DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

VASCULAR ANOMALIES · VASCULAR MALFORMATION TREATMENT

Vascular Malformation Treatment

Venous, lymphatic and arteriovenous malformations are often misunderstood, misdiagnosed and left untreated for years. Dr Tarr provides a dedicated, fellowship-trained malformation service: image-guided sclerotherapy and embolisation, staged and planned around your life.

AT A GLANCE

Anaesthesia **Sedation or general, by site**	Hospital stay **Day case (most sessions)**	Approach **Sclerotherapy or embolisation**
Plan **Staged, estimated up front**	Goal **Symptom control**	Cost **Quoted in writing before booking**

The problem: a malformation without a pathway

Vascular malformations are tangles of abnormal vessels present from birth that grow with you, venous, lymphatic, arteriovenous or mixed. They can cause swelling, aching, heaviness, skin changes, bleeding, or pain with exercise, periods or alcohol, anywhere in the body. Because they are uncommon and cross specialty boundaries, many patients spend years being told it is "just a birthmark", "just veins", or that nothing can be done.

How treatment works

Treatment is matched to the malformation's type and flow. Venous and lymphatic malformations are treated with image-guided sclerotherapy: a fine needle placed directly into the malformation under ultrasound delivers a medication that scars the abnormal channels closed. High-flow arteriovenous malformations are treated by embolisation, blocking the abnormal connections from inside the vessels. Larger malformations are treated in planned stages, and combined lesions are co-managed with plastic, ENT or vascular surgical colleagues where resection plays a role.

Who it suits

- Venous malformations causing pain, swelling or functional limitation
- Lymphatic malformations (macro- and microcystic)
- Arteriovenous malformations, including previously treated or recurrent lesions
- Uncertain vascular lesions needing a diagnosis and a plan, even if treatment is not needed yet

What to expect

1. **Consultation and mapping.** Clinical assessment plus MRI-based mapping to define the malformation's type, extent and flow. The diagnosis drives everything.
2. **A staged plan.** Honest discussion of what treatment can and cannot achieve: the goal is control of symptoms, not anatomical perfection. The number of sessions is estimated up front.
3. **Treatment sessions.** Day case under sedation or general anaesthesia depending on site. Swelling after sclerotherapy is expected and settles over days.
4. **Review and retreat as needed.** Response is assessed clinically and with imaging; further sessions are planned only if they will add benefit.

Results and risks, honestly

Most patients achieve meaningful and lasting symptom reduction with staged treatment, and many simply value finally having a diagnosis and a plan. Malformations are chronic conditions: control, not cure, is the honest goal for many lesions, and recurrence over years can need touch-up treatment. Risks depend on site and type: expected post-sclerotherapy swelling and tenderness; uncommon skin injury or nerve irritation near superficial lesions; and for AVM embolisation, the small risks of non-target embolisation, all discussed specifically for your lesion before anything is booked.

Common questions

Is a vascular malformation the same as a haemangioma? No. Infantile haemangiomas are tumours of infancy that usually regress; malformations are structural vessel abnormalities that persist and grow with you. Correct classification changes treatment entirely, which is why MRI mapping comes first.

Will one session fix it? Small malformations sometimes, larger ones rarely. Staged sessions are the norm and you will get a realistic estimate up front. Be wary of any promise of single-session cures for large lesions.

What if my malformation needs surgery too? Combined lesions do best with combined care: sclerotherapy or embolisation to shrink and devascularise, surgery to resect what remains. Dr Tarr co-manages with plastic, ENT and vascular colleagues routinely.

APPOINTMENTS & REFERRALS
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For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

Malformation care is individualised; fees and item numbers depend on the treatment plan and are confirmed in writing before any session.

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