Injection Sclerotherapy for Venous Malformations

Information for patients and families

Read this information to learn:

• What a venous malformation is
• How injection sclerotherapy helps
• What to expect
• Who to call if you have any questions

Form: D-5540
What is a venous malformation?
A venous malformation is an abnormal group of veins that are large and sponge-like. They can look like purple or blue spots. They may cause pain, swelling, and skin ulcers (wounds).

Venous malformations can happen anywhere in the body. People with a venous malformation are born with them. But, they are usually not noticed until people become teenagers.

How do you find a venous malformation?
We find a venous malformation using a magnetic resonance imaging (MRI) scan. This scan uses a magnetic field to see body tissue. We inject contrast dye using an intravenous (IV) before the scan to help us see the body part better.

How are venous malformations treated?
The most common treatments are:

- compression (wearing a tensor bandage around the area to decrease swelling)
- raising the part of your body where it is
- pain medicine

Your doctor may suggest other treatments only when the symptoms affect your everyday activities. Removing the venous malformation with surgery is possible in a small number of cases. But, surgery will leave a scar and often the malformation will come back.

Injection sclerotherapy can treat symptoms of venous malformations without surgery.
What is injection sclerotherapy?

With the help of an ultrasound and x-rays, we inject a fluid directly into the veins where you have the malformation. The solution is called sodium tetradecyl sulfate. It destroys the abnormal veins. It also causes blood clots to form. These clots block blood from flowing to the area.

You will need more than 1 treatment of injection sclerotherapy. Usually patients have at least 3 treatments scheduled about 1 month apart.

How do I prepare for the procedure?

Before your procedure:

• Some medicines may increase your risk of bleeding during or after your procedure. Tell your doctor or health care provider if you are taking:
  ▪ medicines such as acetylsalicylic acid (Aspirin), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), ibuprofen (Advil, Motrin, Nuprin), naproxen (Naprosyn) or indomethacin
  ▪ medicines such as warfarin (Coumadin), dalteparin (Fragmin), enoxaparin (Lovenox), tinzaparin (Innohep), fondaparinux (Arixtra), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)

Your doctor or health care provider may tell you to stop taking these medicines for a certain number of days before your procedure.

• You can take your other medicines as usual.

• **Don’t eat anything after midnight the night before your appointment.**
On the day of your procedure:

☐ Arrange for someone to take you home after the procedure. You can’t go home by yourself.

☐ Bring your health card (OHIP).

☐ Come to the Medical Imaging Reception Desk, East Wing – 3rd floor, Toronto Western Hospital **30 minutes before your appointment.**

When you arrive, we will ask you to sign a consent form. This form means you agree to have the procedure. We will also answer any questions you may have.

What happens during the procedure?

1. We put in an intravenous (IV) line to give you pain medicine and sedatives (medicine that will relax you) during your procedure.

2. We bring you into the procedure room. We connect you to a monitor that shows your blood pressure, heart rate and oxygen level.

3. We clean the area of your body where we inject the solution. We place a small needle into the abnormal veins using ultrasound and x-ray machines to guide us to the right place.

4. We inject the solution into the veins and leave the needle there for a few minutes before it’s removed.

5. We press down on the injection site for a few minutes and then put on a dressing or tensor bandage.

6. We then transfer you to a stretcher and take you to the medical imaging day unit for about 45 minutes.

7. After about 45 minutes to 1 hour, you can leave the hospital. You must have someone take you home from the hospital.
What can I do when I leave the hospital?

For 24 hours after you leave the hospital:

- **Do not** drive a car or use heavy machines.
- **Do not** drink alcohol.
- **Do not** make any financial or legal decisions.
- Relax for the rest of the day.
- Raise the area to reduce swelling.
- Take your pain medicine as prescribed for the pain. You will feel the most pain during the first 2 days.
- You should feel better in 5 to 7 days.
- Wear the tensor bandage for the next 7 days during the day. You can take it off at night.

What can I expect after the procedure?

Redness at the injection site

- It is common to have redness at the injection site and along the vein that was injected.
- Redness is more common in veins that are closer to the skin.
- It usually lasts for 5 to 7 days.

Soreness or pain

- It is common to have pain or soreness in the treated area for a few days after the procedure.
- Anti-inflammatory medicines like ibuprofen (Advil) usually help with the pain.
- If the pain gets worse or there are other symptoms, please call the office.
Swelling
It is normal to have swelling where you were injected for 5 to 7 days after your procedure. Use the tensor bandage for 7 days to lessen the swelling. You may take the tensor bandage off at night and when showering. Raising the area will also help with the swelling.

Vein clots
Vein clots (also called phleboliths) are small blood clots in a vein that harden over time.

When the blood flow in the vein is blocked, tiny clots may form and cause these hard spots. The clots usually do not move or cause harm.

Skin ulcers
If the venous malformation is on the skin, it’s possible for the solution to break down the skin and cause an ulcer (an open wound on your skin). The ulcer will heal over time. Keep it clean and watch for signs of infection.

Temporary nerve damage
It’s possible that a small amount of the solution will leak into the tissues around the malformation. If there are nerves in the area of the leak you may feel a burning pain, numbness, or tingling in the area. This will go away over time.
What should I watch for?
Look out for signs that you have an infection. Getting an infection from injection sclerotherapy isn’t common, but it should be treated if it happens.

⚠️ Watch for these signs of infection:
- you have a fever that is 38 °C or 101 °F or higher
- your pain isn’t getting better over time
- you have increasing redness around your injection site
- your injection site feels warm
- you have pus (yellowish liquid) coming out of open wounds

If you are worried about an infection please call to make an appointment with the radiologist (the doctor who performed the procedure).

Who can I call if I have any questions?
If you have any medical questions or concerns, please call:

Clinical Nurse Coordinator
Phone: 416 603 5800 extension 6301

For clinical appointment booking and/or rescheduling, please call:
VIR Administrative Assistant
Phone: 416 603 6276
Important: If you have medical concerns that cannot wait until regular business hours and you are not sure if you should go the Emergency Department, call the Interventional Radiologist fellow on call at 416 603 5800 extension 3155.

Interventional Radiologists
Dr. M. Simons
Dr. K. T. Tan

Have feedback about this document?
Please fill out our survey. Use this link: surveymonkey.com/r/uhn-pe

Visit www.uhnpatienceducation.ca for more health information. Contact pfep@uhn.ca to request this brochure in a different format, such as large print or electronic formats.

© 2022 University Health Network. All rights reserved. Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.