

## Sclerotherapy Consent Form

I understand that medicine is not an exact science, and that though the vast majority of patients are satisfied with their results, there is no guarantee that I myself will be satisfied with the improvement of my veins after treatment. I acknowledge that the following topic has been fully explained to me, and that I understand the explanations I was given. I have had the opportunity to ask questions. I will be ~~undergoing a procedure that involves the use of sclerotherapy.~~ This consent form is provided as a means of education between this provider and the patient as to the methods and risks involved in vein removal. I understand that the treatment may require repeat treatment(s).

Asclera (Polidocanol) is a sclerosing agent approved by the FDA. It is considered by many specialists to be the safest sclerosing agent with the least amount of side effects.

Photographs of the treatment area may be taken for the chart and for future comparison.

### Risks:

1. Pain, burning, stinging sensation at the treatment site.
2. Infection associated with the treatment site.
3. Pigment (color) changes at the treatment site, including hyperpigmentation (increase in skin color or darkening).
4. Scar formation at the treatment site.
5. Poor cosmetic outcome.
6. Reoccurrence of vessels at the treated site.
7. Allergic reaction possibly severe or life-threatening.
8. Superficial or deep clot formation (deep vein thrombosis)
9. Bleeding and or bruising at the treatment site.
10. Ulcer formation at site of treatment.
11. Temporary phlebitis at the treatment site.
12. Matting (bruised appearance that is often temporary, but sometimes permanent)

### Benefits:

1. Lightening of the veins in the treatment site.
2. Complete removal of the veins in the treatment site

I recognize that even though any particular problem may be extremely rare, it is always possible that any patient may have one of these problems. I accept that possibility for my own treatment.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

I have discussed the above thoroughly with the patient and have answered their questions. \_\_\_\_\_

Date: \_\_\_\_\_