



1. Identification and description of the procedure

This is a technique that is relatively often used for treating vascular, venous or lymphatic malformations. It is performed on patients of any age, although, since they are congenital lesions, it is especially recommended during childhood.

The procedure is performed using general anaesthesia. Once the lesion has been located using echography, it is punctured with a fine needle and diluted contrast is administered to determine its characteristics: size, shape, connection to veins, etc... Once these details have been found, the sclerosant material is administered through the same needle. The needle is removed and the area is massaged. This procedure is performed at the same session as many times as deemed necessary until all the malformation has been sclerosed.

Subsequently, evolution checks are performed and depending on the response to treatment, a new session for sclerosis or else surgery, if it were viable, might be posed.

2. Purpose of the procedure and benefits that are expected to be achieved

Obtain a complete cure of the malformation or a substantial reduction thereof that will allow, afterwards, each surgical access.

It prevents a surgical operation or it simplifies its performance. It should be taken into account that, although it may involve benign lesions, their limits are highly irregular, they are often in contact life-supporting structures such as large veins and arteries, trachea, etc... hence surgery is, very often, aggressive, mutilating and not free from risks. On the other hand, these lesions reappear, in some cases, so making a surgical operation in that area particularly delicate.

3. Reasonable alternatives to this procedure

Only surgery.

4. Foreseeable consequences of its performance

Those described in the section for Benefits.

5. Foreseeable consequences of its non performance

Need for solution using surgery.

6. Frequent risks

Special care: the sclerosis causes, as immediate side effects, pain, inflammation and fever. Hence, after sclerosis, analgesics and antipyretic drugs are administered on request and antibiotics and anti-inflammatories for 10 – 15 days.

Side effects: in the short and mid term there are often fistulas in the sclerosant material so that, through the hole that was made when puncturing it, part of the product administered is expelled little by little. It is treated using conservative techniques leaving a small scar that does not deform the area. If he is allergic to sclerosant material it could cause an allergic reaction.

7. Infrequent risks

Release of sclerosant material during the test into the surrounding tissues. It causes an inflammation that goes away in a few days.

Leak, at a distance, of the sclerosant material through any vein for drainage from the malformation itself. It usually moves a short distance and does not require treatment.

8. Risks depending on the patient's clinical situation

Other risks or complications that might appear, given your clinical situation and your personal circumstances, are.....

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Declaration of consent

Mr./Mrs./Miss. aged, with home address at.....
....., National Identity No. and SIP number

Mr./Mrs./Miss. aged....., with home address at.....
..... acting in the capacity of (the patient's legal representative, relative or close friend)....., with National Identity No.

Hereby declare:

That the Doctorhas explained to me that it is advisable/necessary in my situation to perform a
..... and that I have adequately understood the information he/she has given me.

In on, 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr..... With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2 and I do not wish to carry on with the treatment that I hereby terminate on this date.

In on, 2

Signed: The Doctor

Signed: The patient

Associate number:

