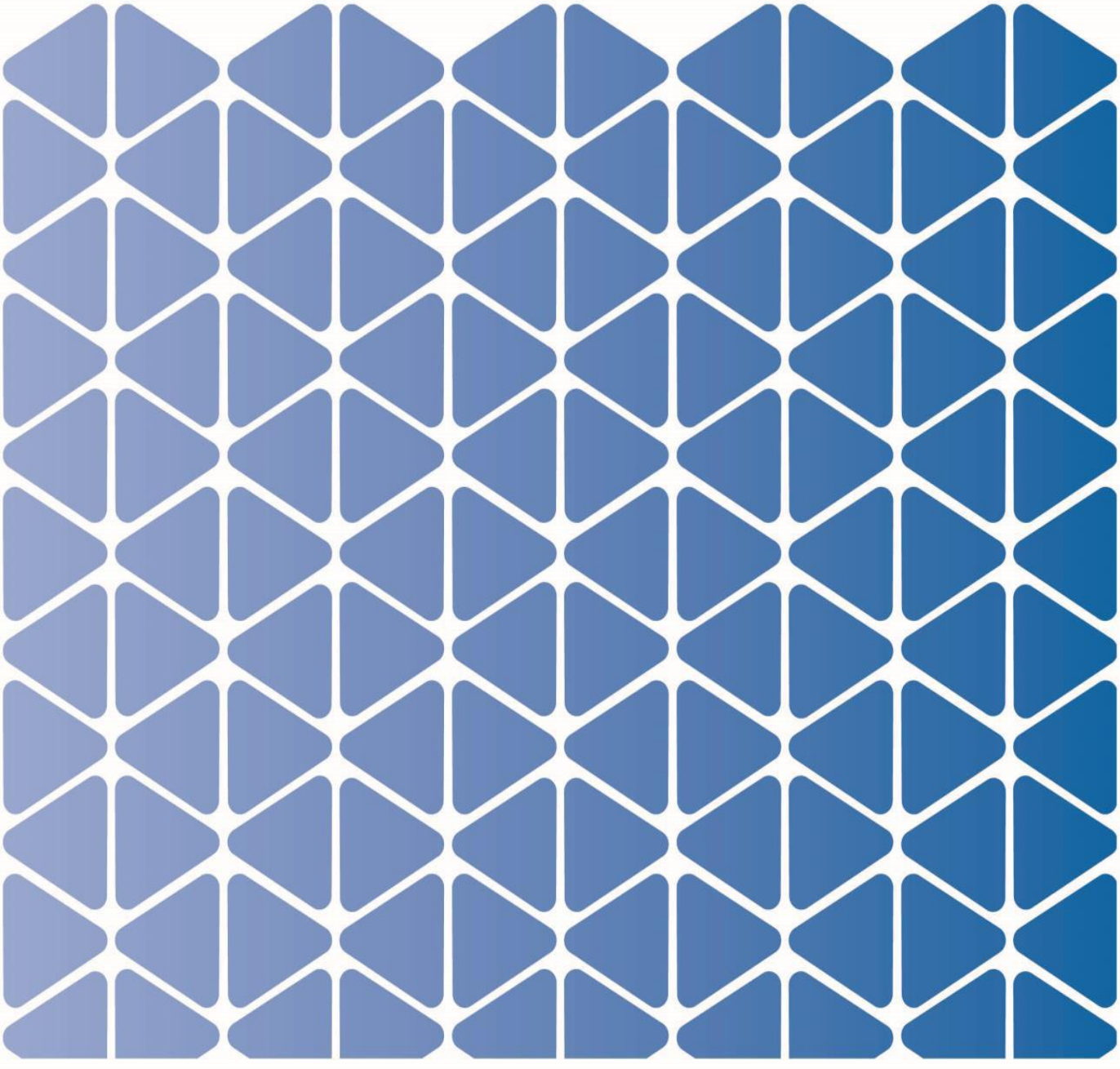
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

NODAL LYMPHANGIOGRAM



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Radiology / Imaging Department

Investigative procedure information leaflet

Name of procedure: Nodal Lymphangiogram

Lymphangiography is a special imaging test that creates pictures of your lymphatic system. The test involves an injection of dye (lipiodol) so that imaging technology (X-ray) can see lymphatic structures.

The lymphatic system is part of the human immune system and circulatory system. It includes a network of vessels that carry lymph around your body. Lymph is a clear liquid that acts as a filter throughout your body, collecting excess fluid and waste. The lymphatic system also includes lymph nodes, glands that produce cells to fight infections.

Lymphatic structures aren't visible with regular imaging tests. Lymphangiography uses dye with imaging technology to create lymphangiograms, pictures of the lymphatic vessels and lymph nodes.

The test is also called lymphography.

This leaflet explains some of the benefits, risks and alternatives to the procedure. We want you to have an informed choice so you can make the right decision. Please ask your radiological team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form. Your doctor or health professional will give you this form, or you may already have received it through the post with this leaflet. Please sign it if you are satisfied with the explanations and bring it with you when you attend for your procedure.

Who does lymphangiogram?

An Interventional Radiologist will perform this procedure.

Why is a lymphangiogram performed?

Interventional radiologists use lymphangiography to:

- Diagnose disease in your lymphatic system.
- Find out whether the disease has spread.
- Guide treatment, helping healthcare providers find the most effective places to administer treatments.
- Map your lymphatic system in preparation for surgery or intervention.
- Show whether treatments are working.

The test can help diagnose and manage conditions like:

- Lymphatic leak or injury.
- Lymphedema.
- Hodgkin lymphoma.
- Non-Hodgkin lymphoma

What happens during the procedure?

The procedure will be done under local anaesthesia.
The Interventional radiologist will insert a needle into multiple nodes in both groins using an ultrasound machine and the dye will be injected. The contrast tracks along the lymphatic ducts which will be seen under X rays. You will need to lie on your back for the procedure. The procedure can last for 4-5 hours, and multiple X rays will be done intermittently to see the progress of the dye.

What should I expect after the procedure?

There might be bruise in the groin or small hematoma which will settle eventually and does not require any form of treatment. If it is sore, cold fomentation is suggested.

What are the risks and complications?

Like any medical procedure, nodal lymphangiogram carries some risks and possible complications. These may include:

- Bleeding in the groin
- Peritonitis
- Pain in abdomen
- Non-target embolisation

- Failure of the procedure
- Allergic reaction
- There is a possibility that the lymphatic ducts will not opacify relating to failure of procedure as it depends on the size of the lymph node in the groin.

Pregnancy
Interventional radiology procedures use x-rays, which involves radiation. The risk from this is very low and the aim is always to use the lowest dose possible. It is important to let the radiology department know if you are pregnant or think you might be, as radiation can pose a risk to an unborn baby. If necessary, the procedure may be delayed or alternative imaging considered. Please inform a member of staff if there is any possibility you could be pregnant.

Your doctor will discuss the risks and benefits of the procedure with you before proceeding.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of procedure every day. If problems arise, we will be able to assess them and deal with them appropriately. As with all invasive procedures, there is a very small risk that you may die from complications of the procedure.

Please let the Imaging Department know before attending for the procedure if you:
- are taking any of the drugs mentioned below
- have any allergies

Other procedures that are available

The alternative treatment options are surgery. Your doctor will discuss this with you.

Your anaesthesia

A general anaesthetic is not usually required but as indicated above some local anaesthetic will be injected into your skin to help ensure that you are comfortable during the procedure.

Preparation for your procedure
You can eat and drink normally before the procedure. Your routine medication can be taken with sips of water

You will need to have a blood test before the procedure, to check your blood clotting levels. You will be informed of the arrangements for this test.

You can usually continue with your normal medication before your procedure, except those listed below in which case please inform your doctor and the radiology department. Please bring any medication you take with you, particularly if you are to be admitted.

Your normal medication

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin/Dipyrimadole

If you are taking these medicines regularly, please stop 5 days before the procedure unless you have a high-risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,

If you are taking any of these regularly, please ring the booking coordinator on 01527 503030 asking for extension 44603

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the Referring Clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the booking coordinator on 01527 503030 asking for extension 44603. We will need to know why you are taking this and what your target INR is.

If you don’t feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

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On the day of the procedure

You will be admitted on to a ward. Before being transferred to radiology you will be asked to put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that drugs can be given, if required.

Prior to the examination the Doctor who will be carrying out your procedure will be available to answer any queries you may have. Please let us know in advance if you are allergic to any antibiotics or other drugs.

During the investigation

Following the procedure, you will be looked after by nursing staff on who will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will be discharged by a doctor once you have recovered.

After your investigation

Following the procedure, you will usually be admitted for observation for a period of a few hours.

Leaving hospital

Length of stay

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the procedure.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

How long it takes for you to fully recover from your procedure varies from person to person. It can take one to two days.

Once home, it is important to rest quietly for the remainder of the day.

If you have any of the following, please contact your Consultant or attend the nearest Accident and Emergency Department (not minor injuries)

- excessive bleeding from the procedure site
- experience excessive sweating;
- experience excessive shivering; or
- generally feel unwell
- increasing pain

Wound

A small waterproof or dressing will be placed over the site after the test and can be replaced if needed.

Personal hygiene

You will normally bathe or shower as normal after you leave hospital.

Diet

You don’t usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Exercise

You should not participate in strenuous sports for the first 10 days after your procedure. You should avoid heavy lifting and carrying heavy shopping.

Driving

You should not drive until you feel confident that you could perform an emergency stop without discomfort. It is your responsibility to check with your insurance company.

Work

When you return to work will depend on your job. If your job involves heavy manual work you may be advised to take a week off. If your job does not include manual work or lifting you may be able to return to work 2 days after the procedure.

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
  Information about Worcestershire Acute Hospitals NHS Trust

- www.radiology info.org
  For information on a wide range of radiological procedures.

- www.patient.info
  Information fact sheets on health and disease.

- www.nhs.uk
  On-line Health Encyclopaedia and Best Treatments Website.

- www.bsir.org
  British Society of Interventional Radiology – patient information

Further information

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.