

PATIENT-INFORMED CONSENT FOR RADIOFREQUENCY ABLATION

I hereby authorize Dr. Deatherage / Dr. Jones to close my saphenous vein(s) using an endovenous radiofrequency ablation (RFA) technique, also known as the VNUS closure procedure. The surgeon has explained that the device used to perform this procedure is known as the VNUS Closure system. It is a commercially available product used specifically for this purpose. I understand that alternative treatments for obliterating the function of the saphenous vein include ligation (cutting or tying the vein in the groin or behind the knee), vein stripping (pulling a long segment out), or compression sclerotherapy (injecting a chemical to occlude the vein).

Dr. Deatherage / Dr. Jones has explained that common symptoms of varicose veins, such as heaviness and pain after standing for a long time, arise from malfunctioning valves in the saphenous vein (the main external vein in the thigh and calf). The resulting increased pressure in the saphenous vein is transmitted to my varicose veins. Satisfactory treatment of varicose vein symptoms is usually achieved by obliterating the saphenous vein. Although closure of the saphenous vein using the VNUS Closure System should reduce the pressure in my varicose veins and thus relieve many of my symptoms, I understand this consent for the VNUS Closure Procedure for treatment of my saphenous vein does not include actual removal of the varicose veins, which may still be visible.

The general nature of the VNUS Closure procedure for treatment of the saphenous vein has been explained to me. I understand that among the known risks for this procedure are failure to close the saphenous vein, 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 aware that, in addition to the risks specifically described above, there are other risks that may accompany 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 signature

Date

I have informed the patient of the available alternatives to the VNUS Closure procedure for treatment of the sphenous vein, and of the potential surgical risks, complications and results that may occur as a result of it.

Doctor

Date