



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

# After your child has sclerotherapy for a lymphatic malformation of children under one year of age

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

The medicine injected into the lymphatic malformation may make the area swell over the first week or two. The area may also be slightly red and feel hotter than the surrounding skin. These effects are normal and show that the medicine is having an effect. Most children only need a dose or two of children's pain medicine, such as paracetamol or ibuprofen. 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 several months.

Your child may have had an infection in the past. Treating the lymphatic malformation may provoke another infection in the week following treatment. An infection may make the area more swollen, hot and painful than expected and your child may 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).

Lymphatic malformations are also prone to developing blood clots in the cysts. These are small clots that sit inside the cysts until they slowly dissolve. They do not travel along the blood vessels to other parts of the body such as the lungs. Your child's lymphatic malformation may have shown signs of internal clots in the past, such as sudden swelling and bruising. Treating the lymphatic

malformation may provoke another blood clot forming in the week or two following treatment. If this occurs, give your child a dose or two of children's pain medicine. The clot may be uncomfortable when it first appears but it will settle without treatment and will not affect how well the sclerotherapy works.

There is a very small risk that your child's blood sugar level could drop slightly after this treatment, but as they will be closely watched on the ward, this is unlikely to happen. Their blood sugars will be tested every two hours for the first six hours after the procedure to make sure they are normal.

There is a small risk that your child's blood sugar level could fall when you get home, especially if they are refusing food and/or vomiting. This is called 'hypoglycaemia'. Signs of hypoglycaemia include:

- vomiting
- irritability
- sweating
- pallor (pale tinge to skin)
- change of mood or behaviour
- generally not being well



You should call the ward (telephone number at the end of this leaflet) or your GP if your child has any of these symptoms of hypoglycaemia. You can prevent hypoglycaemia by giving your child regular feeds such as a milky or sugary drink to refill their energy stores. If they are able to take solids, high carbohydrate foods such as bread or pasta are advised.

If you have any questions, please call the clinical nurse specialists in the Birthmark Unit on 020 7405 9200 extension 5132 or 1113. If you need urgent advice please call Penguin ward on ext 0123 or 0014

---

Compiled by the Birthmark Unit and Interventional Radiology team  
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](http://www.gosh.nhs.uk)