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Texas Vein Health Phlebectomy Program

Ambulatory Phlebectomy Informed Consent

This form is designed to provide you with the information you need to make an informed decision about whether or not to undergo ambulatory Phlebectomy. If you have any questions or do not understand the potential risks, please do not hesitate to ask.

WHAT IS AMBULATORY PHLEBECTOMY?

Ambulatory Phlebectomy is a micro-extraction technique that is utilized to remove varicose veins through very small incisions in the skin that do not require stitches. This technique is frequently utilized in conjunction with endovenous laser ablation to improve the cosmetic result of the treated varicosities. These incisions are actually made with a needle after local anesthesia to numb the area over the veins has been applied. A device known as a phlebectomy hook is then inserted into the micro incision to pull the segment of underlying vein out so that it can be completely removed from under the skin.

WHAT ARE COMMON SIDE EFFECTS?

Itching – Mild itching along the micro-incisions is common and may persist for a day or two following the procedure.

Bruising – Lasts from one to several weeks. Use of support hose will be recommended and avoidance of alcohol and anticoagulant medication for 72 hours prior to each session may minimize effect.

Pain – A few patients may experience moderate discomfort at the site of the micro incisions. The skin overlying the phlebectomized area may be tender to touch after treatment and an uncomfortable sensation may run along the route where the varicosities were removed. This discomfort is usually temporary, in most cases lasting one to seven days.

Phlebitis – Phlebitis is a very rare complication seen in approximately one out of every 1000 patients treated for varicose veins greater than three to four millimeters in diameter. The possible dangers of phlebitis include a pulmonary embolus, or blood clot, which travels to the lungs and post-phlebitis syndrome, which can result in permanent swelling of the legs.

If you notice any type of adverse reaction, please call the office immediately at 972-378-9560.

By my signature below, I acknowledge that I have read and received a copy of the Ambulatory Phlebectomy Informed Consent Form. Furthermore, I acknowledge that I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits, and alternative methods of treatment as well as the risks of not treating my condition. I hereby consent to proceed with the Ambulatory Phlebectomy Treatment. I authorize the taking of clinical photographs which will be used to compare pre and post treatment results and may be used to counsel other patients or for educational lectures and scientific publications.

Signature (patient or patient guardian) Print Name, Relationship Date

Witness signature Print Name, Title Date