

Sclerotherapy Consent Form & Post Treatment Care



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

What is sclerotherapy?

Sclerotherapy is a popular method of eliminating spider veins and small varicose veins using a solution called a sclerosing agent. The sclerosing agent is injected into the veins to break down the vein wall.

Does sclerotherapy work for everyone?

The majority of individuals who receive sclerotherapy treatments will have visible improvement or clearing of the veins completely. However, there is no guarantee that sclerotherapy will be effective in every case. Some veins may be too small for sclerotherapy and may require laser treatment. All sclerotherapy patients should wear a compression hose for 2 weeks following treatment.

How many treatments will I need?

The number of treatments needed to clear or improve varicose or spider veins differ for each person. The number of treatments can range from one to six, with the average number being three or four. Individual veins may require more than one treatment. Over time, as we age, more veins may appear. These vessels may be treated as well, if you so choose.

What are the most common side effects?

The most common side effects experienced with sclerotherapy are:

- Itching: You may experience mild itching along the vein route. This normally lasts 1-2 days.
- Transient Hyperpigmentation: Some patients may notice a darkening of the vein immediately after the procedure. In rare instances the darkening may persist for 4 to 12 months. This can be corrected with a medication to lighten the area.
- Sloughing: Sloughing consists of a small, slowly healing ulceration at the injection site. A blister may form, open and become ulcerated. The scar that follows should return to a normal color.
- Allergic reactions: Very rarely a patient may have an allergic reaction to the sclerosing agent. This risk is greater in patients who have a history of allergic reactions.
- Pain: A few patients may experience moderate to severe pain and some bruising around the injection site. The veins may be tender to the touch after treatment and an uncomfortable sensation may be felt along the vein route. This pain is usually temporary, lasting 1 to 7 days. Other side effects include a burning sensation during injection of the solution, neovascularization (the temporary development of new, tiny blood vessels), transient phlebitis reactions (temporary swelling of the vein may cause the ankle to swell), temporary superficial blebs (similar to hives), and very rarely wound infection, poor healing or scarring. Phlebitis is a very rare complication. The dangers of phlebitis include the possibility of pulmonary embolism (a blood clot in the lungs) and postphlebitic syndrome, in which the blood is not carried out of the legs, resulting in permanent swelling of the legs.

What should I do or not do after the procedure?

- You should avoid strenuous exercise for 48 hours after treatment. This includes high impact exercising such as jogging, weight lifting, or strenuous biking. No swimming for 7 days, and no hot tubs for 2 weeks after treatment. Walking is okay, as are normal daily activities.
- You should not take ibuprofen or other over-the-counter anti-inflammatory medication for the first 48 hours after treatment.
- You should protect your skin from ultraviolet rays by avoiding sunbathing for 1 week after treatment. When out in the sun, use sunscreen with an SPF 45 or higher. This will decrease the chance of permanent skin staining over the area where you were treated. • You should avoid sitting in hot water (baths, hot tubs, saunas, etc) for 2 weeks after treatments. Showers are fine.
- Your dressings should be worn for 48 hours following the treatments and compression stockings worn for 2 weeks after that.

Note: As Phlebology is a very specialized practice. To avoid misdiagnosis, please call us first (prior to going to an emergency room or your primary care provider) with any problems you may have with your leg. If, for some reason, you follow up with another medical provider, please have that physician call us to avoid any confusion. If you have any questions or notice any type of adverse reaction, please call us immediately.

_____By initialing I acknowledge that I have received a copy of this sclerotherapy information and consent form.

By signing below, I acknowledge that I have read the sclerotherapy information and consent form and that the doctor, and/or such associates or assistants as may be selected, has adequately informed me of the risks and complications for the procedure. I understand that during the course of the procedure unforeseen conditions may become apparent which require an extension of the original procedure or different procedures or additional treatments from that described above I also understand that if this procedure is being performed for cosmetic reasons that payment is due on the date of service and that a claim for the service provided will not be sent to my insurance company. I have had sufficient opportunity to discuss my treatment options and all of my questions have been answered to my satisfaction. I acknowledge that no guarantee has been made to me as a result or cure.

Patient Signature: _____ Date: _____

Dr. Signature: _____

Patient Signature: _____ Date: _____

Dr. Signature: _____

Patient Signature: _____ Date: _____

Dr. Signature: _____

Patient Signature: _____ Date: _____

Dr. Signature: _____

Patient Signature: _____ Date: _____

Dr. Signature: _____