

Informed Consent For Injection Compression Sclerotherapy

This form is intended to provide you with information necessary to assist you in making an informed decision about whether to undergo sclerotherapy treatment. Sign this consent for treatment only after you have read and understood this information and all your questions have been answered to your satisfaction.

WHAT IS INJECTION-COMPRESSION SCLEROTHERAPY? Injection-compression sclerotherapy is one method of eliminating varicose veins and superficial telangiectasia ("spider veins"). During sclerotherapy, a solution called a sclerosing agent is injected into the veins. After injection, the physician may prescribe compression stockings or dressings for a period of time, each patient being different.

DOES INJECTION-COMPRESSION SCLEROTHERAPY WORK FOR EVERYONE? The majority of persons who have injection-compression sclerotherapy will have improvement of their venous disease. Neither cosmetic nor symptomatic improvement is guaranteed. Some patients who undergo sclerotherapy may have poor to fair results. Poor results means that the outcome of treatment does not meet the patient's expectations.

HOW MANY TREATMENTS WILL I NEED? The number of treatments needed to improve your condition differs from patient to patient, depending on the extent of varicose veins present an individualized treatment plan is provided before care begins.

WHAT ARE THE MAJOR RISKS OF INJECTION-COMPRESSION SCLEROTHERAPY?

1. Transient hyperpigmentation: Some patients who undergo sclerotherapy may develop discoloration consisting of brownish streaks after treatment. In some instances, this darkening of the vein may persist for 4 to 12 months. In rare instances, the discoloration may be permanent.

2. Allergic Reactions: A patient may have an allergic reaction to the sclerosing agent used. All medications including sclerosing agents have the risk of causing varying degrees of allergic reaction. Allergic reactions can result in hives, itching, hospitalization, breathing problems or death.

3. Ulceration: Skin damage may occur in few patients who undergo injection-compression sclerotherapy. Ulceration usually consists of a small sore at the injection site. The sore may heal slowly. A blister may form and open. A permanent scar is possible. Skin ulceration may occur following Injection-Compression Sclerotherapy even though expert technique administering the safest sclerosing agent is utilized.

4. New Spider Veins: In some instances, a patient may develop a small area of hair-like spider veins at the site of a previously injected vein. Most of these areas will resolve in 6 months without additional treatments. Some may require additional treatment. Rarely, this area may be permanent despite additional treatment.

5. Phlebitis: A rare occurrence of a blood clot forming in the deep veins following sclerotherapy has been reported. Phlebitis may be associated with permanent leg swelling and may progress to a clot in the lungs (pulmonary embolus).

6. Intra-arterial Injection: An unusual complication where the sclerosing agent is inadvertently injected into an artery. This may result in large areas of skin ulceration, tissue destruction and loss of limb.

7. Nerve Damage: An unusual complication due to irritation of a nerve adjacent to an injected vein. This may cause numbness, pain or difficulty walking which could last for months. Permanent numbness resulting in gait disturbance would be extremely unusual.

WHAT ARE THE COMMON SIDE EFFECTS OF INJECTION-COMPRESSION SCLEROTHERAPY?

1. Bruising is a side effect that almost every patient experiences. They are temporary and will fade over several weeks.

2. The patient may experience itching, and/or mild to moderate pain. Other temporary side effects may include numbness and swelling at the ankle.

3. Most patients develop areas of tender intra-vascular "trapped blood" at one or more injection sites. This is expected in the course of treatment and will be removed during the subsequent office visits. Removal of "trapped blood" is performed after a local anesthetic is administered to numb the skin.

4. Compression wraps, stocking and tapes may result in blisters, irritations or rash, which are temporary.

ARE THERE OTHER TYPES OF TREATMENTS FOR VARICOSE AND SPIER VEINS? WHAT ARE THERE SIDE EFFECTS?

Some patients may find relief of symptoms by wearing medically prescribed compression stockings.

Vein stripping and/or ligation is another method that may be used to treat varicose veins. If you have questions about ligation and stripping it is recommended that you discuss it with a surgical specialist. A referral can be provided.

WHAT ARE THE POSSIBLE COMPLICATIONS IF VARICOSE VEINS ARE NOT TREATED?

In cases of large varicose veins (greater than 1/4 inch in diameter), spontaneous inflammation (phlebitis) and/or clotting (thrombosis) may occur with the associated risk of possible blood clots to the lungs (pulmonary emboli). Additionally, large skin ulcerations may develop in the ankle region of patients with severe varicose vein disease. Rarely, these ulcers may bleed heavily or become cancerous. Varicose vein disease never improves without treatment. Vein disease is chronic and present throughout life. Evaluation, appropriate treatment and long term follow-up are recommended for the best outcome.

PHOTOGRAPHS: I consent to the taking of photographs at any point while I am undergoing treatment and to the use of those photos for scientific, educational or research purposes.

The above details including possible complications and risks have been explained to me to my satisfaction and to my understanding.

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____
(IF PATIENT IS A MINOR)