



**TEXAS VEIN HEALTH**  
**VIJAY S. RAMANATH, MD**



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**VenaSeal Consent Form**

I hereby authorize Dr. Ramanath to treat my saphenous vein(s) using an endovenous ablation technique using the Venaseal™ closure system. He has explained that the device used to perform this procedure is known as the Venaseal closure system; it is a FDA approved, commercially available product used specifically for this purpose.

Dr. Ramanath has explained that common symptoms of varicose veins, such as heaviness and pain after standing for a long time, arise from malfunctioning valves in the saphenous vein (the superficial vein in the thigh and calf). Satisfactory treatment is usually achieved by closing the saphenous vein.

Although closure of the saphenous vein using the Venaseal system should reduce the pressure in my varicose veins and relieve many of my symptoms, I understand this procedure does not apply to the actual removal of varicose veins, and that my varicose veins may still be visible after the procedure, and that additional treatment or removal of the visible veins may be necessary to eliminate visible signs.

The Venaseal™ procedure for treatment of the saphenous vein has been explained to me. I understand that there are risks associated with the procedure, including, failure to close the saphenous vein, leg swelling, bruising, mild phlebitis (pain, tenderness, redness) over the treated vein, numbness and tingling in the treated area, vessel perforation and pulmonary embolisms that may need to be treated with additional surgery. I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and post-operative blood loss, infection, and clot formation in the venous system which may require additional medication or surgical intervention, as determined by the physician.

Dr. Ramanath has not guaranteed either the results of surgery or freedom from potential complications. I have had sufficient opportunity to discuss my condition and proposed treatment with Dr. Ramanath and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent for treatment.

Patient Name : \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_