



Texas Vein Health Endovenous Laser Therapy Informed Consent Form

Patient Name:	Date:
r aucht Name.	Date.
INTRODUCTION	
Lasers have been used for numerous medical applications throughout the body. Over the last few years, a technique utilizing laser energy delivered endovenously (directly inside the vein) has been developed to treat varicose veins. In this procedure, a laser will be used to deliver the laser energy via a small laser fiber that is inserted into your vein to close the vessel. Endovenous laser therapy is performed under local anesthesia in the doctor's office. Generally, you may walk immediately following the laser therapy.	
PROCEDURE DESCRIPTION	
At your first visit, the doctor will interview you and take examination including duplex ultrasound imaging (a mand record their size and shape). Photographs of the an appointment for the laser therapy will be scheduled	achine which allows the doctor to visualize the veins treatment areas also may be taken. If appropriate,
During the laser procedure, you will be given special exposure to laser light. Next, the treatment area will be inserted into the vein and positioned using ultrasou where you see your varicose veins. Laser energy will laser treatment time should take just a few minutes. A applied and must be worn for at least one week follow immediately following the procedure which is an important position.	be anesthetized with lidocaine. A sterile laser fiber will and guidance in the leg, generally at a place above be delivered to selectively treat the target vein. The after the procedure, a compression stocking will be ring treatment. You will be instructed to walk regularly
You will return to the office within one week and the devaluation will be done and additional photos may be	
In very rare circumstances, a repeat endovascular las vein.	er therapy may need to be done to treat the varicose
RISKS AND DISCOMFORTS	
If you undergo endovascular laser therapy for varicos improve, remain the same, or worsen.	e veins, your symptoms of varicose veins may
The potential side effects are thermal injury (burn) to the lead to scaring, perforation of (puncture) or damage to the laser fiber, superficial phlebitis (inflammation of the hyperpigmentation (darkening of the overlying skin), in or neovascularization (growth of new veins).	the vein causing bleeding and bruising, breakage of
For most people, needle punctures into the vein do no puncture may cause dizziness, minimal bleeding, brui anesthesia will be used to minimize discomfort. Rare anesthetic used in the procedure).	sing, discomfort, pain, and rarely infection. Local





POTENTIAL COMPLICATIONS OF NOT UNDERGOING ENDOVENOUS LASER THERAPY

The potential complications of not undergoing endovenous laser therapy are most often limited to merely a worsening of the condition, i.e. an increase in the number of varicose veins or enlargement in the existing veins. In cases of large varicose veins, spontaneous superficial phlebitis or bleeding may occur. Patients with varicose veins associated with underlying venous insufficiency may develop ankle swelling and/or skin changes (eczema, hyperpigmentation, ulceration).

ALTERNATIVE TREATMENTS

Since varicose veins are not life threatening, endovenous laser therapy is not mandatory. Some patients may get adequate symptomatic relief by wearing graduated compression stockings. Alternative treatments for varicose veins include surgical ligation and stripping, ambulatory phlebectomy, ultrasound-guided sclerotherapy or a combination of these treatments.

POTENTIAL BENEFITS

The potential benefits of endovenous laser therapy include a reduction in the size or closure of the treated varicose veins and improvement in varicose vein-related symptoms. There is no guarantee that you will receive any medical benefit as a result of endovenous laser therapy. It is also possible that your condition may remain the same or worsen.

By signing below, I acknowledge that I have read and understand the above and I have been adequately informed of the nature, intended purpose and significant risks and consequences of endovenous laser therapy, as well as the alternative treatment methods. I acknowledge that I have been given ample opportunity to ask questions about my condition and options. I hereby authorize consent to endovenous laser therapy. I also authorize the taking and usage of photographs of my procedure and outcome.

Patient's Signature	Date
Witness	Date
I have discussed the nature and purpose of endovenous consequences and available alternatives, with the person understands them.	laser therapy, and the associated risks, a signing above, and I am satisfied that she/he