**Lymphography and Thoracic Duct Embolization**

**WHY IS THIS TEST DONE:**
Blood flows through the body through blood vessels (arteries, capillaries and veins). There are also fine (very small) vessels that carry a fluid called lymph, which may look clear or yellow. (You have probably seen lymph fluid if your child has had a cut or a pimple.)

Lymph vessels carry lymph fluid to veins, where it is reabsorbed into blood. The thoracic duct is the main lymph vessel; it carries lymph fluid from the lower body and intestinal tract back into the bloodstream. Injury to the duct or a congenital abnormality can result in the collection of lymph in the chest or abdomen, which can lead to difficulty with breathing.

Lymphography is the use of X-ray to visualize the body’s lymphatic system. (This is also referred to as lymphangiography, or a lymphangiogram.)

**WHAT TO EXPECT:**
The patient will arrive at the hospital and enter at the main entrance. The patient will report in to register and review insurance. The patient should have a copy of the orders as a precaution. The patient will be brought back to the department where we will confirm the patient’s identity, explain the procedure, and review their history.

A physician injects a tiny amount of blue dye between the toes and makes a small incision on the top of one or both feet.

Using live X-ray (fluoroscopy), the doctor tracks the dye to identify a tiny lymphatic vessel in the foot and inserts a needle into this vessel. The doctor slowly injects a special dye and watches it flow upward through the lymphatic system. Once the dye reaches the thoracic duct in the upper abdomen, the doctor inserts a needle into the duct (usually through the abdomen).

The doctor places a tiny tube (catheter) inside the duct, and injects X-ray dye (contrast) to find the leak. The leak is sealed through a procedure called thoracic duct embolization. The doctor
injects tiny metal coils and/or special glue through the catheter. These coils and glue block the leak. The foot incision is stitched closed and bandaged.

**HOW LONG WILL IT TAKE?**
This procedure can take approximately two hours or more if needed.

**PREPARATION:**
If your child was given a copy of the exam order or a prescription for the exam, you must present it at time of registration. Patients should expect to receive instructions from a radiology nurse two to three days prior to procedure. Please make sure to follow instructions as given as this procedure may be done with sedation or general anesthesia.

**PRECAUTIONS:**
The precautions of the actual procedure will be discussed with the Pediatric Radiologist.

Contact us immediately if your child experiences any of the following:

- Fever higher than 101° Fahrenheit
- Swelling in the leg
- Redness, swelling, bleeding and/or drainage such as pus around the stitches

Monday through Friday, call EPCH radiology department at (915) 242-8510. After hours, you may call EPCH emergency department at (915) 298-5443.

**CONTRAINDICATIONS:**
Please notify your physician and the imaging staff if your child has any allergies, especially to local anesthetics such as lidocaine or any other medication allergies.

**MEDICATION ISSUES:**
Patients should avoid taking anti-inflammatory medication 24 to 48 hours prior to procedure (i.e. Advil, Motrin, Ibuprofen, Aleve, Naproxen). Medications such as Aspirin, Plavix, Coumadin, or any other blood thinner medication should be stopped prior to exam. Please make sure to discuss discontinuation of these medications or any other prescribed medication with your physician prior to your exam date. Your physician will explain reasons for discontinuation and will discuss how many days prior to exam medication should be stopped. Do not discontinue medications without consulting with your physician first.