

# FLORIDA LAKES SURGICAL

## SCLEROTHERAPY INFORMED CONSENT

### FOR TELANGIEGTASIAS

This form is designed to provide you with the 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 superficial telangiectasias (*“spider veins”*) in which a solution, called a sclerosing agent, is injected into the veins. The injection causes a sclerosis or the formation of fibrous tissue in the vessel subsequent to an inflammatory reaction. This process causes a gradual fading of the treated vessel over a period of several weeks to several months.

#### DOES SCLEROTHERAPY WORK FOR EVERYONE?

Most people treated will have good results, 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” means that the veins have not totally disappeared after six treatments.*) In very rare instances, the patient’s condition may become worse after sclerotherapy treatment. I also understand the sclerosing solution being used and its present FDA status.

#### HOW MANY TREATMENTS WILL I NEED?

The number of treatments differs from patient to patient, depending on the extent of spider veins present. One to six or more treatments may be needed; the average is three to four. Individual veins usually require one to three treatments.

#### WHAT ARE THE MOST COMMON SIDE EFFECTS?

- Bruising: Lasts from one to several weeks. Use of support hose may be recommended and avoidance of alcohol and anticoagulant medication for 72 hours prior to each treatment session may minimize effect.
- 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 then go away). In rare instances, this darkening of the vein may persist for four to twelve months.
- Pain: A few patients may experience mild stinging at the site of the injection. The veins may be tender to the touch after treatment. This pain is usually temporary, in most cases lasting from 1-7 days at most.
- Blood accumulation in treated vessel: This may present as a tender bump at a treatment site. The use of prescribed compression hosiery as well as walking 45 minutes to an hour daily will minimize this possibility. *Please refer to your post instructions sheet for the use of warm compresses.*

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### WHAT ARE THE OTHER SIDE EFFECTS?

Other side effects include a burning sensation during injection of some solutions and the development, usually temporary, of new tiny blood vessels; transient swelling of the vein might cause the ankles to swell, temporary superficial blebs or wheals (similar to hives); and, very rarely, small open areas, wound infection, poor healing or scarring.

### OTHER TYPES OF PROCEDURE TO TREAT TELANGIECTASIAS?

Laser and Filtered Flash-Lamp therapies can be utilized to treat very small spider veins less than 1mm in size, which are more difficult to treat with conventional sclerotherapy injections.

### PHOTOGRAPH CONSENT AND RELEASE

I, the undersigned hereby authorize having photographs taken of me and that these photographs may be used as an aid in my treatment, in marketing, or study reporting purposes and that any photographs taken will remain the property of the Florida Lakes Surgical. I understand that my identity will be kept strictly confidential. I also understand that these photographs will help document the progress of my treatment. I hereby authorize and consent to the above-described photography.

**\*\*Patients with significant coagulation, circulatory problems, insulin dependent diabetes, or pregnant women should not undergo the procedure.\*\***

I acknowledge that I have read, understand, and have received a copy of this sclerotherapy informed consent for treatment. I certify that all the above have been explained to me and all my questions answered. I certify that I am not pregnant and do not have any of the disease processes\* listed above. I also certify if any changes occur in my medical history I will notify the office immediately. I also certify that I will notify the office immediately if I have any problems associated with this treatment.

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Name (please print)

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Patient Signature

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Date

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Witness Signature

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Date