

Sclerotherapy Consent Form

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This form is designed to provide you with the information you need to make an informed decision regarding sclerotherapy treatment. If you have any questions or do not understand the potential risks, please do not hesitate to ask.

What is sclerotherapy?

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasias (“spider veins or thread veins”). A solution, called a sclerosing agent-Fibrovein, is injected into the veins to break down the vein wall.

Does sclerotherapy work for everyone?

The majority of individuals who receive sclerotherapy treatment will be cleared of their thread veins or have visible improvement. However, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair results. (“Poor results” indicating that the veins have not disappeared after six treatments.) In extremely rare cases, the patient’s condition may become worse after sclerotherapy treatment.

Sclerotherapy should NOT be performed if you are pregnant or breastfeeding.

How many treatments will I need?

The number of treatments needed to clear or improve thread veins differs for each person. The number of treatments can range from one to six, with the average number being three or four. Individual veins usually require one to three treatments.

What are the most common side effects?

The most common side effects experienced with sclerotherapy are:

- 1) Itching: You may experience mild itching along the vein route. This normally lasts 1-2 days.
- 2) Transient Hyperpigmentation: Approximately 30% of all patients who undergo sclerotherapy notice a light brown discoloration after treatment. Nearly all patients notice a darkening or reddening of the vein immediately after the procedure. In rare instances the discoloration may persist for 4 to 12 months.
- 3) Sloughing: Sloughing occurs in less than 3% of patients who have received sclerotherapy. Sloughing consists of a small, slowly healing ulceration at the injections site. A blister may form, open, and become ulcerated. The scar that follows should return to a normal colour.
- 4) Allergic Reactions: Very rarely a patient may have an allergic reaction to the sclerosing agent. This risk is greater in patients who have a history of allergic reactions.
- 5) Pain: A few patients may experience moderate to severe pain and some bruising around the injection site. The veins may be tender to touch after the treatment and an uncomfortable sensation may be felt along the vein route. This pain is usually temporary lasting 1 to 7 days.

What are the other side effects?

A burning sensation during injection of the solution.

Neovascularization (the temporary development of new, tiny blood vessels/thread veins).

Transient phlebitic reactions (temporary swelling of the vein may cause the ankle to swell).

Temporary superficial blebs (similar to hives).

Wound infection, poor healing, or scarring.

There are alternative treatments to Sclerotherapy including, but not limited to, thermavein/veinwave, laser treatments or no treatment at all.

I have been asked, at this time, whether I have any questions about the procedure, any further questions or queries prior to treatment. If I do, I will not sign this form and consult my doctor until my queries are addressed.

I understand the procedure, the benefits and possible side effects. I accept the possible side effects and request that this procedure be performed on me by the doctor.

By signing below, I acknowledge that I have read the sclerotherapy consent form and that the doctor has adequately informed me of the risks of sclerotherapy treatment, alternative methods of treatment including no treatment. I hereby consent to sclerotherapy treatment to be performed by Dr. Edward Hatley.

I have been informed that I may require the following number of treatments :

- 1 1-2 2-3 3-4 4-5 5-6 6-7 7-8
 >8

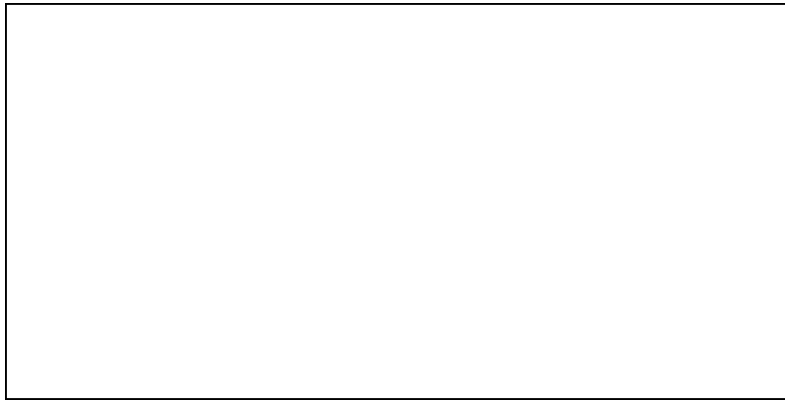
If required I hereby give permission to the doctor to take pre and/or post clinical photographs for diagnostic purposes and to enhance the medical record and for any anonymised marketing :

| | |
|----|-----|
| No | Yes |
|----|-----|

I give my consent to be contacted in the future for any relevant promotions or marketing material by :

- Email Text/SMS Telephone No contact

* Patient Signature



Dr Edward Hatley - GMC Number 6029348

