

SCLEROTHERAPY INFORMED CONSENT FORM

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 me.

What is Sclerotherapy?

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasias (“spider veins”) in which a solution, called a *sclerosing agent*, is injected into the veins.

Does Sclerotherapy work for everyone?

The majority of persons who have sclerotherapy performed will be clear of their enlarged veins 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” 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.

How many treatments will I need?

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

What are the most common side effects?

The most common side effects experienced with sclerotherapy treatment are:

1. **Transient hyperpigmentation**-Approximately 30% of patients who undergo sclerotherapy notices a discoloration of brown streaks after treatment. In almost every patient, the veins become darker immediately after the procedure. In rare instances, the darkening of the vein may persist for a year or more. Hyperpigmentation is more common in olive or darker skinned patients.
2. **Sloughing**-Sloughing occurs in less than 5% of patients who receive sclerotherapy. Sloughing consists of a small ulceration at the injection site that heals slowly. It may resemble a sore or cigarette burn. A blister may form, open, and become ulcerated. The scar that forms will be permanent.
3. **Neovascularization**-The development, usually temporary, of new tiny blood vessels around the injection site.

4. **Allergic Reactions**-Very rarely, a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients who have a history of allergies. The worst allergic reaction could result in inability to breathe and death.
5. **Pain**-A few patients may experience moderate to severe pain and some bruising, usually at the injection sites. The veins may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. The pain is usually temporary, in most cases lasting 1 to 7 days.
6. **Itching**-Depending on the type of solution used, you may experience mild itching along the vein route. This itching normally lasts 1 to 2 days.

What are the other side effects?

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

Phlebitis is a very rare complication, seen in approximately 1 of every 1000 patients treated for varicose veins 3 to 4 mm or greater in diameter. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot to the lungs-which could be fatal) and postphlebitis syndrome, in which the blood clot is not carried out of the legs, resultant swelling of the legs.

What are the possible complications if I do not have sclerotherapy?

In cases of large varicose veins (greater than 3 to 4 mm in diameter), spontaneous phlebitis and/or thrombosis may occur with the associated risk of possible pulmonary emboli. Additionally, large skin ulcerations may develop in the ankle region of patients with long-standing varicose veins with underlying venous insufficiency. Rarely these ulcers may hemorrhage or become cancerous.

Are there other procedures to treat varicose veins and telangiectasias? What are their side effects?

Vein stripping and/or ligation may also be used to treat large varicose veins. This generally requires a hospital stay and may be performed under general anesthesia. Risks of vein stripping or ligation include permanent nerve damage and possible pulmonary emboli, infection, and permanent scarring. General anesthesia has some associated serious risks, including paralysis, brain damage and death.

What if I experience a problem after receiving sclerotherapy?

If you notice any adverse reaction, please call the office immediately.

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 request and consent to sclerotherapy treatment performed by Dr. Rotter.

Patient's Signature _____ Date _____