

CONSENT FOR PHLEBECTOMY / VEIN EXCISION

I authorize Dr. _____, and associates/assistants and other healthcare providers he/she deems necessary, to treat my condition, varicose veins, with the following procedure: _____. I have been informed about chronic venous disease and its consequences ranging from the cosmetic appearance of varicose veins, leg discomfort and swelling, to possible leg ulcer development. I understand that varicose veins and chronic venous insufficiency (CVI) are not life or limb threatening and not undergoing this treatment generally will not cause further harm nor pose a greater risk to my health. However, not getting treatment may allow my condition to worsen. After assessing conservative treatment, my physician has explained that the proposed treatment is recommended to improve my quality of life and reduce or eliminate the consequences of varicose veins and CVI. I recognize that venous disease is a chronic condition and new vein problems may develop over time which may require further treatment.

Procedure: The procedure involves multiple small skin incisions (small cuts usually less than 1/2 inch long), through which the varicose veins are removed. The number of cuts depends on the extent of varicose veins present. This procedure may be done alone, or in combination with other procedures to treat other veins in my leg(s).

Treatment Options: If I choose not to have the procedure, I am not at any great risk. I may, however, continue to have discomfort in the varicose veins, or develop complications from venous insufficiency, including leg swelling, discoloration, and potentially ulcers. I understand that there are possible alternative treatments, including:

1. Medical management- prescription compression stockings
2. Sclerotherapy (chemical ablation)
3. Surgical stripping or ablation procedures (laser or radiofrequency)

Risks: I realize that there are risks related to the surgical procedure, which include, but are not limited to:

1. Bruising, discoloration, and pain at the incision site - this is commonly experienced after the procedure
2. Skin ulcer if the incisions do not heal properly
3. Infection
4. Bleeding or hematoma (collection of blood under the skin)
5. Superficial phlebitis (clot in superficial vein that was not removed)
6. Deep vein thrombosis and/or pulmonary embolism (clot in a deep vein and/or lungs)
7. Scarring and skin discoloration
8. Allergic reaction to anesthesia medicine
9. Injury to a nerve
10. Missed veins or recurrence of varicose veins (the removed veins will not come back, but others may develop)

Benefits: This procedure may decrease the discomfort or pain from the varicose veins, and may provide an improved cosmetic appearance of my leg(s). However, venous disease is a chronic problem and new veins will likely develop over time. Additional or alternative treatments may be required. I understand that no guarantee has been made that the procedure will improve/ entirely fix my condition. No treatment for varicose veins is successful 100% of the time.

I have discussed and have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I believe I have sufficient information to give this informed consent.

I certify that this information has been explained fully to me, that I have read it or have had it read to me, and that I understand its contents. I voluntarily consent to this procedure.

- I do consent to the taking of photographs/videos for use regarding my care as well as for educational or scientific purposes.
- I do **NOT** consent to the taking of photographs/videos for use regarding my care as well as for educational or scientific purposes.

PATIENT SIGNATURE

WITNESS

PRINT NAME

DATE OF BIRTH

I have informed the patient of the available alternatives for treatment of the superficial leg or saphenous veins, and of the potential surgical risks, complications and results that may occur as a result of it.

PHYSICIAN

DATE