

Cardiovascular Services, LLC

Consent for Vein Treatment

Patient Name: _____

Provider: Dr. Abadier MD, FACC

I authorize the performance of vein treatment(s) which may include one or more of the following (as circled): Phlebectomy, Endovenous Laser, Ultrasound Guided Sclerotherapy, Varicose Vein Sclerotherapy, Spider Vein Sclerotherapy Laser Vein Treatment, Varithena, Radio Frequency Closure or Trans Catheter Infusion. The vein treatment(s) are to be performed by Dr. Rafik Abadier, MD, FACC and/or his surgical personnel as directed by Dr. Abadier. I further consent, if requested by Dr. Abadier, to an observer (or observers) during my procedure or treatment(s). I also consent to the performance of operations and procedures in addition to or different from those now planned, whether or not arising from presently unforeseen conditions, which the above named physician or assistants may consider necessary or advisable during the planned procedure.

Varicose veins and spider veins are chronic, progressive, and recurrent conditions. There is no definite cure, but rather these conditions are controlled by treatments. Heredity is the major cause of this vein defect and new veins may develop in the future depending on your genetic predisposition and aggravating factors. Regular, further treatment or "maintenance" will be important to control your symptoms. Our goal is to give you a minimum of 70% improvement of you current condition. However, as with any medical treatment or procedure, an individual's result cannot be guaranteed. Additional or follow-up treatments outside of the cost estimate quoted may be needed. These services, when provided with your consent, are at an additional fee. **Further, it has been discussed and I fully understand that the treated segments may likely look worse before it looks/feels better. Patients Initials: _____**

POSSIBLE SIDE EFFECTS OF VENOUS TREATMENT

Normal Side Effects:

1. Firmness or lumps under the skin, in the vein, with or without local tenderness or darks streak like discoloration at the area of injected spider veins are common. This "bruising" or collection of blood around the vein is an expected part of the treatment process. Needle aspiration can be performed to hasten the dissolution. Expected clearance may take months.
2. Bruising and discoloration at the area of treatment and compressed veins are very common, but will disappear spontaneously in the time frame of your own normal healing process.
3. Mild Inflammation

Frequent Side Effects:

1. Hyperpigmentation (darkening of the skin). Brown pigmentation at the treated site occurs 10-15% of the time. The pigmentation fades with time, sometimes lasting up to 12 -24 months. Rarely is the pigmentation permanent. (Optional IPL/Photoderm treatment after sclerotherapy is sometimes helpful to aid in fading brown pigment faster.)
2. Neovascularization (growth of new veins) or blushing may occur when the body responds to the injection of spider or varicose veins by making fine, red capillaries. When this occurs area will be pink, red, or purple and may appear as a bruise. The following options will be reviewed and the provider will make a recommendation: A) allow time for the area to clear up on its own, usually 3 – 6 months, B) Further injection treatments with a stronger solution, C) laser and/or intense pulsed light.
3. Bleeding.
4. Blistering or crusting from cutaneous laser treatments. This will heal with little or no permanent scarring, which may also leave hypopigmentation (lack of pigment) in the treated area.
5. Discomfort or pain in the treated segment/leg.

Rare Side Effects:

1. Superficial phlebitis (inflammation of the vein). An inflammatory reaction or chemical phlebitis following sclerotherapy develops in 1-3% of cases and only in patients with varicose veins. It may sometimes be painful,

but the reaction is temporary and is easily treated with anti-inflammatory medication. This condition is not dangerous to you.

2. Deep vein thrombosis (DVT) which can lead to pulmonary embolism (PE), or even death. Death has never been reported with EVLT/RF/TCI however, it has occurred with other varicose vein treatments (surgery and sclerotherapy), therefore, must be considered a possibility.
3. An ulceration or sore at the site of the injection can be caused by infiltration of the solution into the tissues around the vein and may leave a scar. It is a rare occurrence in our patients (less than 1% of treatments).
4. Fainting (syncope), headache, dizziness, and/or temporary visual changes. The primary sclerosing agent used in this practice is Sotradecol. When it is deemed necessary, other sclerosing agents may be used.
5. Allergic reaction
6. Nerve injury. This is a more frequent complication from the old fashion stripping procedures.
7. Infection.

Potential Complications of NOT Undergoing Laser Therapy:

The potential complications of not undergoing venous therapy are most often limited to merely a worsening of the condition, i.e. an increase in the number of varicose veins or enlargement in the existing veins. In cases of large varicose veins, spontaneous superficial phlebitis or bleeding may occur. Patients with varicose veins associated with underlying venous insufficiency may develop ankle swelling and/or skin changes (eczema, hyperpigmentation, ulceration).

Alternative Treatments:

Since varicose veins are not life threatening, endovenous laser therapy is not mandatory. Some patients may get **adequate symptomatic relief by wearing graduated compression stockings**. Alternative treatments for varicose veins include surgical ligation and stripping, ambulatory phlebectomy, ultrasound-guided sclerotherapy or a combination of these treatments. Most require a **combination** of treatments.

Potential Benefits:

The potential benefits of venous therapy include a reduction in the size or closure of the treated varicose veins and improvement in varicose veins-related symptoms. There is no guarantee that you will receive any medical benefit as a result of venous therapy. It is also possible that your condition remain the same or continue to progress due to the Genetic process.

By signing below, I acknowledge that I have read and understand the above and I have adequately informed the nature, intended purpose and significant risk and consequence of venous therapy, as well as the alternative treatment methods. I acknowledge that I have been given ample opportunity to ask questions about my condition and options. I hereby authorize consent to endovenous laser/sclero therapy. I also authorize the taking and usage of photographs of my procedure and outcome, my face will not be used on these photographs.

Patient Signature: _____ Date: _____

I have discussed the nature and purpose of endovenous laser/sclero therapy and associated risks, consequences and available alternatives with the patient signing above, and I am satisfied that he/she understands them.

Physician's Signature: _____ Date: _____