

INFORMED CONSENT FOR SCLEROTHERAPY

I have had a discussion with an experienced practitioner of injection sclerotherapy and I have received adequate information about sclerotherapy treatments.

I understand that the procedure may be uncomfortable, and I may experience bruising and possible tender, lumpy areas along the course of some of the veins after they are treated. Most of these problems are minor, and resolve with proper treatment or not treatment.

I have been informed of the risks, benefits, and alternative to sclerotherapy. Potential complications include but are not limited to:

1. A chemical burn (ulcer) of the skin that may result in a permanent scar.
2. Discoloration of the skin (hyperpigmentation).
3. Allergic reaction or hives at the injection site.
4. Blisters, if sensitive to adhesive tape.

I understand that multiple treatments may be necessary to achieve the best results.

I understand the benefits of post treatment instructions and I will adhere to them to obtain the maximum benefit from sclerotherapy. These instructions include:

1. proper use of the compression garment. The compression garment should be worn during waking hours after each treatment for 7 days after injections are completed.
2. avoidance of vigorous physical activity for 3 days after treatment, then resume all usual routines.
3. avoidance of sun exposure to my legs during treatment duration to minimize skin discoloration.

I understand that there is no guarantee that my symptoms or appearance will improve after sclerotherapy treatment.

Woman only: I understand that this treatment is not to be performed during pregnancy. I am certain that I am not pregnant. This treatment is also contraindicated if during breast-feeding and I am not breast-feeding.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____