

Vein Removal Informed Consent

I understand that success with vein removal is based on the size of the vein being 4 mm or less. I understand larger veins are better treated with sclerotherapy or endovenous therapy not available at Douglas Women's Center.

I have informed the doctor of all my medical history and previous vein treatments as well as current medications.

I understand the complications involve blistering of the skin and hyper-pigmentation of the skin. Also, the possibility of failure to get desired outcome.

Contraindications to the treatment include pregnancy, use of certain medications, insulin dependent diabetes, history of keloid scarring and use of anti-coagulants or history of bleeding disorders. I have had no sun exposure or sun tanning lotion experience in the last two weeks.

I understand for maximum outcome I will need to use some compression of my legs in the form of either an ace bandage wrap or compression hose. I must do this for a minimum of 3 days.

I understand that there is a possibility of scarring, skin discoloration, burning, blistering, freezing and temporary discoloration of the skin as well as infection of the skin.

I understand this procedure is considered cosmetic and not covered by insurance. I understand that I am responsible for all costs of the treatment.

I understand my responsibility of properly fulfilling the appropriate after care instructions as explained by the doctor and staff.

I have read and fully understand the terms within the above consent. All of my questions have been addressed to my satisfaction.

PATIENT NAME

DATE

PATIENT SIGNATURE

DATE

PHYSICIAN'S SIGNATURE

DATE