



Sclerotherapy: Patient Consent for Treatment

A. Purpose and Background

- Sclerotherapy is a method for the treatment of unwanted leg veins. The number of treatments needed to improve the condition differs from patient to patient depending on the severity of the veins present. Sclerotherapy, as performed at VVC, is safe and effective.

B. Procedure

- Using a very fine needle, the provider injects a saline-based solution into the vein causing it to contract. The injected veins become inflamed, blood is then unable to flow through them and ultimately, the body absorbs these non-functioning vessels.

C. Risks/Discomfort

I understand that while adverse reactions to sclerotherapy are extremely rare, there is a possibility of:

- **Itching:** mild itching over the treated vein may be a side effect which usually lasts 1-2 hours but may persist for a day or more.
- **Bruising:** Can last from one to several weeks. Use of support hose is recommended and avoidance of anticoagulant medication for one week prior to each treatment session may minimize bruising.
- **Hyperpigmentation:** Approximately ten percent (10%) of the patients who undergo Sclerotherapy notice a slight brown discoloration after treatment. Generally, the veins become darker for a period of time after the procedure and before going away. In some instances, this darkening of the vein may persist for months or rarely become permanent.
- **Pain:** Patients may experience mild to moderate pain 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 pain is usually temporary, but may persist for days or weeks.
- **Sloughing:** Sloughing routinely occurs in patients who undergo Sclerotherapy. Sloughing consists of ulcerations at the injection sites, which heal slowly over one (1) to two (2) months. A blister may form, open, and become ulcerated, but full healing is expected. Injection site reactions are normal and not preventable, and may result in permanent scars and/or discoloration.
- **Allergic Reactions:** Rarely, a patient may have an allergy to the sclerosing agent used. To my knowledge, I am not allergic to Heparin or Lidocaine.
- **Phlebitis:** Phlebitis is a very rare complication seen in approximately one (1) out of every one thousand (1,000) patients treated for the cosmetic removal of veins. The possible dangers of phlebitis include a pulmonary embolus or blood clot, which travels to the lungs and/or post-phlebitis syndrome, which can result in permanent swelling of the legs.

D. Alternatives

- Sclerotherapy is strictly a voluntary cosmetic procedure; no treatment is necessary or required.

E. Photography

- I understand that clinical photographs are an essential component of my medical record. Photography is required by VanderVeer Center, before, during, and after treatments.

F. Consent Procedure

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that may be obtained. I understand that to achieve maximum results, the protocol prescribed by VanderVeer Center should be adhered to. The number of treatments and results of treatment vary per patient and may be affected by the following factors, including but not limited to: degree of vascular irregularity, sun exposure, weight gain or loss, patient age, skin conditions, medical history, medications, and lifestyle choices such as smoking.
- I have provided my complete medical history and medications, including any changes. I have not taken any Aspirin, Ibuprofen, Plavix® or Coumadin in the past week.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand VanderVeer Center recommends compression after treatment with support hose, Coban wrap and/or Ace bandage to enhance the results of my Sclerotherapy treatment. These compression garments should be worn up to two weeks or longer for the best possible outcome.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I agree if I have any concerns regarding my Sclerotherapy treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

I elect to proceed with Sclerotherapy treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____

Provider Signature: _____