

Consent for Phlebectomy / Vein Excision

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I authorize Dr. Matthew Wise and his/her associates/assistants and other healthcare providers he/she deems necessary, to treat my condition, varicose veins, using phlebectomy/vein excision of my: Right Left leg.

I have been informed about chronic venous disease and its consequences ranging from the cosmetic appearance of varicose veins, leg discomfort and swelling, to possible leg ulcer development. I understand that varicose veins and chronic venous insufficiency (CVI) are not life- or limb-threatening and not undergoing this treatment generally will not cause further harm nor pose a greater risk to my health. However, not getting treatment may allow my condition to worsen. After assessing conservative treatment, my physician has explained that the proposed treatment is recommended to improve my quality of life and reduce or eliminate the consequences of varicose veins and CVI. I recognize that venous disease is a chronic condition and new vein problems may develop over time which may require further treatment.

Procedure: The procedure involves multiple small skin incisions (small cuts usually about 1/4 inch long), through which the varicose veins are removed. The number of cuts depends on the extent of varicose veins present. This procedure may be done alone, or in combination with other procedures to treat other veins in my leg(s).

Treatment Options: If I choose not to have the procedure, I am not at any great risk. I may, however, continue to have discomfort in the varicose veins, or develop complications from venous insufficiency, including leg swelling, discoloration, and potentially ulcers. I understand that there are possible alternative treatments, including 1) medical management - prescription compression stockings, 2) sclerotherapy (chemical ablation), and 3) vein ablation procedures (laser, radiofrequency, glue.)

Risks: I realize that there are risks related to this procedure, which include, but are not limited to:

1. bruising, discoloration, and pain at the incision site
2. skin infection, ulcer or scar if the incisions do not heal properly
3. bleeding or hematoma (collection of blood under the skin)
4. inflammation of an adjacent vein with resulting pain, tenderness and redness (phlebitis)
5. deep vein thrombosis and/or pulmonary embolism (clot in a deep vein and/or lungs)
6. nerve injury, temporary or permanent
7. allergic reaction to anesthetics
8. missed veins or recurrence of varicose veins (the removed veins will not come back, but others may develop)

Benefits: This procedure may decrease the discomfort or pain from the varicose veins and may provide an improved cosmetic appearance of my leg(s). However, venous disease is a chronic problem and new varicose veins will likely develop over time. Additional or alternative treatments may be required. I understand that no guarantee has been made that the procedure will improve and or entirely fix my condition. No treatment for varicose veins is successful 100% of the time.

Freedom from potential complications of this procedure are not guaranteed. I have had sufficient opportunity to discuss my condition and proposed treatment, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent for treatment.

I do do not consent to taking photographs/videos for use regarding my care and for educational, scientific or marketing purposes.

I do do not consent to having device representatives (medical equipment company personnel) present during the procedure to assist with any technical questions regarding the device being used.

PATIENT SIGNATURE

WITNESS

I have informed the patient of the available alternatives for treatment of the superficial leg or saphenous veins, and of the potential risks, complications and results that may occur.

PHYSICIAN SIGNATURE

DATE