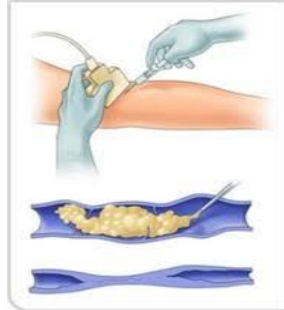


## INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD

### HAVING SCLEROTHERAPY FOR LYMPHATIC MALFORMATIONS



#### Lymphatic Malformations

Lymphatic malformations are collection of small cysts which are congenital, that is, they were present when your child was born. These cysts are filled with fluid and can cause problems such as pain, sudden swelling and bruising of the area. Sclerotherapy is a non-surgical way to treat lymphatic malformation. Sclerotherapy is usually performed under General anesthesia which means your child will be asleep during the procedure. The procedure is performed by an Interventional Radiologist, who use Ultrasound or X-ray guidance, to inject a medicine (Sclerosant) into the cysts. The medication causes irritation to shrink the abnormal fluid filled spaces and reduce the size of the malformation.

#### What are the benefits of Sclerotherapy?

Sclerotherapy reduce the size and number of cysts, reduce the number of events where it bleeds or becomes inflamed. It reduces pain, swelling and improves the cosmetic appearance. There is no surgical incision as the Radiologist only use needles called IV cannula.

#### Does Sclerotherapy provides permanent cure?

Sclerotherapy may not provide complete cure of the Lymphatic malformation. The aim of the treatment is to shrink the malformation to alleviate pain and swelling. Your child may need to have several Sclerotherapy procedures to see the effect. There are chances that the malformation re-appear even after multiple treatment.

#### What happens before the Sclerotherapy?

Your child would have already attended Crumlin Vascular Anomalies Clinic prior to Sclerotherapy appointment. Information about the procedure would have been communicated to you during the clinic visit or by a follow up telephone call. You will also receive an appointment letter with the date and time of day admission. A Clinical Nurse Specialist will contact you prior to the procedure, to confirm that your child is well enough to have the procedure under General Anesthesia. In addition, you will receive phone call from admissions office and Clinical Nurse Specialist to confirm the appointment and fasting guidelines.

#### What happens on the day of the procedure?

On the day of the procedure, you will meet the Radiologist who will explain the procedure in detail, discuss any questions you may have and ask you to sign a consent form giving permission for your child to have Sclerotherapy. An anesthetist will also review your child before procedure. The procedure is done in the operating theater.



### How long will the procedure take?

The procedure takes about 45 minutes approximately. However, it would expect to take approximately 2-3 hours from leaving the day ward to return the admitting ward.

### What happens after the procedure?

The child will be observed in the recovery room until they are fully awake. Sclerotherapy is a day case procedure unless your child is less than 1-year-old or needs overnight observation. Child will have a small adhesive dressing which can be removed after 24 hours. For arm or leg lymphatic malformation, your child might go home with a bandage dressing for extra support. The radiologist will visit you after the procedure to provide feedback and further guidelines.



### Frequently asked questions on Lymphatic Sclerotherapy:

#### What are the risks of this procedure?

Procedures under general anesthesia carries it's on set off risks. An anesthetist will talk to you about suitability for General Anesthesia.

#### Other risks specific to Sclerotherapy are:

##### Pain

Your child will not feel pain during the procedure as they will be asleep. They will also get pain medication which should be sufficient for pain relief up to 6 hours after the procedure. If pain is a feature of the lesion, then the child can often experience the same or slightly more pain as a result of Sclerotherapy. Calpol or Neurofen can be taken, it usually does not need anything stronger.

##### Bleeding

The lymphatic malformation has some blood vessels in and around it; it may have already bled into itself. The procedure does not usually cause bleeding as it is performed under ultrasound guidance, thus allowing visualisation of adjacent structures / blood vessels and avoiding them. There will be no significant blood loss or bleeding following the procedure.

##### Infection

It is a sterile procedure; no skin incision and does not require sutures. The risk of infection from Sclerotherapy of a lymphatic malformation is very small, so we do not give routine antibiotics.

##### Swelling and bruising

Lymphatic Malformation can become more swollen, more red and more tender following Sclerotherapy because the treatment causes inflammation of the lining of the cysts. This is desirable in a way, because we want inflammation and secondary healing to occur, so that the cysts close off and can't fill.

We try to balance giving the right amount of Sclerotherapy and not causing too much discomfort. This is why we often need to treat in stages, more than one treatment, with intervals between treatments.

#### Will there be any scarring after Sclerotherapy?

Since there is no incision, there won't be any permanent scarring after Sclerotherapy. However, there will be temporary needle marks similar to what you would see after having blood tests.



Children's Health Ireland  
at Crumlin



### Contact Details

For more information on Sclerotherapy, please contact Radiology Clinical Nurse Specialist 01409 6100, ext. 2021 / bleep 280 or Laser Clinical Nurse Specialist 014096890 / bleep 497 in CHI at Crumlin, Dublin.



**Remember: Ask your nurse if you are unsure about anything about your child's care.**

### Fasting Instructions

Your child will need to be fasting before Sclerotherapy

- **Stop Solid food including Formula & Milk: 6 hours** before procedure.
- **Stop Breast Milk: 4 hours** before procedure
- **Stop Clear fluid (Water, Clear apple juice): 1 hour** before procedure

Please give your child **water or clear apple juice** up until an hour before their appointment time, either orally or via Nasogastric/Gastrostomy tube. This will keep your child well hydrated, prevent low blood sugars and make fasting more bearable for your child.

Developed by Radiology & Vascular Anomalies Clinical Nurse Specialists

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