

Endovenous Laser Therapy Informed Consent Form

Patient Name:

Date:

INTRODUCTION

Lasers have been used for numerous medical applications throughout the body. Over the last few years, a technique utilizing laser energy delivered endovenously (directly inside the vein) has been developed to treat varicose veins. In this procedure, a laser will be used to deliver the laser energy via a small laser fiber that is inserted into your vein to close the vessel. Endovenous laser therapy is performed under local anesthesia in the doctor's office. Generally, you may walk immediately following the laser therapy.

PROCEDURE DESCRIPTION

At your first visit, the doctor will interview you and take a medical history. You will receive a physical examination including duplex ultrasound imaging (a machine which allows the doctor to visualize the veins and record their size and shape). Photographs of the treatment areas also may be taken. If appropriate, an appointment for the laser therapy will be scheduled.

During the laser procedure, you will be given special eye glasses to protect your eyes against accidental exposure to laser light. Next, the treatment area will be anesthetized with lidocaine. A sterile laser fiber will be inserted into the vein and positioned using ultrasound guidance in the leg, generally at a place above where you see your varicose veins. Laser energy will be delivered to selectively treat the target vein. The laser treatment time should take just a few minutes. After the procedure, a compression stocking will be applied and must be worn for at least one week following treatment.

You will return to the office within one week and the doctor will examine the treated vein. An ultrasound evaluation will be done and additional photos may be taken.

In very rare circumstances, a repeat endovascular laser therapy may need to be done to treat the varicose vein.

RISKS AND DISCOMFORTS

If you undergo endovascular laser therapy for varicose veins, your symptoms of varicose veins may improve, remain the same, or worsen.

The potential side effects are thermal injury (burn) to the overlying skin or intervening tissue which could lead to scarring, perforation of (puncture) or damage to the vein causing bleeding and bruising, breakage of the laser fiber, superficial phlebitis (inflammation of the vein), paresthesia (numbing or prickling sensation) hyperpigmentation (darkening of the overlying skin), infection, creation of a blood clot which could dislodge, or neovascularization (growth of new veins).

For most people, needle punctures into the vein do not cause any serious problems. However, the needle puncture may cause dizziness, minimal bleeding, bruising, discomfort, pain, and rarely infection. Local anesthesia will be used to minimize discomfort. Rarely, people can have an allergy to lidocaine (the local anesthetic used in the procedure).

POTENTIAL COMPLICATIONS OF NOT UNDERGOING ENDOVENOUS LASER THERAPY

The potential complications of not undergoing endovenous laser therapy are most often limited to merely a worsening of the condition, i.e. an increase in the number of varicose veins or enlargement in the existing

veins. In cases of large varicose veins, spontaneous superficial phlebitis or bleeding may occur. Patients with varicose veins associated with underlying venous insufficiency may develop ankle swelling and/or skin changes (eczema, hyperpigmentation, ulceration).

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ALTERNATIVE TREATMENTS

Since varicose veins are not life threatening, endovenous laser therapy is not mandatory. Some patients may get adequate symptomatic relief by wearing graduated compression stockings. Alternative treatments for varicose veins include surgical ligation and stripping, ambulatory phlebectomy, ultrasound-guided sclerotherapy or a combination of these treatments.

POTENTIAL BENEFITS

The potential benefits of endovenous laser therapy include a reduction in the size or closure of the treated varicose veins and improvement in varicose vein-related symptoms. There is no guarantee that you will receive any medical benefit as a result of endovenous laser therapy. It is also possible that your condition may remain the same or worsen.

By signing below, I acknowledge that I have read and understand the above and I have been adequately informed of the nature, intended purpose and significant risks and consequences of endovenous laser therapy, as well as the alternative treatment methods. I acknowledge that I have been given ample opportunity to ask questions about my condition and options. I hereby authorize consent to endovenous laser therapy. I also authorize the taking and usage of photographs of my procedure and outcome.

Surgical Site _____

Patient's Signature _____ Date _____

Witness _____ Date _____

I have discussed the nature and purpose of endovenous laser therapy, and the associated risks, consequences and available alternatives, with the person signing above, and I am satisfied that she/he understands them.

_____, M.D. Date _____
(Signature of Physician Providing Explanation)