



ClosureFast® INFORMED CONSENT

DO NOT SIGN THIS UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

I hereby authorize Stephen F. Kitchen, M.D. to close my saphenous and/or perforating vein(s) using an endovenous radiofrequency obliteration technique, also known as the ClosureFast procedure. He has explained that the device used to perform this procedure is known as the ClosureFast System; it is a commercially available product used specially for this purpose. I understand that alternative treatments for obliterating the function of the saphenous and/or perforating vein(s) include ligation (cutting or tying the vein in the groin or behind the knee), stripping the vein (pulling a long segment out), or compression sclerotherapy (injecting a chemical to occlude the vein).

Stephen F. Kitchen, M.D. has explained that common symptoms of varicose veins, such as heaviness and pain after standing for a long period of time, arise from malfunctioning valves in the saphenous and/or perforating vein(s) (the main external vein in the thigh and calf). The resulting increased pressure in the saphenous and/or perforating vein(s) is transmitted to my varicose veins. Satisfactory treatment of varicose vein symptoms is usually achieved by obliterating the saphenous and/or perforating vein(s). Although closure of the saphenous and/or perforating vein(s) using the ClosureFast System should reduce the pressure in my varicose veins and thus relieve many of my symptoms, I understand this consent for the ClosureFast procedure for treatment of my saphenous and/or perforating vein(s) does not include actual removal of the varicose veins, which may still be visible.

The general nature of the ClosureFast procedure for treatment of the saphenous and/or perforating vein(s) has been explained to me. I understand that among the known risks of this procedure are failure to close the saphenous and/or perforating vein(s), leg swelling, bruising, mild phlebitis (pain, tenderness, redness) over the treated vein, numbness and tingling in the treated area, and the skin burns that may need to be treated with additional surgery. I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and post- operative blood loss, infection, and clot formation in the venous system.

Stephen F. Kitchen, M.D. has not guaranteed either the results of surgery or freedom from potential complications. I have had sufficient opportunity to discuss my condition and proposed treatment with Stephen F. Kitchen, M.D. and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent for treatment.

Cancellation Policy

You have been scheduled for a ClosureFast procedure. These procedures require us to purchase supplies, reserve time and schedule personnel for your procedure. These supplies and expenses are NOT returnable. Please give us at least 7 days notice if you are unable to keep your appointment.

Patient Signature: _____ <Current Date>

Witness: _____ <Current Date>

