

# Lymphatic sclerotherapy

This information sheet explains about lymphatic sclerotherapy, what it involves and what to expect when your child comes to the Interventional Radiology department for treatment.

Please note that this leaflet is not meant to replace discussion between you and your child's doctor. You should raise any questions you may have with the doctor who has referred your child for, or is performing, the procedure.

## What is lymphatic sclerotherapy?

Lymphatic sclerotherapy is a procedure used to treat a type of vascular malformation called a lymphatic malformation. A lymphatic malformation (sometimes called a cystic hygroma) is a collection of small cysts. These are congenital, that is, they were present when your child was born. The cysts are filled with a clear fluid similar to the fluid in a blister. A medicine is injected into the cysts, which irritates them encouraging them to scar and shrink.

The cysts have no purpose and can cause problems. The walls of the cysts are quite thin and contain little blood vessels. Occasionally the blood vessels break and cause a clot to form inside the cyst. This can lead to sudden swelling and bruising of the area. This can be painful and the appearance of the bruising can be upsetting. The cysts can also become infected. Sclerotherapy is a way of trying to shrink the size of the cysts so that they are smaller and less troublesome.

## Why does my child need lymphatic sclerotherapy?

Lymphatic sclerotherapy can be performed to reduce troublesome pain, swelling or other issues that your child's lymphatic malformation is causing them. It is not necessary to treat lymphatic malformations if they are not causing any distress or bother.

## How does my child prepare for lymphatic sclerotherapy?

The procedure will have already been discussed with you and your child before the day of the procedure. You may need to come to the hospital before the procedure so that your child can have a pre-admission assessment to check that they are well enough. This appointment may involve taking blood samples, doing scans or other tests.

On the day of the procedure, you will meet the radiologist. They will explain the procedure in more detail, discuss any questions you may have and ask you and/or your child to sign a consent form giving permission for your child to have the sclerotherapy.

An anaesthetist will visit to talk to you about your child's anaesthetic. Please carefully follow any instructions given about eating and drinking – referred to as “fasting” – before the procedure.

## How is lymphatic sclerotherapy performed?

Once your child is asleep under general anaesthetic, the doctor will check the lymphatic malformation using an ultrasound scan. Using the ultrasound scan as a guide, they will insert a small needle through the skin into the abnormal cysts. If possible, the radiologist will use the needle to drain off some of the fluid inside the cysts. They will inject a very small amount of medicine through the needle, which irritates and inflames the malformation. Finally, the radiologist removes the needle. No stitches or dressings are needed – you will only be able to see a few pinpricks in the skin.

## Who performs the procedure and where?

Lymphatic sclerotherapy is usually performed by radiologists. These are doctors who are experts in image guided procedures. The procedure can be performed in a specialist interventional radiology room or sometimes in another imaging room or operating theatre.

## What are the potential risks or complications of lymphatic sclerotherapy?

Your child will usually be having sclerotherapy under general anaesthetic. Every anaesthetic carries a risk but this is extremely small.

As the medicine injected irritates the cysts, they are generally more prone to complications in the first week or two after the procedure. These include infection and bruising (see below). Depending on the drug used, nerve irritation or damage can also be a risk. There may be other risks specific to the drug your doctor chooses to use for the sclerotherapy procedure. They will discuss these with you in detail before the procedure.

Sclerotherapy works for most children but not all of them. Experience helps us understand which malformations are more likely to respond and which may not. If the doctors feel that the first sclerotherapy treatment has not been very successful, they might suggest more sclerotherapy or perhaps surgery.

### What happens afterwards?

Your child will return to the ward after they have recovered from the anaesthetic. Some children feel sick and vomit after a general anaesthetic. Your child may have a headache or sore throat or feel dizzy, but these side effects are usually short-lived and not severe. Your child can start eating and drinking as normal once they feel like it.

The lymphatic malformation will almost certainly look worse after the procedure as the bruising and swelling last for a few days. Children should be prepared for this in advance so they are not upset when they see it looking worse. The treated area will feel uncomfortable afterwards but children's pain relief medicine is usually enough to deal with any pain. You will be able to go home once the doctors are happy that your child is recovering well.

The medicine injected into the lymphatic malformation may make the area swell over the first week or two. The area may also be red, bruised and feel slightly tender. These effects are normal and show that the medicine is having an effect. Any swelling should start to go down within a week but the effects of the treatment, such as a decrease in pain or size, may not be obvious for a couple of months. Your doctor will talk to you about how quickly your child can go back to play, school or sports.

Lymphatic malformations are also prone to blood clots forming inside the cysts. Your child's lymphatic malformation may have shown signs of this in the past, such as sudden swelling and bruising. Treating the lymphatic malformation may provoke another bleed in the week following treatment. If this occurs, give your child a dose or two of children's pain medicine. The bleed or clot usually settles without treatment, in which case it will not affect how well the sclerotherapy works.

If the clot stays big and hard for more than two weeks, your child may need the procedure to be repeated. Please call the IR department to tell them about this.

Treating the lymphatic malformation may provoke an infection following treatment. An infection makes the area more swollen, hot and painful than expected, rather like an abscess. Your child would also have a high temperature and feel generally unwell. If this occurs, your child may need a short course of oral antibiotics from your family doctor (GP).

Your child might need several sclerotherapy procedures to reduce the malformation. As sclerotherapy causes swelling and discomfort, it is safer to carry out several smaller treatments limiting the side effects each time. Sclerotherapy usually will not 'cure' the malformation but it should shrink it significantly.

### Notes



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