

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MR#: \_\_\_\_\_ Leg to be Treated: \_\_\_\_\_

**Informed Consent for Endovenous Laser Therapy/Radio Frequency Ablation  
and Ambulatory Stab Evulsion Phlebectomy**

**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. Surgically removed veins cannot come back. *However, your tendency towards developing new veins will not be relieved by this or any other form of treatment.*

**What is Ablation?**

The first stage of your procedure will involve inserting a laser fiber or radio frequency catheter in the abnormal vein and advancing it up the vein under ultrasound guidance. After verifying an accurate position, your leg will be anesthetized with a local anesthetic. The laser or radio frequency catheter is removed slowly. As it is removed, it closes the vein. This will relieve the backflow pressure which is causing your varicose veins. Following the procedure, we will put you in a compression stocking which you will sleep in for the first 72 hours, and then wear for the next 11 days.

Seven to 10 days after the procedure, we will evaluate your results using ultrasound.

**What is Ambulatory Phlebectomy?**

Ambulatory Phlebectomy is a method of surgically removing surface varicose veins. Ambulatory Phlebectomy is typically performed in a doctor's office using local anesthesia. The area surrounding the varicose vein clusters is flooded with anesthetic fluid. A needle is then used to make a puncture next to the varicose vein and a small hook is inserted into the needle hole and the varicose vein is grasped and removed. The punctures typically leave nearly imperceptible scars. Ambulatory Phlebectomy is often performed in conjunction with ablation.

**Risks and Possible Side Effects**

The most common side effects experienced with Endovenous Laser Therapy and Radio Frequency Ablation are:

- **Transient Hyperpigmentation:** Patients who have had Endovenous Laser Therapy, Ambulatory or Radio Frequency Ablation and/or Phlebectomy may notice a discoloration after treatment. This discoloration is almost always transient and will resolve in about three months. In rare cases, this darkening of the skin may persist up to one year.
- **Allergic Reactions:** Very rarely, a patient may have an allergic reaction to the anesthetic agent. The risk of this is greater in patients who have a history of allergies.
- **Pain:** Patients may experience some discomfort following the procedure. The leg may be tender to the touch after treatment, usually along the course of the treated vein. This discomfort is usually temporary.

- **Ankle 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 large varicose veins. Wearing the prescribed compression stocking lessens ankle swelling.
- **Skin Burns:** Utilizing laser therapy or radio frequency ablation carries a risk of skin burns, which may require further surgical treatment.
- **Damage to the Eyes:** Laser therapy carries a risk of damage to the unprotected eye. You will be provided with safety goggles to protect your eyes.
- **Deep Vein Thrombosis:** 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 phlebitic syndrome, resulting in a permanent swelling of the leg.

### Alternative Treatments

Because varicose veins are not a life-threatening condition, treatment is not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings.

Surgical stripping may also be used to treat large varicose veins. This usually requires a hospital stay and is usually performed while the patient is under general anesthesia. Risks of vein stripping are similar with the additional risk of the general anesthetic.

The other option is to receive no treatment at all.

### Informed Consent

By signing below, I acknowledge that I have read the foregoing information and understand the risks and possible side effects, alternative methods of treatment, and I hereby consent to the treatment.

I consent to the local anesthesia being administered. I am aware that risks are involved with the administration of local anesthesia such as allergic or toxic reactions to the anesthetic and cardiac arrest.

I am aware that in addition to the minor risks, there are other risks that may accompany any surgical procedure such as: loss of blood; infection; inflammation in the venous system with formation of a thrombus (clot); postoperative bleeding and nerve trauma that may lead to temporary or permanent numbness.

### 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 has noted gratifying symptomatic and cosmetic improvement, we cannot promise or guarantee any specific result.

**Patient Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_