

Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available does not offer a cure, but rather a control of the condition. Successfully treated veins cannot come back. However, your inborn tendency to develop new veins will not be cured by this or any other form of treatment.

I, _____ consent to have the Endovenous Laser Treatment procedure, Ambulatory Phlebectomy procedure and Sclerotherapy performed by Dr. Mark A. Schwartz, his staff and appropriate designees for the purposes of closing my varicose veins. I understand that the device and medications used to perform the laser procedure and the catheters are commercially available products specifically designed and approved for this use.

The veins being treated today are the following:

- | | |
|---|--|
| <input type="radio"/> Left Great Saphenous Vein | <input type="radio"/> Right Great Saphenous Vein |
| <input type="radio"/> Left Small Saphenous Vein | <input type="radio"/> Right Small Saphenous Vein |

I have read and understand the following information:

- **Sclerotherapy** is used to treat spider and reticular veins. It involves the injection of a specialized medication into these veins in order to reduce their appearance. Some sclerotherapy is done with the assistance of ultrasound technology - especially those veins which are not visible on the surface of the skin.
- **Ambulatory Phlebectomy** is a micro-extraction procedure that is used to remove both large and small varicose veins, which are close to the surface. The micro-incisions are so small (1/8 inch) that they are closed with sterile tape and do not usually require stitches.
- **EVLT** is performed by introducing a catheter under local anesthesia into an abnormal vein for the purpose of closing that vein. This catheter transfers laser energy to the vein wall, which generates heat within the vein. The heat causes an injury to the vein, which causes the vein to collapse.

Though rare, as with any procedure that may be of benefit to a patient, there are risks involved. General risks for any procedure and risks associated specifically with this procedure are as follows:

Ambulatory Phlebectomy

- Patients can develop bruising, discoloration, hardness and pain at the incision site – this is relatively common.
- Scarring and skin discoloration – some patients heal better than others.
- Deep vein thrombosis – this is extremely uncommon. The best prevention is wearing support stockings and avoiding prolonged sitting and/or standing in the days following the procedure.
- As with any procedure in which the skin is punctured, there is a risk of infection. This is minimized by using careful sterile technique. Infection can generally be treated with antibiotics, but severe infections may require hospitalization.
- As with any procedure that involves puncturing the skin and puncturing a blood vessel, there is a risk of bleeding. Bleeding from the veins will almost always stop with pressure but occasionally, If severe bleeding should occur (extremely unlikely), hospitalization and blood transfusion may be required. Risks associated with blood transfusions are: allergic (immune type) reactions, infections such as hepatitis and HIV. The risk of infection is very rare due to modern screening techniques.
- There is a risk of allergic or toxic reaction to the local anesthesia.
- Recurrence of veins either through missed veins or other veins that can develop over time.

EVLTV

- There is a small risk (1-2%) that the vein may not successfully close or later reopen. In order to manage this, it is extremely important to return for follow-ups at 1 week and 3 months. This can be frequently managed by rescue foam sclerotherapy, and prevent a repeat procedure. Failure to attend routine follow-ups will not allow us to detect these problems.
- Leg swelling may develop that can take weeks to resolve. This is minimized by wearing custom fitted stockings.
- Skin bruising and/or discoloration may develop. This is generally temporary and improves with time.
- Inflammation of the treated vein with pain, tenderness, hardness and redness. This is generally temporary and improves with time.
- There is a risk of thermal injury (burn) to the skin surface. This is minimized by the use of local anesthesia and examination of proper catheter placement using ultrasound. It is a rare occurrence.
- There is a risk of damage to the saphenous nerve. This nerve is in close proximity to the vein. This can cause a loss of feeling in the leg, but no loss of motor function. This is generally temporary and improves with time.
- There is a risk of a clot forming in the vein and a condition known as phlebitis, which causes the vein to become inflamed and sore. Phlebitis is temporary and may be a part of the normal process in which the vein closes down. Clots in surface veins generally do not pose a health threat. Clots in deep veins are extremely rare as deep veins are not treated by this technique and compression stockings and walking will minimize the risk of deep vein clot. However, clots in deep veins, when they do occur, can cause serious health threats, including pulmonary embolism and death. These clots can usually be treated with medication at home, but may require hospitalization.
- As with any procedure in which the skin is punctured, there is a risk of infection. This is minimized by using careful sterile technique. Infection can generally be treated with antibiotics, but severe infections occasionally may require hospitalization.
- As with any procedure that involves puncturing the skin and puncturing a blood vessel, there is a risk of bleeding. Bleeding from the veins will almost always stop with pressure but occasionally, a small incision will be needed in order to tie the bleeding vein with a ligature. If severe bleeding should occur (extremely unlikely), hospitalization and blood transfusion may be required. Risks associated with blood transfusions are: allergic (immune type) reactions, infections such as hepatitis and HIV. The risk of infection is very rare due to modern screening techniques.
- There is a risk of allergic reaction to the local anesthesia.

Sclerotherapy

- Transient Hyperpigmentation: Approximately 15% of patients who undergo sclerotherapy notice a discoloration (light brown streaks) after treatment. This usually fades in 4 to 12 months. In rare instances this darkening of the skin may persist for years. We have some treatment alternatives should this occur that may lessen the discoloration. Patience is usually the best approach.
- Bruising is common and may take days to a few weeks to resolve.
- Infection can occur but is very rare, and can be managed with oral antibiotics.
- Blistering, redness, irritation, swelling and/or pain may occur but is temporary.
- Ulcerations: This occurs in less than 1% of patients who receive sclerotherapy. Ulceration near the injection site can occur and may take a few months to heal. A blister may form and may leave a scar. Antibiotic therapy may be indicated.
- Allergic Reactions: Very rarely a patient may have an allergic reaction to the sclerosing agent. The most common allergic reaction is hives, usually occurring during the treatment session, although a life threatening reaction can always occur.
- Pain: A few patients may experience moderate pain usually at the site of the injection. The veins may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. This discomfort is temporary and is best treated by our compression stockings.
- Telangiectatic Matting: This refers to the development of new very fine blood vessels in the area of the treated vein. This phenomenon occurs 2 to 4 weeks after treatment and usually resolves within 4 to 6 months. It occurs in up to 20% of women receiving estrogen therapy and in 2% to 4% of all patients. Again, patience is usually the best remedy.
- Ankle/Leg Swelling: This may occur after treating veins in the lower leg. It usually resolves in a few days but may last a few weeks, especially after treatment of larger varicose veins. Ankle swelling is lessened by wearing the prescribed support/compression stockings.
- Deep Vein Phlebitis: This is a very rare complication seen in approximately 1 out of every 10,000 patients treated. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot carried to the lungs) and post phlebotic syndrome (a

permanent swelling of the leg). In most cases eliminating varicose veins actually decreases the risk for deep vein phlebitis.

I also have been informed of the importance of follow-up ultrasound monitoring after my procedure. Follow-up ultrasounds will be scheduled at 1 week and 3 month intervals. These scans are fully covered by insurance and are vital in assessing for deep vein thrombosis as well as preventing recurrences. Failure to have these post-procedure scans will significantly increase the chance that complications will not be discovered in a timely fashion. Also, possible sources of recurrences will not be picked up on, which may be treated with minor injection therapy, rather than undergoing repeat procedures. Failure to have these scans after your procedure may lead to higher rates of recurrence of varicose veins and potential life threatening complications.

I understand that other treatments for varicose and spider veins exist. Because varicose veins and spider veins are not life-threatening conditions, treatment is not mandatory.

- Compression hose: Many patients get adequate relief of venous symptoms from wearing support stockings. This is a conservative way to manage venous symptoms but does nothing to get rid of varicose veins or spider veins.
- Sclerotherapy
- Surgical stripping and removal of varicose veins.
- ANOTHER OPTION IS TO RECEIVE NO TREATMENT AT ALL.

I understand that the practice of medicine is not an exact science, and therefore, reputable practitioners cannot guarantee results. While an overwhelming number of patients have gratifying symptomatic and cosmetic improvement, The North Shore Vein Center cannot promise or guarantee any specific result and does not attempt to do so. I understand that Endovenous laser treats only those veins that are currently problematic and it does not prevent new veins from surfacing in the future. I also recognize the need to keep The North Shore Vein Center office informed of any changes in my medical condition and cooperate with them in my after-care, including any changes in my address and phone number. **(Note: smokers have more side effects and poorer results than non-smokers)**

INFORMED CONSENT

- Understanding all of the above, I hereby provide informed consent to The North Shore Vein Center physician and/or assistants to perform **Endovenous Laser Treatment, Ambulatory Phlebectomy and Sclerotherapy** upon me. I confirm with my signature below that my physician has discussed all the above information with me, that I have had the chance to ask questions and that all my questions have been answered to my satisfaction. I understand that transportation to and from the office for my procedure is required as driving post-procedure can be a hazard to myself or others.

Patient's Signature

Date

Witness

Date

STATEMENT OF PHYSICIAN SIGNING CONSENT

I have fully explained the treatment to the patient. In my judgment, the patient has been provided with sufficient information about the risks and benefits involved in order to make an informed decision and were given a copy of this consent.

Physician

Date