

Patient Informed Consent for Ambulatory Phlebectomy

Ambulatory phlebectomy is an effective and safe office procedure used to treat varicose veins. The veins are removed through very small incisions. This procedure is done using local anesthetic. After the procedure, a dressing will be applied to your leg followed by compression hose. Instructions will be given to you at the time of the procedure as to how long the compression will be worn and the activities you will be able to perform.

Varicose veins are a chronic and recurrent condition. The treatments will not offer a cure but rather a control of the condition. Your tendency towards developing new veins will not be relieved by this or any other form of treatment.

Potential Risks and Side Effects: All surgical interventions carry inherent risks. Below are possible risks and side effects that are specific to the proposed treatment.

- ❖ Allergic reaction: Rarely, a patient may have an allergic reaction to the anesthetic used. All medications have a risk of causing varying degrees of allergic reaction. Allergic reactions can result in hives, itching, hospitalization, breathing problems or death.
- ❖ Pain: Post-operatively you leg will be tender to the touch. The pain should not be severe enough to warrant strong anti-pain medication. Usually 1-2 tablets of Advil or Tylenol taken a few times in the first 1-2 days will be sufficient to alleviate the possible mild discomfort.
- ❖ Bruising: Some people bruise more and some bruise less. This is a normal occurrence which will usually resolve in approximately two weeks.
- ❖ Swelling: You may experience some swelling in the lower part of your leg postoperatively. It will usually resolve in a few days but may last for a few weeks. Wearing the compression hose will reduce leg swelling.
- ❖ Wound infection: Please call the office if you have any signs of wound infection such as fever, chills, unusual drainage, odor or extreme redness, swelling or pain. You will be given the necessary treatment.
- ❖ Deep Vein Thrombosis: A rare occurrence of a blood clot forming in the deep veins. This may be associated with permanent leg swelling and may progress to a clot in the lungs (pulmonary embolus).
- ❖ Nodularity: Nodularity at the site of the vein removal may persist for up to a year. This occurs when there are pieces of the vein that remain in the body and have scarred down and become hard. With time, the body will absorb and soften these areas, but some may remain.
- ❖ Hyperpigmentation: Post-operatively, there may be some darkened areas where blood has leaked into the tissues. This will resolve on its own as the body reabsorbs the blood. In rare cases this darkening of the skin may persist up to a year. In rare instances, the discoloration may be permanent.
- ❖ Nerve Trauma: Occasionally there can be trauma to surrounding nerves, which can result in a transient numbness that will resolve on its own with time. On rare occasions, this can be permanent.
- ❖ Reoccurrences of new veins: When a patient has varicose veins, it is usually an ongoing problem.

Alternative Treatments: Some patients may find relief of symptoms by wearing medically prescribed compression stockings. Vein stripping and/or ligation and ultrasound-guided sclerotherapy are other methods that may be used to treat varicose veins. The other option is to receive no treatment at all.

Potential Complications of not Undergoing Treatment: The potential complications of not undergoing treatment are most often limited to merely the worsening of the condition. In the case 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 and ulceration.

Informed Consent: This document is used to communicate information about the proposed surgical treatment including the disclosure of risks and alternative forms of treatment.

Informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

I acknowledge that I have read and understand the above and I have been adequately informed of the nature, intended purpose, significant risks and consequences of ambulatory phlebectomy, as well as the alternative methods. I also understand that I have been directed not to sign this form unless all my questions have been answered and explained to my satisfaction. I hereby authorize consent to ambulatory phlebectomy.

Patient Name

Witness

Patient or Guardian Signature

Date