

PATIENT-INFORMED CONSENT FOR FOAM SCLEROTHERAPY

I hereby authorize Dr. Deatherage / Dr. Jones to close my leg varicose veins using sclerotherapy injections, also known as ultrasound-guided foam sclerotherapy. I understand that alternative treatments for obliterating varicose veins include ligation, vein stripping, and endovenous radiofrequency obliteration, also known as the VNUS Closure System.

Dr. Deatherage / Dr. Jones has explained that the common symptoms of varicose veins, such as heaviness and pain after prolonged standing, arise from malfunctioning valves; usually involving superficial saphenous veins or perforator veins. I understand this consent for ultrasound-guided foam sclerotherapy for treatment of my varicose veins does not actually involve removal of the varicose vein or veins, which may be visible after treatment.

The general nature of the ultrasound-guided foam sclerotherapy procedure has been explained to me. I understand that among the known risks for this procedure are failure to close the targeted varicosity, leg swelling, bruising, mild phlebitis (pain, tenderness, and redness) over the treated vein, numbness and tingling in the treated area, and skin burns that may need to be treated with additional surgery. I am also aware that, in addition to the risks specifically described above, there are other risks associated with any surgical procedure, such as intra and postoperative blood loss, infection and clot formation in the venous system.

Dr. Deatherage / Dr. Jones 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 Dr. Deatherage / Dr. Jones 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.

Patient/Legal guardian signature

Date

I have informed the patient of the available alternatives to the ultrasound-guided foam sclerotherapy for treatment of the varicose vein(s), and of the potential surgical risks, complications and results that may occur as a result of it.

Doctor

Date