



SCLEROTHERAPY INFORMED CONSENT

Sclerotherapy is a medical procedure used to treat varicose, reticular, and spider veins. This procedure is considered to be cosmetic and is NOT covered by insurance.

HOW IT WORKS

Treatment involves injecting medication with a needle into unwanted/not functioning veins. The medication dissolves the deoxygenated blood that causes the blue/purple discoloration. The medication irritates the inside of the blood vessel. The irritation causes fibrous tissue to form, which closes the vein. The number of treatments differs for everyone based on their legs. 1 to 6 treatments are usually required with the average being 3 to 4 treatments. Individual veins usually require 1 to 3 treatments.

CONTRAINDICATIONS

1. Known allergies to the sclerosants
2. Acute deep vein thrombosis (DVT) or a pulmonary embolism (PE)
3. Local infection at the site or severe generalized infection
4. Long-lasting immobility and confinement to bed
5. Pregnancy and Breastfeeding
6. Severe peripheral arterial occlusive disease
7. Strong predisposition to allergies— Caution and skin test needed prior to any treatment.
8. High thromboembolic risk - history of thromboembolic events, severe thrombophilia, hypercoagulation
9. Active Cancer
10. Acute superficial thrombosis

CAUTION

- Diabetes—Caution due to healing. Assess individually.
- Birth Control Pill—Increased risk of clotting. Assess individually.
- Blood thinning medications including NSAIDS, fish oil, Omega 3, Ginkgo Biloba, Ginseng, St. John's Wort, and elevated levels of Vitamin E

_____ **I do NOT have any of the above-listed contraindications.**
Sign your name here

SIDE EFFECTS

The most common side effects associated with sclerotherapy include:

Common side effects:

The area treated may be red and itchy with swelling at the injection sites. The treated vein could have a burning sensation along it. The discomfort is temporary. Bruising is to be expected with sclerotherapy.

Discolouration/Hyperpigmentation:

This is common but usually temporary. It may take several months for this discolouration to completely resolve.

Matting/Blushing:

Occasionally treatment can induce new spider veins to form (matting). This looks similar to a bruise. The appearance may improve as the original veins that were treated dissolve. Most often the area can be treated with additional sclerotherapy. Usually resolves spontaneously in 3-12 months. 18% of women on estrogen will have this as a side effect.

Skin Ulceration:

In rare cases, a blister may form. Sometimes the blisters will open and become ulcerated. Healing usually takes a few months, and likely a scar will form.

Allergic Reactions:

Greater in patients with a history of severe allergies. A chance you are allergic to sclerosing agent just like any other medication. Allergic reactions are very **Rare**

Deep Vein Thrombosis (DVT):

The danger includes the chance of a pulmonary embolism (a blood clot carried to the lungs) and permanent swelling of the leg. This is a **very rare complication**

Infection is very rare:

Diabetes and other health conditions increase the risk of infection.

ALTERNATIVE TREATMENT OPTIONS

Alternative options to treat varicose veins exist:

- no treatment
- compression therapy
- Laser
- Surgery

Results of treatment are not guaranteed

BENEFITS

- Decreased discomfort in legs
- Better cosmetic appearance
- Possible prevention of worsening veins

RESULTS

Most people who receive sclerotherapy will no longer have varicose veins or at least see a significant improvement. There is no guarantee sclerotherapy will always be successful. About 10% of patients have poor results—meaning that after 6 treatments the vein has not disappeared. In extremely rare cases, the condition of veins may become worse.

I understand the procedure, the contraindications, the possible side effects, and the benefits. I accept the possible side effects/risks and request Sclerotherapy be performed on me. I have had time to have any questions answered. I understand this is an elective procedure and I hereby voluntarily consent to treatment

Date of treatment _____

Patient Name _____

Signature _____

Date _____