



CONSENT FOR TREATMENT

Sclerotherapy and Ultrasound Guided Sclerotherapy

Patient Name: _____ Date of Birth _____

IMPORTANT: Prior to any procedure, please confirm you are not pregnant or breast feeding. Please review your history of migraine headaches or heart murmurs with the provider.

NOTE: Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available will not offer a cure, but rather a control of the condition. Spider veins that are successfully closed with treatment will not return. Please keep in mind that your natural tendency to develop new veins may not necessarily be relieved by this or any other form of treatment.

What is Sclerotherapy. Sclerotherapy is common method of eliminating varicose and spider veins in which a solution, called a sclerosing agent, is injected into the veins, causing an inflammatory reaction which closes the vein. The treated veins then fade over a period of weeks to months. The majority of persons who have sclerotherapy performed will see clearing or at least see a significant improvement in the reduction of leg veins (85% improvement is considered to be the "industry standard"). Sclerotherapy never achieves 100 percent perfection. Unfortunately, there is no guarantee that sclerotherapy will be effective for you. A small percentage of patients who undergo sclerotherapy have fair to poor results. In rare instances, the patient's condition may become worse after sclerotherapy treatment. The number of treatments needed differs from patient to patient, depending on the extent of the problem.

RISKS - SIDE EFFECTS

The most common side effects and risks associated with treatment using sclerotherapy include:

- **Common Side Effects.** The treated area may be red and itchy with swelling at the injection sites. There may be a burning sensation along the treated vein. This discomfort is usually temporary. Bruising is very common and to be expected.
- **Transient Hyperpigmentation.** Segments of treated vein may retain blood that can feel like tender knots along the vein leaving brown discoloration for several months. Your body will break them down, but we will typically remove them in the office to speed up the healing process.
- **Matting / Blushing.** The treatment may occasionally induce new spider veins to the form (matting) which may appear worse than the original problem. It appears similar to a bruise. The appearance may improve as the original veins treated dissolve. Most often the area can be treated with additional sclerotherapy or surface laser.

- **Skin Ulceration.** In rare cases, a blister may form, open, and become ulcerated. Healing occurs slowly over a few months. After healing, this will usually leave a scar.
- **Allergic Reaction.** Very rarely, a patient may have an allergic reaction to the sclerosing agent. The risk of this greater in patients who have a history of severe allergies.
- **Deep Vein Thrombosis.** A very rare complication. The dangers include the possibility of pulmonary embolus (a blood clot carried to the lungs) and permanent swelling of the leg.
- **Infection** is very rare. Please inform the staff if you are diabetic or have arterial disease.

ALTERNATIVE TREATMENTS

Aside from sclerotherapy as performed by our clinical care team, I understand that alternative treatments for varicose veins exist. Because varicose veins and spider veins are not life-threatening conditions, treatment is not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings. The appearance of veins will not go away without some form of treatment. Surface laser treatment can be used to treat fine pink and narrow spider veins. The technology is less successful with larger or deeper visible veins. The other option is to receive no treatment at all.

PROPOSED TREATMENT RESULTS

I know the practice of medicine and surgery is not an exact science, and therefore, reputable practitioners cannot guarantee results. While the overwhelming number of patients have noted gratifying symptomatic and cosmetic improvement, Dr. Andrew Hearn and staff cannot promise or guarantee any specific result and do not attempt to do so. I understand it is important to, and agree to, keep Dr. Andrew Hearn and staff informed of any changes in my medical condition and cooperate with them in my after-care, including informing the office of changes to my permanent address and phone number. I understand that I need to be agreeable to follow-up visits for expected or unexpected problems so that Dr. Andrew Hearn and staff can provide treatment as necessary.

Photographs: I consent to being photographed before, during, and after the treatment. These photographs shall be the property of this medical practice for treatment purposes.

Patient Initials: _____

I consent to allow this medical practice to use photos without referring to my name to use for publication and marketing materials.

_____ **Yes** _____ **No** **Patient Initials:** _____

ULTRASOUND GUIDED SCLEROTHERAPY

Ultrasound Guided Sclerotherapy using Varithena microfoam is a minimally invasive option for treating greater saphenous vein and tributary vein incompetence (leaky valves). The first stage of your procedure will involve inserting a catheter or needle into the vein under ultrasound guidance.

Your leg may be anesthetized with a local anesthetic agent, lidocaine. During the second stage of the treatment, the Varithena microfoam is injected thru the catheter or needle under ultrasound guidance. This will cause the vein to spasm and close, decreasing the venous insufficiency within the leg. Following the procedure, we will wrap the treated leg with a compression wrap, which you will wear constantly for 2 days, and then wear only during the day for the subsequent 12 days.

I understand that closure of the saphenous vein(s) treats the underlying cause of my symptoms and visible veins but will not remove or eliminate the visible surface veins. The latter require treatment by other techniques such as additional sclerotherapy.

Patient Initials _____

INFORMED CONSENT ACCEPTANCE

By signing below, I acknowledge that I have read the foregoing informed consent form and that I understand the risks of sclerotherapy treatment, alternative methods of treatment, and the risks of not treating my condition, and I hereby consent to vein treatment.

Patient Name: _____

Patient Signature: _____

Date: _____

TVCC Provider Name: _____

TVCC Provider Signature: _____

Date: _____