

SCLEROTHERAPY (with or without foam) INFORMED CONSENT

This form is designed to provide you with the information you need to make an informed decision about whether to have sclerotherapy performed. If you have any questions or do not understand any potential risks, please do not hesitate to ask for clarification.

WHAT IS SCLEROTHERAPY?

Sclerotherapy is a popular method of eliminating superficial telangiectasias (“*spider veins*”) and reticular veins (“*feeder veins*”) in which a solution, called a sclerosing agent, is injected into the veins. The injection causes a sclerosis or the formation of fibrous tissue (*clotting*) in the vessel subsequent to an inflammatory reaction. This process causes a gradual fading of the treated vessel over a period of several weeks to several months.

DOES SCLEROTHERAPY WORK FOR EVERYONE?

Most people treated will have good results, however, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair results. (“*Poor results*” means that the veins have not totally disappeared after six treatments.) In very rare instances, the patient’s condition may become worse after sclerotherapy treatment.

HOW MANY TREATMENTS WILL I NEED?

The number of treatments differs from patient to patient, depending on the extent of spider veins present. One to six or more treatments may be needed; the average is three to four. Individual veins usually require one to three treatments.

WHAT ARE THE MOST COMMON SIDE EFFECTS?

- 1 **Bruising:** Lasts from one to several weeks. Use of support hose may be recommended and avoidance of alcohol and anticoagulant medication for 72 hours prior to each treatment session may minimize effect.
- 2 **Transient Hyperpigmentation:** Approximately 30% of patients who undergo sclerotherapy notice a discoloration of light brown streaks after treatment. In almost every patient, the veins become darker immediately after the procedure (but then go away). In rare instances, this darkening of the vein may persist for four to twelve months.
- 3 **Pain:** A few patients may experience mild pain at the site of the injection. The veins may be tender to the touch after treatment. This pain is usually temporary, in most cases lasting from 1-7days at most.
- 4 **Blood accumulation in treated vessel:** This may present as a tender bump at a treatment site. The use of prescribed compression hosiery will minimize this possibility.
- 5 **Superficial thrombophlebitis** - This is a clot in the treated vessel. This may present as a firm, tender vein. This is more common with treatment of reticular and varicose veins. The symptoms related to this may last for over a month.

WHAT ARE THE OTHER SIDE EFFECTS/RISKS?

Other side effects include a burning sensation during injection of some solutions and the development, usually temporary, of new tiny blood vessels; transient swelling of the vein might cause the ankles to swell, temporary superficial blebs or wheals (similar to hives); and, very rarely, wound infection, ulcers, poor healing, allergy to the medication, deep vein thrombosis, pulmonary embolism, scarring, visual changes, headache, migraine, and transient ischemic attack.

OTHER TYPES OF PROCEDURE TO TREAT TELANGIECTASIAS?

Laser therapies can be utilized to treat very small spider veins less than 1mm in size, which are more difficult to treat with conventional sclerotherapy injections. We do not perform cosmetic laser therapies to treat spider veins at this practice.

Pregnant and lactating women should not undergo the procedure. I acknowledge that I have read and understand this informed consent for treatment and that all of my questions have been answered. I certify that I am not breastfeeding, pregnant or trying to get pregnant, and do not have a known patent foramen ovale (abnormal hole between the upper chambers of the heart). I also understand hypertonic saline is FDA approved but is used off-label for sclerotherapy.

If I elect to have an oral sedative I must have a driver to drive me home after the procedure. Patient initials _____

Patient Name (print) Date of Birth

Signature Date

Witness Name (print)

Signature Date