

### Sclerotherapy Consent Form and Financial Agreement

Patient Name: \_\_\_\_\_ Chart #: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Time Required for Procedure: \_\_\_\_\_

#### Spider veins:

When veins cannot handle the strain put upon them by blood being pumped back to the heart, they may undergo alterations. The venous walls dilate and may become visible as varicose or spider veins.

Usually spider veins are too small to affect the venous functions of the body, however, there is a chance that spider veins may be a symptom of a serious venous disease and should be investigated by a physician. And while spider veins cannot be prevented, they can be treated. The treatment is called sclerotherapy, and it has been used for many years with proven effectiveness to millions of patients.

#### Sclerotherapy:

Sclerotherapy is the injection of a sclerosing agent into the abnormal veins using a very small needle. This agent irritates the inside lining of the blood vessel and causes it to close off. The body then recognizes the vein as a non-working vessel, breaks it down, and reabsorbs it. Several different agents and concentrations are available, and the one used depends on the size of the vessel.

As the vessels close up, they go through the inflammation process. They may feel lumpy and hard under the skin and may take on a bruised, tender appearance. This takes several weeks to resolve, and it is common for the veins to look worse immediately after the procedure.

#### Possible Risks & Side Effects of Sclerotherapy:

1. A small percentage of patients (10%) may not see any improvement in the appearance of their veins. Others may see new veins develop in the areas of treatment. Some veins will require multiple treatments before they go away. The number of treatments varies among patients, but most require 2-5.
2. Up to one-third of patients may experience brown spots, or hyper-pigmentation, along the path of the treated vein. These are usually temporary; very few patients develop permanent discoloration.
3. During the treatment, you may notice burning, stinging, or muscle cramping. These effects are temporary.
4. Blistering, infection, ulceration, and scarring may develop if someone is exceptionally sensitive to the tiny amount of solution that may leak out during the injection. Scarring may also develop subsequent to necrosis of the skin. This occurs in less than 1% of the patients.
5. Blistering, redness, itching, and irritation may develop as a reaction to the adhesive tape used for compression.
6. In rare cases, a patient may develop an allergic reaction to the sclerosing solution.
7. Tenderness, bruising, or firmness (especially along the larger vessels) in the treated area may last for varying periods of time. This can be minimized by the use of support hose after the treatment. Certain medications and over the counter products increase the risk of bruising. Please notify your doctor if you are taking blood thinners, aspirin, pain relievers, vitamin E or if you drink alcohol on a daily basis.
8. Some people (less than 10%) develop a "matt" or pink blush of the skin, which comes from a temporary enlargement of the tiny capillaries. This is rarely permanent and usually can be treated with more sclerotherapy or with lasers.
9. Sometimes blood may accumulate in the larger veins treated by sclerotherapy. These accumulations may be treated by the physician to decrease any discomfort. Strict use of support hose after treatment minimizes this possibility.
10. Rarely, this accumulation of blood may form a clot. Although this is usually trapped in the treated vein, an extremely rare possibility is the extension of this clot into a deeper vessel causing phlebitis. The risk of this occurring is <1%. Certain medical states increase this risk. Please notify your doctor if you have significant circulatory or clotting problems, uncontrolled diabetes, abnormal heart valves, pelvic tumors or if you pregnant/breastfeeding or are on birth control.
11. Headaches can occur if extensive sclerotherapy is performed in one session.

**Patient Post-Sclerotherapy Instructions: following these instructions closely will optimize the results you see from your treatment. If you feel you cannot follow them, it may be best to postpone your treatment.**

1. Leave bandages on for 48 hours. If you must remove them, replace them as soon as possible.
2. Avoid hot showers, saunas, and hot tubs or Jacuzzi tubs for at least 48 hours after treatment.
3. Light exercise may be resumed. However, avoid pounding activities such as running, jogging, or high impact aerobics for 2 weeks.
4. Avoid long periods of sitting or standing in the days following treatment. This includes airplane flights.
5. Wear support stockings when treatment is completely finished or if your occupation requires long periods of standing or sitting. Medium compression hose are recommended for the 2 weeks immediately following the procedure.
6. You should walk as much as possible, including a minimum of 15 minutes the day of treatment.
7. You should wait two weeks from your last treatment to resume leg waxing.
8. Avoid both outdoor and tanning bed light for 4-6 weeks after treatment.
9. Resume your diet if overweight and exercise regularly.
10. Notify your doctor immediately if any scabs, blisters, increasing tenderness should occur. If you have any concerns after your treatment, inform your doctor.

**Informed Consent**

I voluntarily request sclerotherapy of the specified areas by the provider listed above. This procedure has been explained to me, and my questions regarding such treatment, its alternative, its complications and risks have been answered by the doctor, her staff, and/or written information. The information which I have been given has been in terms clear to me, and I understand and accept the risks and complications of the treatments. My questions have been fully and completely answered for me, and I have read this document and understand all of its contents. I hereby give my unrestricted informed consent for the procedure. Furthermore, I understand that this is a cosmetic procedure which is not covered by insurance. I understand that I am completely responsible for costs associated with this procedure.

*DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.*

\_\_\_\_\_  
**Signature of Patient or Other Person Authorized to Sign** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature & Printed Name of Witness** \_\_\_\_\_  
**Date**

I have informed the patient of the available alternatives to sclerotherapy treatment and of the potential risks and complications that may occur as a result of this treatment.

Eric Challgren, MD  Gregory Wilmoth, MD  Margaret Boyse, MD \_\_\_\_\_  
**Date**

I understand the cost for this treatment is \$250 for up to 15 minutes, and \$350 for 16-30 minutes, of treatment. I also understand that, as it is cosmetic, and not covered by insurance, payment is due as follows: \$75 as a deposit, to schedule the treatment, and the remaining amount is due at check-out on the day of the procedure. I also understand that I may need 2-4 treatments to achieve optimal results, and that the cost outlined above is per treatment session. Should I fail to appear for my appointment, or reschedule my appointment at least 2 business days prior to the scheduled procedure, I understand my payment(s) are forfeited.

\_\_\_\_\_  
**Signature of Patient or Other Person Authorized to Sign** \_\_\_\_\_  
**Date**