



Lake Medical Imaging & Vascular Institute

A Clearer Vision

VENOUS ABLATION PROCEDURE

INFORMED CONSENT

INTRODUCTION:

Lasers have been used for numerous medical applications throughout the body. Recently, a new technique utilizing laser energy delivered directly to the inside of the vein has been developed to treat varicose veins. A diode laser will be used to deliver the laser energy via a smaller laser fiber. Endovenous laser treatment is performed under local anesthesia in our office. There is little or no scarring and relatively short recovery after the procedure.

PROCEDURE DESCRIPTION:

At your procedural visit, an ultrasound will be performed on your leg for the purpose of identifying the location of the greater saphenous vein. A special pen for treatment purposes will mark the course of the vein. Photographs of the treatment area may be taken.

The correct extremity will be cleaned with a special liquid (Betadine). Next, the treatment area will be anesthetized with Lidocaine. A sterile laser fiber will be inserted into the vein and positioned under ultrasound guidance. You will be given special glasses to protect your eyes against accidental laser light exposure. Selectively, a low power laser energy will be delivered to the vein. At the end of the procedure, a compression stocking will be applied and must be worn for at least one week.

You will return to the office within 72 hours for an ultrasound examination of the treated vein. Occasionally, repeat laser treatment may be needed.

RISKS AND DISCOMFORTS:

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

The potential side effects are deep venous thrombophlebitis (clot in the deep veins also referred to as DVT), altered skin sensation, thermal injury (burn) to the overlying skin or intervening tissue, perforation of the vein, breakage of the laser fiber, superficial phlebitis (inflammation of the vein), hyperpigmentation (darkening of the overlying skin), or neovascularization (growth of new veins). Problems and side effects that are not known at this time could occur.

For most people, needle punctures into the vein do not cause any serious problems. However, they 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.

POTENTIAL COMPLICATIONS OF NOT UNDERGOING TREATMENT:

The potential complications of not undergoing treatment are most often limited to merely worsening of the condition; that is, an increase in the number of veins or enlargement of the existing veins. In cases of large varicose veins, spontaneous superficial thrombophlebitis or bleeding may occur. Patients with varicose veins associated with underlying venous insufficiency may develop ankle swelling and/or skin changes (eczema, hyperpigmentation, ulceration).

ALTERNATIVE TREATMENTS:

Since varicose veins and spider veins are not life threatening, treatment is not required. 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 guide sclerotherapy, bipolar radiofrequency (heat setting) ablation or a combination of these treatments.

POTENTIAL BENEFITS:

The potential benefits of the procedure are the reduction in 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 treatment. It is also possible that your condition may remain the same or worsen.

By signing below, I acknowledge that I have read the above and I have been adequately informed of the nature, intended purpose and significant risks and consequences of endovenous laser treatment, 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 endovascular venous laser system treatment performed at Lake Medical Imaging & Vascular Institute by Dr. _____ . I also authorize the taking and usage of photographs.

Patient's Signature: _____

Date: _____

Witness: _____

Date: _____

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

_____ **M.D.**

Date: _____