

Consent for Sclerotherapy of Varicose and Spider Veins

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 hereby authorize Dr. Matthew Wise and his/her associates/assistants and other healthcare providers he/she deems necessary, to treat my Right Left leg varicose and/or spider veins using sclerotherapy.

I understand that my condition is not life- or limb-threatening. I have been informed of potential consequences of my condition, ranging from the cosmetic appearance of veins, leg discomfort, and swelling to possible leg ulcer development. I also recognize that venous disease is a chronic disorder, and that new vein problems may develop over time, which may require further treatment.

Procedure: Sclerotherapy is the injection of medication (“sclerosant”) via a needle into unwanted veins. A foam solution of the sclerosant may be used for some veins. The goal is to irritate and scar the veins from the inside such that these abnormal veins close and no longer fill with blood. Ultrasound may be used to identify the deeper veins to be treated. Several treatments may be required to obtain maximum improvement.

Treatment Options: There are generally no major risks if I elect not to have treatment. I am aware that alternative treatments exist and can include no treatment, compression therapy, surgery to excise the veins, and ablation closure with laser, radiofrequency, or glue.

Risks: I have been advised of the risks of this procedure which may include, but are not limited to:

1. redness, swelling, blistering, or pain can occur at injection sites but is usually temporary
2. inflammation (phlebitis) with tenderness, bruising, or firmness in or around a treated vein. This generally resolves with treatment
3. brownish staining or discoloration. This is not uncommon, but is usually temporary. It could take months or longer to resolve. It is uncommon for discoloration to be permanent
4. clusters of spider veins (matting) near the site of treatment. These small veins often resolve spontaneously but may need treatment to clear them and could be permanent
5. when foam is used, temporary floating spots in the eyes, chest tightness, and coughing can occur
6. ulceration and scarring occur rarely
7. allergic reactions are rare. They range in severity from mild to life threatening reactions
8. deep vein thrombosis (blood clots) and pulmonary embolism (clot in the lungs) are rare
9. injury to a nerve, causing either prolonged or permanent discomfort, numbness, or difficulty walking, is very rare

Benefits: This procedure may decrease discomfort and other symptoms from leg veins, and may provide an improved cosmetic appearance. I am aware that no available treatment for spider, reticular, and/or varicose veins is successful 100% of the time. Multiple treatments may be required. Treated veins may fail to close, or may close and then re-open. Additional or alternative treatments may be required. Results are not guaranteed.

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