

Informed Consent: Ambulatory Phlebectomy and Ultrasound Guided Sclerotherapy

Ambulatory phlebectomy is a safe and effective in-office procedure to treat varicose veins. The skin overlying your varicose veins is marked and numbed with local medication. Special instruments are then used to remove the varicose veins using very small incisions. These are usually closed with tape strips, avoiding the need for sutures due to the small size of the incisions. After the procedure is completed, a dressing will be applied to your leg followed by compression hose. This dressing will stay in place for two to three days. You can then remove the dressing in one to two days and then wear a compression stocking for approximately one week.

Additional treatment with sclerotherapy may be necessary to treat additional varicose and spider veins, either at the same setting, or at the time of a subsequent visit. Sclerotherapy involves injecting a chemical irritant into the veins using a very small gauge needle. This injection causes an irritation to the inner lining of the vein resulting in closure of the vein. Sclerotherapy of the smaller veins is considered cosmetic and is usually not covered by insurance.

The various procedures for varicose veins are treatments and not a complete cure. The removed segments will not come back. The veins that initially close off after sclerotherapy also will not come back. However, because you have had varicose veins in the past, you are more likely to develop additional varicose veins in the future.

Possible Risks and Complications:

Any procedure carries a small risk of infection, allergic reaction, pain, blood clots and anesthetic complications. These complications have been well studied and are extremely rare with this procedure. Possible risks and side effects that are specific to Phlebectomy and Sclerotherapy include but are not limited to the following:

- **Pain:** Patients generally experience mild to moderate discomfort after the procedure. This may rarely cause significant pain following the procedure.
- **Swelling:** Swelling usually resolves in a few days but may last a few weeks, especially after treatment of large varicose veins. Wearing the prescribed compression hose and elevation will lessen your swelling.
- **Phlebitis:** This is an unusual complication where trapped blood in remaining veins causes an inflammatory response. This can cause significant bruising and discomfort. Phlebitis is usually treated with elevation, anti-inflammatory medication and warm compresses and resolves spontaneously. This is not a dangerous condition and you may resume your regular activities.

- **DVT:** A very rare complication involves the formation of a blood clot in the deeper veins of the leg. The blood clot in the deep veins of the leg is treated with a blood thinner for several months and could result in significant swelling.
- **Darkening of the skin (hyperpigmentation):** Patients who have had sclerotherapy may notice some discoloration after treatment. This discoloration usually resolves in a few weeks to months. In rare cases, the darkening of the skin may persist up to a year.
- **Neuropathy:** Rarely, there can be trauma to surrounding nerves, which can result in a transient numbness that will resolve on its own with time. In rare instances, the localized numbness may be permanent.
- **Failure of the procedure or recurrence:** Endovenous laser treatment is successful greater than 90% of the time. However, the treatment may not be successful and may require subsequent treatment. The diseased vein may initially seal, but then reopen in time as the body can occasionally form a new channel in the treated vein.
- **Infection:** This is a rare problem since sterile precautions are taken during the procedure. When this occurs, it can be treated with antibiotics.
- **Complications of anesthesia:** This includes allergic reactions to the medication and risks of over-sedation if this method is chosen. This could rarely result in heart or breathing problems.
- **Allergic reaction:** Very rarely, a patient may have an allergic reaction to the anesthetic agent or the numbing medicine. The risk of this is greater in patients who have a history of allergies. Let your doctor know if you are allergic to Lidocaine or any other medications.

Alternatives:

The method of treatment used for treating varicose veins depends upon the severity of the symptoms experienced by the patient. Many patients are well treated by weight loss, exercise, compression stockings and leg elevation. Alternatively, surgical stripping may also be used to treat large varicose veins. This usually requires a hospital stay and usually is 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.

Consent:

I have read the information stated above and understand the risks and benefits of the procedure as well as that of the local anesthesia. I also understand the alternative methods of treatment. I have had an adequate explanation and have no further questions as they have all been answered. I understand that while the great majority of patients have very satisfying results, the practice of medicine and surgery is not an exact science, and therefore, results cannot be guaranteed.

Be sure to notify your physician if you have a history of medication allergies, prior blood clots or severe medical conditions.

Patient Signature _____

Date: _____