

Vascular malformation

Patient Diary



Leeds
Radiology

Patient Name:

NHS Number:

Date started: / /

Date ended: / /

The idea of this diary is to allow you to keep a log of your symptoms and triggers factors with regards to your vascular malformation. It is simple to use and has been split into the following sections. Please note you do not have to fill in all the sections only the ones that apply to you.

The sections are as follows:

- Malformation location,
- Pain,
- Swelling,
- Nerve symptoms,
- Functional Symptoms,
- Sleep disturbance,
- Appearance,
- Bleeds
- Free text section.

Please bring this diary along before your outpatient clinic appointment, treatment date or when you contact us by phone or e-mail. Also, please use after treatment to assess your recovery.

Section 1: Location

The object of this section is for you to identify the location(s) of your malformation(s). The section allows you to identify the malformations location as it does not have pre identified areas of the body you can choose, this allows you to freely express where you feel the malformation is.

Malformation 1

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Malformation 2

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Malformation 3

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Section 2: Pain

It is important to keep a log of pain location, type, score, triggers and painkillers taken. This will allow us to better understand your symptoms. The log is a simple tick box grid with space for you to write comments.

Pain location

This section allows you to identify the location of your pain, whilst this is free text, it would be useful if you could be as specific as possible.

Pain type

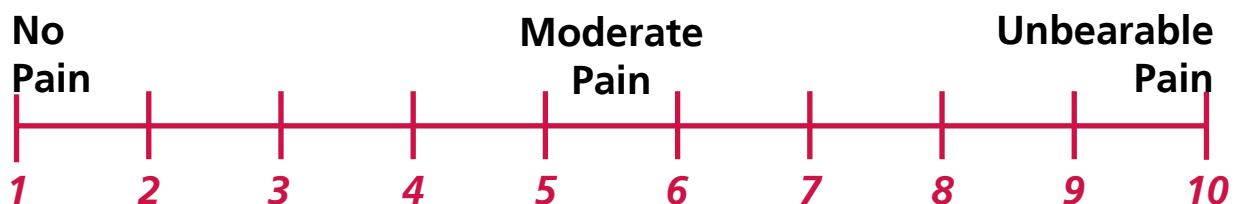
This part of the grid will allow you to input the pain type. Please select from the list below or identify your own.

Aching: Burning: Sore: Pounding: Crampy: Tight: Sharp: Stabbing: Throbbing: Pinching: Dull: Tingling: Prickling: Deep: Tender: Beating: Pulsating: Itchy: Tiring: Splitting: Intense: Unbearable: Cold: Hot

The pain score

This is a simple score which allows you to identify the level of pain you are experiencing from 0 being no pain and 10 being the worst pain possible.

0 - 10 VAS Numeric Pain Distress Scale



Triggers

What were you doing? Where were you? Was it hot or cold? Are you going through puberty? Are you pregnant? Are you using the contraceptive pill or implants? Any other factors that cause you pain?

Painkillers taken

Log the painkiller you took to combat the pain and grade them to identify if they were,

- effective with an **E**,
- mildly effective with **ME** or
- ineffective with **IE**,
- Also, please note any other painkillers you took.

Please complete the grid overleaf as accurately as possible when you feel pain or discomfort.

Pain grid - please see greyed out example

Date	Time	Location	Type of pain	Score	Triggers	Painkiller	Grade	Extra painkillers
12/02/2019	12:14	Hand, back to middle finger	Throbbing / pulsating	7	Cold, raising my hand up above my head	Paracetamol Ibuprofen	IE E	None

Section 3: Swelling

In this section, we will be looking at swelling around your malformation and what may cause it. It is much the same as the pain grid but with different questions.

Date	Time	Location of swelling	Triggers	Size increase (2x for example)	Localised to malformation area (Y / N)	Generalised, over a larger area than malformation (Y / N)	If Yes, to generalised where is the swelling?

Section 4: Nerve symptoms

In this section, we will be looking at any nerve symptoms around your malformation and what may cause it. It is much the same as the pain grid but with different questions.

Date	Time	Location of nerve symptoms	Triggers	Type of sensation (numbness, pins and needles)	Localised to malformation area (Y / N)	Generalised, over a larger area than malformation (Y / N)	If Yes, to generalised where is nerve symptom?

Section 5: Functional symptoms

In this section, we will be looking at any nerve symptoms around your malformation and what may cause it. This section is more free text but if you could consider the following.

The date and time of the functional problem you are experiencing. Function problem such as loss of grip, unable to carry items, walking problems. How it manifests itself, for example; weakness, aching, limited movement. How it affects your activities of daily living (getting on with your life). Does it come and go or is it a permanent problem? Also, please add any other thoughts you may have.

Section 6: Sleep disturbance

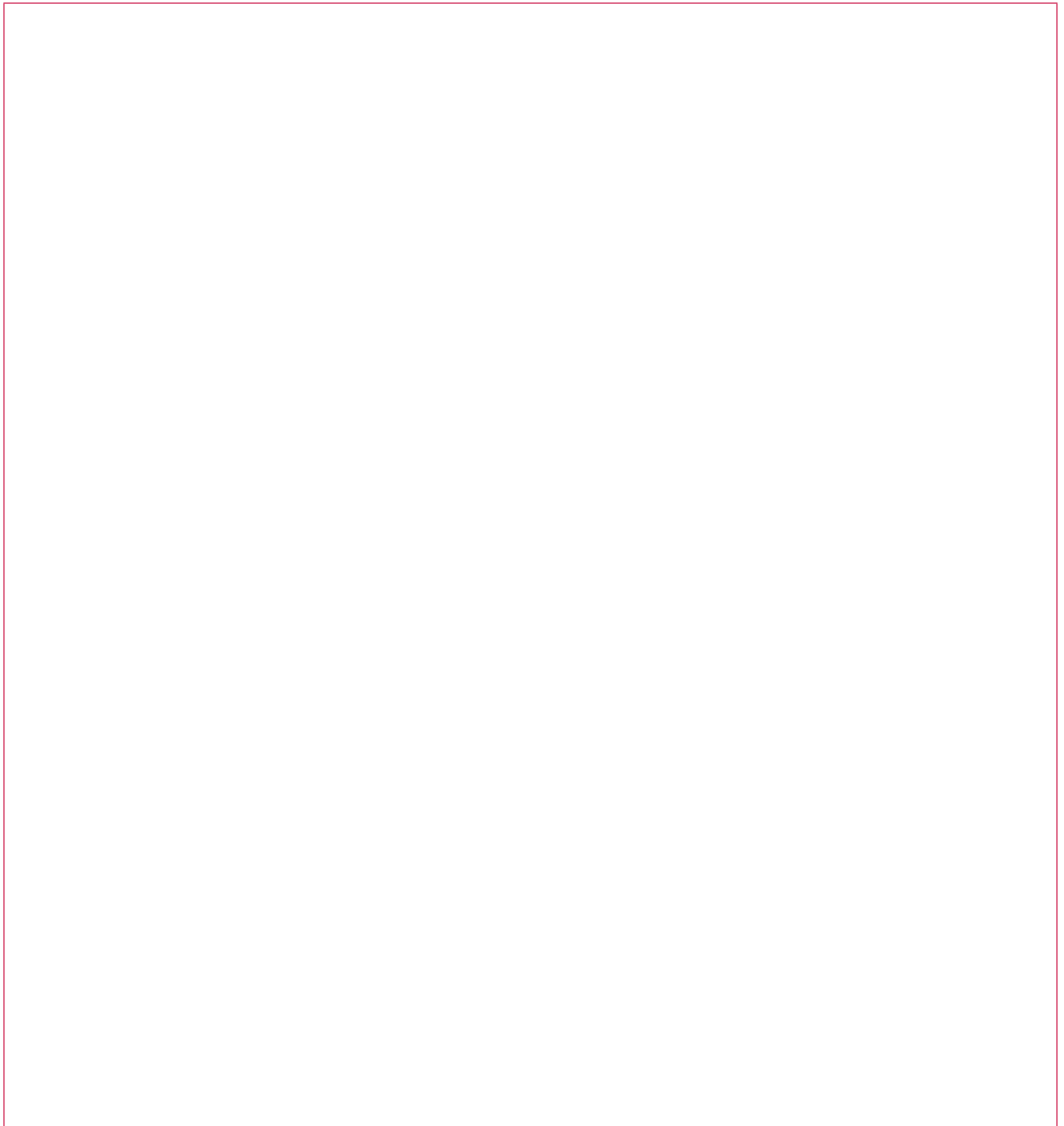
In this section, we will be looking at any sleep disturbance around your malformation and what may cause it. This section is more free text but if you could consider the following.

The date and time of the sleep disturbance you are experiencing. How it manifests itself, for example; unable to sleep due to aching, limited movement, pain exacerbation of symptoms, swelling (if there are pain, swelling or nerve issues, please enter them into the specified forms). How it affects your activities of daily living (getting on with your life). Does it come and go or is it a permanent problem? Any medication you may be taking to help you sleep. Also, please add any other thoughts you may have.

Section 7: Appearance

In this section, we will be looking at the appearance of your malformation. This section is more free text but if you could consider the following.


Please consider the size and shape of the malformation and if these change. Also, please consider the area of your body that it covers; also, consider what the malformation looks for example; it's colour, if it is raised, if it is very visible or not so. On the following page there is an area you can draw a picture of the malformation or attach photographs. Photos can be useful as a visual aid regarding the progress before and after treatment, or so you can look at any changes in the malformation over time.



Photos (Please attach as may as you like) and or a drawing of malformation.



Photos (Please attach as may as you like) and or a drawing of malformation.



Photos (Please attach as many as you like) and or a drawing of malformation.



Section 8: Any Bleeds or ooze from the malformation

In this section, we will be looking at any bleeds or ooze you may have had from your malformation. The log is a simple tick box grid with space for you to write comments. Please note if you have a bleed you cannot control or stop within 10 minutes, please contact emergency services.

Date	Time	Location of bleed	Triggers	Level of bleed for example small / large	Has this happened previously (Y / N)	If Yes, how many times	Emergency assistance sought? (Y / N) and outcome

Section 9: Free text. Please add any other thoughts you may have.

Section 9: Free text continued

Empty box for free text input.

What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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