

You will normally stay in bed for a few hours. You may be able to go home on the same day, or you may have to stay overnight.

There will be swelling and bruising at first. The swelling will reduce usually within 24-48 hours. It will not go away completely until the blood clots shrink. The bruising will fade gradually.

If the abnormal blood vessel affects your skin, a blister or sore may develop.

The healing process can take several weeks to months.

Are there any risks?

This is a safe procedure but as with any medical treatment some risks and complication can arise.

Sometimes there are side effects such as blisters, ulcers, nerve injury and numbness.

Skin blistering is common and usually heals.

There is a very small risk of bleeding and infection although this is very rare.

Nerve injury is usually short term but there is a small risk of permanent nerve injury.

Sometimes abnormal blood vessels can enlarge again and you may need more sclerotherapy.

Usually, patients recover without problems.

If you have any questions please telephone the number on your appointment card or letter. After your procedure, if you have any concerns out of hours please contact NHS 24 on 111 for advice.

Diagnostic Imaging

Information about having a

Sclerotherapy procedure

What is sclerotherapy?

Sclerotherapy is a procedure used to reduce the size of some types of blood vessel defects and to control pain. Your Radiologist will inject a sclerosing chemical into the abnormal blood vessel. This causes the blood to clot and the blood vessel to shrink. We may need to inject more than one blood vessel. As there is more than one sclerosing chemical your Radiologist will decide which one you will need.

Who will do it?

A specially trained doctor called a Radiologist.

Where will it be done?

In a screening room in the x-ray department.

When can I discuss the procedure?

You can discuss this with your referring doctor at the clinic or in the ward, and also with the Radiologist before the procedure. They will also discuss whether you need to stay in hospital for the procedure or if you can attend as an outpatient.

Consent

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complication of the procedure.

What preparation is required before the procedure?

We may or may not admit you to a ward before the procedure. Do not eat anything for 6 hours before the procedure, you can drink small amounts of clear fluid up to 2 hours before the procedure.

You will need to undress and wear a hospital gown.

What happens during the procedure?

This is a sterile procedure. The technique may vary but generally you will lie on your back on the x-ray table.

We may give you sedatives or painkillers via a needle in your arm. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

We will clean over the area to be injected with antiseptic solution and then inject a local anaesthetic. You may experience some slight discomfort when we inject the local anaesthetic. This will not last long.

Some patients need a general anaesthetic which means they will be asleep during the procedure. We will discuss this with you beforehand.

The radiologist will use the x-ray equipment and ultrasound to guide a needle into the abnormal blood vessel. They then inject x-ray dye (this is called contrast medium) through the needle to allow the Radiologist to see clearly where to inject the sclerosing chemical. The radiologist may do this once or several times.

Occasionally you may experience some discomfort, we can give you pain killers to relieve any discomfort.

When the Radiologist is satisfied with the result, they will remove the needle and we will apply a dressing to the wound.

How long will it take?

This can vary for a number of reasons however you can expect to be in the x-ray department for about 3 – 4 hours.

What happens afterwards?

You will return to the observation area or your ward and remain on bed rest for a few hours. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse etc). We may also give you fluids via an intravenous drip.