



## **SCLEROTHERAPY INFORMED CONSENT**

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

This form is designed to provide you with information you will need to make an informed decision about whether to have TREATMENT performed. If you have any questions or do not understand any potential risks, please ask for an explanation.

**Note: Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available will not offer a cure, but rather control of the condition. Surgically removed veins cannot come back, veins which are sclerosed will not return. However, your tendency, inborn in the majority of cases, of developing new veins will not be relieved by this or any other form of treatment.**

**The treatment of large varicose veins is usually done with a minor surgical procedure, while the medium to small varicosities and spider veins are best treated with sclerotherapy or phototherapy. Your particular condition may require a combination of any or all of these treatments.**

### **Sclerotherapy**

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasias (“spider veins”) in which a solution, called a sclerosing agent, is injected into the veins. The majority of the persons who have sclerotherapy performed will be cleared or at least see a good improvement. Sclerotherapy never achieves one hundred percent perfection. Unfortunately, there is no guarantee that sclerotherapy will be effective for you. Approximately 10% of patients who undergo sclerotherapy have fair to poor results. In rare instances, the patient’s condition may become worse after sclerotherapy treatment. The number of treatments needed differs from patient to patient, depending on the extent of the problem. One to six or more treatments may be needed; the average being four.

### **Risks**

The nature of the procedure to be performed has been explained to me, and I understand that among the known risks are bruising, swelling of the leg, transitory pigmentation, scarring, keloid formation, and secondary telangiectasias (“spider veins”). See further explanations below.

I am aware that in addition to the minor risks, there are other risks that may accompany any surgical procedure, such as loss of blood, infection, inflammation in the venous system with formation of a thrombus (clot), postoperative bleeding, and nerve trauma that may lead to temporary or permanent numbness.

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## **Risks-Side Effects**

The most common side effects experienced with sclerotherapy treatment include:

**(note: smokers have more side effects and poorer results than non-smokers)**

- 1) Transient Hyperpigmentation: Approximately 20% of patients who undergo sclerotherapy notice a discoloration( light brown streaks) after treatment. This usually fades in 4 to 12 months. In rare instances this darkening of the skin may persist for years.
- 2) Sloughing: This occurs in less than 1% of patients who receive sclerotherapy. Sloughing consists of an ulceration near the injection site that heals slowly over a few months. A blister may form, open, and become more ulcerated. After healing, they usually leave a scar. (This occurrence represents injection into or near a small artery and is not preventable.)
- 3) Allergic Reactions: Very rarely, a patient may have an allergic reaction to the sclerosing agent. The risk of this is greater in patients who have a history of allergies.
- 4) Pain: A few patients may experience moderate to severe pain usually 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 discomfort is usually temporary.
- 5) Telangiectatic Matting: This refers to the development of new tiny blood vessels in the area of the treated vein. This phenomenon occurs 2-4 weeks after treatment and usually resolves within 4 to 6 months. It occurs in up to 18% of women receiving estrogen therapy and in 2% to 4% of all patients.
- 6) Ankle Swelling: This may occur after treating veins in the lower leg. It usually resolves in a few days but may last a few weeks, especially after treatment of the large varicose veins. Ankle swelling is lessened by wearing the prescribed support/compression stockings.

## **Other Side Effects**

Deep vein phlebitis is a very rare complication, seen in approximately 1 out of every 10,000 patients treated. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot carried to the lungs) and post phlebitic syndrome, resulting in a permanent swelling of the leg.

## **Possible Complications of not Receiving Treatment**

In case of large varicose veins, spontaneous phlebitis and or thrombus (blood clot) may occur with the associated risk of possible pulmonary embolus. Additionally, skin ulcerations may develop around the ankles of patients with long standing varicose veins and underlying venous insufficiency.

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## **Alternative Treatments**

Aside from VNUS leg closure procedure, and sclerotherapy as performed by Dr. Stephen Kitchen and/ or his associates, I understand that alternative treatments for varicose veins exist. Because varicose veins and spider veins are not life-threatening conditions, treatment is not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings.

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 to sclerotherapy with the additional risk of general anesthetic. General anesthesia has some associated serious risks, including the possibility of paralysis, brain damage and death.

The other option is to receive no treatment at all.

## **Proposed Treatment Results**

I know the practice of medicine and surgery is not an exact science, and therefore, reputable practitioners cannot guarantee results. While the overwhelming number of patients have noted gratifying symptomatic and cosmetic improvement, we cannot promise or guarantee any specific result and do not attempt to do so. I also recognize the need and agree to keep Dr. Kitchen and staff informed of any changes in my medical condition and cooperate with them in my after-care, including any changes in my permanent address and phone number.

## **Informed Consent**

By signing below, I acknowledge that I have read the foregoing informed consent form and that I understand the risks of surgical and/or sclerotherapy treatment, alternative methods of treatment, and the risks of not treating my condition, and I hereby consent to vein treatment.

## **Cancellation Policy**

You have been scheduled for a VNUS Closure 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>