Sclerotherapy Information and Informed Consent Form

This form is designed to provide you with the necessary 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 us.

What is Sclerotherapy?

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasia ("spider veins"). By which a solution called a sclerosing agent is injected into the veins.

Does Sclerotherapy work for everyone?

The majority of individuals who have Sclerotherapy performed will be cleared of their varicosities or at least see good improvement. Unfortunately, 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" indicates 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 needed to clear or improve unwanted veins differs from patient to patient. Three to six or more treatments may be needed. Individual veins on average require between one and three treatments.

What are the most common side effects?

1. Itching: Depending on the type of solution used, you may experience mild itching along the vein route. This itching may last 1 to 2 days.

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 slowly clears over a few weeks. In rare instances, this darkening of the vein may persist for 4 to 12 months.

3. Sloughing skin: Sloughing occurs in less than 3% of patients who receive Sclerotherapy. Sloughing consists of a small ulceration of the injection site that heals slowly. A blister may form, open, and become ulcerated. The scar that follows should return to a normal color and blend-in with surrounding skin color and texture.

4. Pain: A few patients may experience moderate to severe pain and some bruising, usually at the injection site. The veins may be tender to the touch after treatment, and the uncomfortable sensation may run along the vein route. This pain is usually temporary, in most cases lasting less than 5 minutes. In rare cases pain and tenderness can last up to a week.
What are other side effects?

- A burning sensation during injection of some solutions
- The development – usually temporary – of new tiny blood vessels
- Temporary superficial blebs or wheals (similar to hives)
- Very rarely wound infection, poor healing, or scarring

What should I know before treatment?

Please bring or wear shorts the day of treatment. We advise that you not shave your legs the day of treatment due to the fact that this may cause increased stinging or burning when the area is cleaned with alcohol. Also, lotion should not be applied to your legs the day of treatment.

*It is imperative that you bring a pair of post-Sclerotherapy support hose with you to wear when you leave your treatment session.* These will need to be worn for 4 to 5 days following the treatment. (They may be removed at bedtime).

If you notice any type of adverse reaction, please call our office immediately.

By my initials, I acknowledge that I have received a copy of this Sclerotherapy informed consent form.

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By signing below, I acknowledge that I have read the foregoing informed consent form and that the doctor has adequately informed me of the risks of Sclerotherapy treatment, alternative methods of treatment, and the risks of not treating my condition. I hereby consent to Sclerotherapy treatment performed by Dr. Dawes/Dr. Fretzin/Dr. Spolyar.

Date: ____________  Time: ____________

____________________________________________  __________________________________________________________________________
Patient’s Signature  Patient’s Guardian

____________________________________________
Witness