

Great Ormond Street Hospital for Children NHS Foundation Trust: Information for Families

After your child has had sclerotherapy for a venous malformation

This information sheet explains how to look after your child after they have had sclerotherapy for a venous malformation at Great Ormond Street Hospital (GOSH) and what to expect in the days following treatment.

The first few days

Remember that sclerotherapy usually causes the treated area to swell. It will feel tight but usually not painful. Most children only need a dose or two of children's pain medicine, such as paracetamol or ibuprofen. Swelling should start to go down within two weeks but the effects of the treatment, such as a decrease in pain or size, might not be obvious for a couple of months.

Your child may have dark-coloured urine during the first few hours after sclerotherapy. This is due to the drug being washed out of the blood by the kidneys. If this happens, it is important that your child drinks plenty of water for the first two days after the procedure.

After sclerotherapy, your child may have a crepe bandage on the area treated. This may be quite tight. The aim of this is to keep the treated veins compressed so that they cannot refill with blood and become stretched or baggy again. Tight bandaging gives them a chance to shrink down following treatment.

If your child usually has a compression garment, you can replace the bandage with your child's usual compression garment. If the garment is still too tight due to the area being swollen, you should keep using the crepe bandage, keeping it as tight as possible, until the compression garment fits again. When you re-apply the bandage, start at the foot or hand and work towards the body. This will compress the treated veins but still allow blood flow to the limb. Your child should rest the limb for the first 48 hours where possible and practical, and then be encouraged to mobilise. It is important to start using the limb again as much as possible so that it does not get stiff or weak. Swimming and cycling are good exercises to get your child mobign again.

Your sclerotherapy doctor will tell you the length of time your child should wear the compression garment.

You can remove it briefly for baths and showers but make sure the water is not too hot as this will increase pain and swelling.

If they usually wear a compression garment, your child can go back to the normal compression garment instructions given previously by the doctors in clinic. They can also go back to normal activities, such as swimming, dancing or outdoor games, that were allowed before treatment.



You should call the hospital if:

- Your child is in pain and paracetamol or ibuprofen do not seem to help
- The skin over the treated area looks discoloured, inflamed or blistered, or if the skin breaks down into sore areas
- Your child feels 'pins and needles' in the treated area, the area feels numb or the muscles in the area treated do not seem to be working properly, either having spasms or feeling weak

If you have any questions, please call the clinical nurse specialists in the Birthmark Unit on 020 7405 9200 extension 1113 or the Interventional Radiology department on 020 7829 7943.

Compiled by the Birthmark Unit and Interventional Radiology department in collaboration with the Child and Family Information Group Great Ormond Street Hospital for Children NHS Foundation Trust, Great Ormond Street, London WC1N 3JH www.gosh.nhs.uk