

## Sclerotherapy Consent

Sclerotherapy is a popular method for eliminating unsightly veins and superficial telangiectasias ('spider veins') whereby a solution, called a 'sclerosing agent' is injected into the veins. This solution causes the inner wall, or lumen, of the blood vessel to become sticky and swollen, shutting it down. With the treated vein closed, local circulation is improved.

### **Results and Postoperative Care**

- I will stay out of the sun and wear sun protection for a minimum of 2 weeks after the procedure.
- I will wear support stockings for 1 week. Routine walking after the procedure is encouraged. Avoid strenuous physical activities such as high impact aerobics or weight lifting for the first 48-72 hours.

• Inflammation of the blood vessels

• Avoid sitting or standing in one position for long periods of time. Avoid hot baths.

# Risks and Complications Specific to Sclerotherapy

- Pain or redness
- Infection

Superficial clotsBleeding

CrampingBruising

• Swelling locally or leg swelling

• Hives or itching

- Ulceration
- Very fine red matted vessels
- Scarring
- Incomplete removal or recurrence of treated vessels
- Changes in color of skin, either lighter or darker

#### Pregnancy

• I am not trying to become pregnant nor am I aware that I am pregnant.

#### Payment

• I understand that this procedure is cosmetic and that payment is my responsibility

### Informed Consent

- The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure.
- The physician has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components.
- The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Witness Signature

Date

Patient/Guardian Signature

Date