

Sclerotherapy/Foam Sclerotherapy Informed Consent Form

This form is designed to provide you with the information you need to make an informed decision on whether to undergo sclerotherapy. Please ask any questions prior to signing.

Purpose of Vein treatment:

By signing I hereby authorise the doctor and/or associates to extract, ablate, inject or interrupt diseased veins for the purpose of attempting to improve the symptomology and/or appearance of the legs.

Alternatives treatments

I understand that alternative treatment for varicose veins exist, including conservative treatments (elastic stockings) surgical stripping, vein ablation and vein litigation.

Outcomes from treatment

By signing I understand that the practice of medicine and surgery is not an exact science, and, therefore reputable practitioners cannot guarantee results. No guarantee or assurance has been given by anyone, as to the results that may be obtained.

Common side effects during / after sclerotherapy:

- Stinging** at the time of treatment which settles within minutes
- Bruising** around the treated area which disappears within 2 weeks
- Trapped blood** - appears as dark tender lumps in the treated veins. This is expected and can be drained within the first few weeks. If untreated this will improve within 6 months.
- Dizziness** – may be experienced during the ultrasound examination and rarely with treatment
- Leg aching** in days following treatment is usually mild and can be treated with ibuprofen and walking
- Urticaria** - localised itching and swelling of the skin may occur during the procedure and resolves within 30 minutes
- Skin blisters** – may develop due to the rubbing of the silicone band of the compression stockings against the thigh and can be avoided by changing the position of the band daily
- Phlebitis** – inflammation of the treated vein which may be related to the trapped blood. Usually resolves within days

- Darkening of the treated veins** (1:10 – 1:100) shortly after treatment. Often improves within weeks but may take up to a year
- Matting** (1:10 – 1:100) – appearance of new fine spider veins in the treated areas. They often disappear without further treatment within 3-6 months. Very rarely matting is permanent
- Migraine/visual disturbances** (1:100) – more common if you have a history of migraines, usually resolves within 20 minutes

Rare side effects during / after sclerotherapy:

- Motor nerve damage paralysis** (1:10,000) – permanent pigmentation / scarring / keloid
- Dermatitis** inflammation/skin reaction – permanent pigmentation / scarring / keloid
- Chest tightness** (1:10 000) – can be due to vein spasm, usually resolves within 20 minutes
- Hair growth** – may occur even months after treatments and is localised and temporary
- Skin ulcers** (1:1000) – small and painful, can occur weeks after treatment. Will heal but may occasionally leave a scar
- Allergic reaction** – can range from mild to serious and life threatening
- Deep Vein Thrombosis (DVT)** (1:1000 – 1:10 000) – a clot in a deep vein (different to the treated vein). Higher risk with prior history of DVT. A potentially dangerous problem that can lead to the clot travelling to the lungs. Risk can be minimised by wearing your compression stockings after treatment and walking daily as directed.
- Sensory nerve damage** (1:1000 – 1:10 000) – may be temporary or permanent. Usually improves within a few months
- Intra-arterial injection** (>1:10 000) – inadvertent injection into an artery which may result in skin and muscle damage

Media:

By signing I agree that Photos/videos/ultrasound images will be used for record keeping and maybe be used for educational purposes. These remain strictly anonymous.

Informed Treatment Consent:

Patient:

- I have read the informed consent form and have adequately been informed of the proposed sclerotherapy procedure and the risks of treatment.
- Alternative methods of treatment and the risks/eventualities of not treating my condition have been discussed.
- I have received and read the post treatment instructions and understand the importance of following these instructions to achieve the best possible outcome.

- I acknowledge that adequate time was provided for any questions to be answered.
- I understand that the results (improved or success to satisfaction or failure) cannot be guaranteed and depend on various aspects individual to each patient.
- I hereby authorise the doctor to perform any treatment that may be deemed necessary, should he/she encounter an unhealthy or unforeseen condition during the course of the procedure.

Patient Name:

Patient Signature:

Date:

Doctor

- I declare that I have personally explained the nature of the patient's condition, the need for treatment, the procedure to be performed and the risks and alternatives outlined in this consent form.
- I have given the patient named above the opportunity to ask questions which I believe I have answered to the patient's satisfaction.

Doctor Name:

Doctor Signature:

Date: