

Section: Division of Nursing

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* **PROTOCOL** *

Page: 1 of 2

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Hackettstown Regional Medical Center

Originator: M. Kohmescher, RN, CRGN

Revised by: Sue Koeppen, RN, CGRN

MINOR PROCEDURES

(Scope)

TITLE: SCLEROTHERAPY

PURPOSE: To outline the steps for assisting with Sclerotherapy

- SUPPORTIVE DATA:**
1. A sclerosing agent is injected into an esophageal varix or the surrounding mucosa to stop bleeding through variceal thrombosis or local edema.
 2. Indications:
 - a. Acute hemorrhage from esophageal varices
 - b. To eradicate esophageal varices to prevent rebleeding
 - c. Acute hemorrhage from gastric varices as a temporary measure

- EQUIPMENT LIST:**
1. Refer to safety procedure
 2. Refer to EGD procedure
 3. Medications of physician's choice for sedation
 4. Disposable injector needle
 5. Sclerosing agent per physician's order
 6. Protective eye wear for all personnel involved in procedure
 7. Small towel for patient's eyes
 8. Three 10cc luer lock syringes
 9. Esophageal tamponade tube
 10. Lavage supplies

CONTENT: PROCEDURE STEPS:

KEY POINTS:

A. Pre-Procedure Care

1. Refer to EGD procedure.
2. Verify patency of a large-bore intravenous line.
3. Obtain results of lab work and verify type and x-match as ordered.
4. Inform patient that his eyes will be covered during the procedure.
5. Advise patient that he may experience chest or back discomfort during or after the procedure.
6. Document teaching and patient comprehension.
7. Prepare syringes with sclerosing agent of choice.
8. Attach one syringe containing sclerosing agent to proximal end of the needle injector. Flush injector with sclerosing agent to expel air and check for patency and leaks. Check needle injector to be certain the needle properly protrudes from the sheath and retracts into the sheath.
9. Hold a 4x4 gauze sponge around the injector and syringe connection to prevent any leakage.

Contraindicated in uncooperative patients. Patients must lie still and refrain from coughing. Contraindicated in patients with severe coagulopathy.

Sclerosing agents can be caustic to skin and eyes

B. Responsibilities of the RN During Procedure

1. Prior to beginning injections, cover the patient's eyes with a small towel and be certain that all personnel in the area are wearing protective eye

Potential Complications

1. Hemorrhage
2. Chest Pain
3. Aspiration

- wear.
2. With the needle withdrawn into the sheath, pass the injector through the biopsy port of the endoscope.
 3. Operate the injector at the physician's direction, verbally stating the amount being injected.
 4. Monitor the patient for abdominal distention and document and inform M.D. if present.
 5. Document the amount of sclerosing agent injected.

4. Ulceration and/or necrosis of the esophagus
5. Fever
6. Mediastinitis
7. Stricture
8. Esophageal Perforation
9. Pleural Effusion
10. Portal Vein Thrombosis

The degree of injection pressure often indicates when the needle is in the varix or the esophageal wall and this information should be communicated to the physician.

C. Post-Procedure Care

1. Refer to EGD.
2. Observe for signs of gastrointestinal blood loss.
3. Maintain patent IV line until discharge.
4. Medicate for pain as ordered and document.
5. Observe for signs of esophageal perforation.
6. Administer antacids if ordered post- procedure.
7. Document any abnormalities in patient's condition and notify M.D. of same.

REFERENCE:

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2. Evans, Beck, Calvette, DeCosta, Gruber, Hardick, Sherman, Gastroenterology Nursing, A Core Curriculum, editor, Kneedler, RN, EdD, Sexton B.S., Mosby; (2003) 3RD EDITION
3. Lippincott Manual of Nursing Practice 8th edition 2006