



**Thomas C. Lackey II, D.O.
Vein Surgeon**

INFORMED CONSENT: Endovenous Ablation

Endovenous Ablation is a minimally invasive option for treating vein incompetence (leaky valves). The first stage of your surgery will involve inserting a radiofrequency or laser fiber at the level of the diseased vein segment (the root of your problem) under ultrasound guidance. Your leg will then be anesthetized with a local anesthetic agent, Lidocaine. During the second stage of the treatment, the radiofrequency or laser will be firing is removed slowly; as it is removed it closes down the vein(s). This will relieve the backflow pressure, which is causing your varicose veins and potential other issues including but not limited to swelling, edema, ulcers. Following the procedure we will put you in a compression stocking or ace bandage that you will sleep in for three nights, and then wear for the next two weeks.

Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available will not offer a cure, but rather a control of the condition. Surgically treated veins can come back. However, your tendency towards developing new veins will not be relieved by this or any other form of treatment.

Potential Risks and Side Effects

All surgical interventions carry an inherent risk of infection, allergic reaction, bleeding and anesthetic complications including cardiopulmonary complications. More specific risks for endovenous ablation is pain, swelling, skin burns, deep vein thrombosis, superficial vein thrombosis, hyperpigmentation, nodularity, ulceration, nerve trauma and recurrences of new veins. All of these are risks of the procedure, however the likelihood of any of these risks are extremely low.

Alternative Treatments:

Because varicose veins and spider veins are not life-threatening conditions, surgical treatments are not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings for the rest of their life. One could also have surgical stripping to treat the large varicosities. The last option is to receive no treatment at all.

Informed Consent:

By signing below, I acknowledge that I have read the foregoing information and understand the risks and possible side effects of the procedure and anesthesia, and alternative methods of treatment, and I hereby consent to the treatment.

I know the practice of medicine and surgery is not an exact science, and therefore, reputable practitioners cannot guarantee results. While the overwhelming numbers of patients have noted gratifying symptomatic and cosmetic improvement, we cannot promise or guarantee any specific results.

Scheduled Procedure: _____ Date: _____

Print Patient's Name: _____ Patient Signature: _____

Physician's Signature: _____ Witness Signature: _____