



SCLEROTHERAPY INFORMED CONSENT FORM

This consent form is designed to provide the information you need to make an informed decision on whether to have sclerotherapy. If you have questions or do not understand any potential risks, please ask us.

WHAT IS SCLEROTHERAPY?

Sclerotherapy is a popular method for eliminating varicose veins and superficial telangiectasias (spider veins) in which a solution (sclerosing agent) is injected into the veins.

DOES SCLEROTHERAPY WORK FOR EVERYONE?

The majority of people who have sclerotherapy will see good improvement. Unfortunately, it is not guaranteed to be effective in every case. Approximately 10% of veins treated do not disappear after six treatments. In very rare cases the condition may worsen after sclerotherapy treatment.

HOW MANY TREATMENTS WILL I NEED?

The number of treatments necessary to clear or improve the condition differs with each patient and depends on the extent of the varicose and spider veins. One to six or more treatments may be needed, but the average is three or four.

WHAT ARE THE MOST COMMON SIDE EFFECTS ASSOCIATED WITH SCLEROTHERAPY?

Itching. Depending on the solution used, you may experience mild itching along the vein route. This itching normally lasts for 1 to 2 hours but may persist for 1 to 2 days.

Transient Hyperpigmentation. Approximately 10% of patients who undergo sclerotherapy notice a discoloration (light brown streaks) after treatment. In almost every case the veins become darker immediately after the procedure. In rare instances this darkening may persist for 4 to 12 months.

Sloughing. Sloughing is a small ulceration at the injection site that heals slowly over 1 to 2 months. This occurs in less than 1% of patients who undergo sclerotherapy. A blister may form, open, and become ulcerated. The scars that follow should return to normal color. This usually represents injection into or near a small artery and is not preventable.

Allergic Reactions. Very rarely a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients with a history of allergies.

Pain. Some patients may feel moderate to severe pain and some bruising, usually at the injection site. The veins may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. This pain is usually temporary and in most cases lasts from 1 to, at most, 7 days.

Note: Patients must read and sign a new consent form every 6 months.

Patient's Initials _____

Telangiectatic Matting. This is the development of tiny new blood vessels in the treated area. This temporary phenomenon occurs 2 to 4 weeks after treatment and usually resolves within 4 to 6 months. It occurs in up to 18% of women taking estrogen and in 2% to 4% of all patients.

Ankle Swelling. Ankle swelling may occur after treatment of blood vessels in the foot or ankle. It usually resolves in a few days and is lessened by wearing the prescribed support stockings.

Phlebitis. This is a very rare complication seen in approximately 1 out of every 1000 patients treated for varicose veins greater than 3 to 4 mm in diameter. The dangers of phlebitis include, uncommonly, postphlebitis syndrome, which can result in permanent swelling of the legs. Rarely, a pulmonary embolus (blood clot) can form which may travel to the lungs.



WHAT ARE THE POSSIBLE COMPLICATIONS IF I DO NOT HAVE SCLEROTHERAPY?

In large varicose veins (greater than 3 to 4 mm in diameter), spontaneous phlebitis or thrombosis or both may occur with associated risk of pulmonary embolus. Additionally, large skin ulcerations may develop in the ankle region in patients with longstanding varicose veins and underlying venous insufficiency.

Rarely, these ulcers may hemorrhage or become cancerous.

ARE THERE OTHER PROCEDURES TO TREAT VARICOSE VEINS AND TELANGIECTASIAS? WHAT ARE THEIR SIDE EFFECTS?

Because varicose and telangiectatic leg veins are not life-threatening conditions, treatment is not mandatory in every patient. Some patients may get adequate relief of symptoms from wearing graduated support stockings. In ambulatory phlebectomy, certain types of veins are removed through small surgical incisions. Complications of this procedure are similar to sclerotherapy, with the addition of small surgical scars. Larger veins can sometimes be treated with lasers with low risk and shorter recovery.

Surgical vein stripping or ligation may be necessary to treat some large varicose veins. This procedure is usually performed under some anesthesia. Risks of vein stripping or ligation include permanent nerve paralysis in up to 30% of patients, possible pulmonary emboli, infection, and permanent scarring.

Anesthesia has additional associated potential risks of paralysis, brain damage, and death. For these more invasive procedures, using laser or vein stripping, phlebectomy, you will be referred to a vein surgeon to have it performed in their office.

WHAT IF I EXPERIENCE A PROBLEM AFTER SCLEROTHERAPY?

If you notice any type of adverse reaction, please call the office immediately.

By my signature below, I acknowledge that I have read and received a copy of this Sclerotherapy Informed Consent Form. Furthermore, I acknowledge that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits, and alternative methods of treatment, as well as the risks of not treating my condition. I hereby consent to proceed with sclerotherapy treatment.

Signature (Patient or Parent/Guardian) Date

Signature (Witness) Date
