will go through a consent form with you. You can ask any questions you may have then or call the department before your test on 0151 706 2748 Royal Liverpool hospital, or 0151 529 2925 Aintree hospital.

Please contact us if you are unclear on any of these instructions.

How is the procedure carried out?

Will I be given an anaesthetic?

Depends on treatment type. Rarely Local or General anaesthetic may be required.

Where will the procedure take place?

Ultrasound room or X-ray operating theatre.

How is it done?

You will be required to change into a hospital gown. You may need to remove your jewellery, glasses, contact lenses or false teeth – check with the nurse. You will then be escorted to the theatre, where you will be looked after by the team.

Position – You will be asked to lie on the X-ray table in a position instructed by the doctor depending on area to be treated).

Access – area to be treated.

The Radiologist will use imaging to see the area to be treated. This may involve X-ray, Ultrasound or a CT scan. The skin will be cleaned and covered with a sterile drape ready to start the procedure.

The local anaesthetic may be used to freeze the area and then the doctor will perform the procedure.

The procedure involves using ultrasound to locate the area of malformation and inserting a needle into this area. X-ray dye is injected into the area and X-rays are used to see the vessels/area to treat. After this a chemical treatment is injected into the vessel/area to alleviate symptoms.

The region will be cleaned, and a small dressing will be applied.

How long will it take

20 minutes-one hour.

After the procedure

Recovery - Nursing staff will check your blood pressure, pulse, and procedure site in the recovery area. The length of time this is done for depends on each patient/procedure.

Discharge If you are an outpatient, you will normally be able to go home the same day, usually (one) hours from the end of the procedure. You will usually need an escort home from hospital and a responsible adult to stay with you overnight. This can be discussed with nurse when they ring you.

If you are a ward patient, you will be returned to the ward for further observation by the ward staff.

Your wound will be one or more small needle access points, covered with plaster/dressing. The dressing can be removed after a couple of days.

Back to work/driving/normal activities We would usually recommend not to drive for 24 hours post procedure. This can be discussed with nurse when they ring you.

What are the risks of Sclerotherapy?

- Minor bleeding/localised bruising is common. Major bleeding is very rare
- Infection
- Some amount of pain may be experienced for up to two weeks after the procedure, and symptoms may temporarily feel worse before they start to improve
- There can occasionally be skin changes/pigmentation
- Ulcer (leak of chemical onto skin). This is rare but may take weeks/months to heal
- Loss of sensation or limb weakness from nerve damage – this is very rare, but if nerve damage does occur it can have long lasting effects and can rarely be permanent
- Loss of blood supply – very rare

Other:

- Allergic reaction.
- Radiation risk (X-ray or CT guidance).

There is always a slight risk of damage to cells or tissues from being exposed to any radiation, including the low levels of X-ray which may be used for this test. The risk of damage from the X-rays is usually very low compared with the potential benefits.

Please be aware that even a small extra amount of radiation may be harmful to an unborn child. If you think that there is a chance you may be pregnant, please contact the IR department.

If you would like more information about radiation risk we have leaflets available, or feel free to discuss this with our staff who will be happy to answer any questions you may have.

Are there any alternative treatments available?

- Conservative management.
- Surgery.
- Laser therapy.

It is always up to you whether you choose to proceed with a particular treatment. Some of these treatment options may not be available for you. You should speak to your doctor about this.

Further Appointments

Follow-up: If any further appointments are needed, you will be contacted by the team that sent you for the procedure.

Unexpected problems or concerns: Ring the Interventional Radiology department if related to this procedure

Royal Liverpool University Hospital - 0151 706 2748

Aintree University Hospital – 0151 529 2925

If you think you need **urgent** medical assistance please contact NHS111 or attend your local A&E Department.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**Interventional Radiology
Imaging Department
Royal – 0151 706 2748
Aintree – 0151 529 2925**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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