



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

After your child has bleomycin sclerotherapy

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

The bleomycin medicine injected into the malformation may make the area swell for a few days, although the swelling is usually less than you can get with other sclerotherapy medicines. The area may also be red, bruised and feel slightly tender. 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 two weeks but the effects of the treatment, such as a decrease in pain or size or colour, may not be obvious for a couple of months. This medicine often works quite slowly.

Skin

Bleomycin will be present in very small doses in the body for up to 48 hours after sclerotherapy. People who receive much larger doses of bleomycin, can sometimes get some dark markings on the skin. We think this is due to scratching of the skin. The markings can be permanent. It is very rare to get skin markings with a small dose of bleomycin but to reduce this risk, we recommend that you try to avoid anything that might scratch the skin, such as toys with sharp corners or scratchy clothing. You might also want to buff your child's nails very short. Also try to avoid sticking anything to their skin, such as plasters or dressings, for a couple of days.

Vaccination

If your child is having a course of bleomycin sclerotherapy procedures, we advise that during the period of treatment and for three months afterwards, any live vaccinations should be avoided; inactivated vaccines, such as the inactivated flu vaccine, can be given instead. Other vaccinations may need to be delayed. If your child is due any vaccinations, please discuss this with the nurses on the ward or your practice nurse or family doctor.

Lungs

A very small proportion of patients who receive high doses of bleomycin have long-term effects on the lungs. Children being treated with bleomycin sclerotherapy usually get much smaller doses than this. Your doctor will have discussed this with you before the sclerotherapy procedure. It seems that the risk of lung changes is lower if the person does not receive a high concentration of oxygen in the future. We think best practice should be to avoid high dose (supplemental) oxygen unless your child needs it for a medical reason. If your child is unwell for some reason in the future and needs oxygen then the best thing is almost always for them to be given oxygen to make sure they get better as soon as possible. This is more important than trying to avoid the tiny risk of lung effects. If your child is having a routine general anaesthetic for some reason in the future, please try to remember to tell the anaesthetist that your child had had bleomycin in the past so they



don't give high concentrations of oxygen unnecessarily. You may want to show them this factsheet.

This factsheet is just about bleomycin. There is separate information available to you about caring for children after venous or lymphatic sclerotherapy which you should read too.

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
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