



Consent Form for Phlebectomy

Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available does not offer a cure, but rather a control of the condition. Successfully treated veins cannot come back. However, your inborn tendency to develop new veins will not be cured by this or any other form of treatment.

I, _____ consent to have the ambulatory phlebectomy procedure of my R / L leg performed by Dr. Kevin Haney, his staff and appropriate designees for the purposes of removing my varicose veins.

I have read and understand the following information:

1. This micro-extraction procedure is used to remove both large and small varicose veins, which are close to the surface. The micro-incisions are so small (1/8 inch) that they are closed with sterile tape and do not usually require stitches.
2. Though rare, as with any procedure that may be of benefit to a patient, there are risks involved. General risks for any procedure and risks associated specifically with this procedure are as follows:
 - a. There is a risk of damage to the saphenous nerve. This nerve is near the vein. This can cause a loss of feeling in the leg, but no loss of motor function. This is generally temporary and improves with time.
 - b. There is a risk of a clot forming in the vein and a condition known as phlebitis, which causes the vein to become inflamed and sore. Phlebitis is temporary and may be a part of the normal process in which the vein closes. Clots in surface veins generally do not pose a health threat. Clots in deep veins are extremely rare as deep veins are not treated by this technique and compression stockings and walking will minimize the risk of deep vein clot. However, clots in deep veins when they do occur, can cause serious health threats, including pulmonary embolism and death. These more serious occurrences are usually associated with surgical procedures and situations where a patient is immobilized for long periods of time.
 - c. As with any procedure in which the skin is punctured, there is a risk of infection. This is minimized by using a careful sterile technique. Infection can generally be treated with antibiotics, but severe infections occasionally may require hospitalization.
 - d. As with any procedure that involves puncturing the skin and puncturing a blood vessel, there is a risk of bleeding. Bleeding from the veins will almost always stop with pressure but occasionally, a small incision will be needed in order to tie the bleeding vein with a ligature. If severe bleeding should occur (extremely unlikely), hospitalization and blood transfusion may be required. Risks associated with blood transfusions are: allergic (immune type) reactions, infections such as hepatitis and HIV. The risk of infection is very rare due to modern screening techniques.

Ozark Regional Vein Center
5433 Walsh Lane
Rogers, AR 72758

Tel: 479-464-VEIN (8346)
Fax: 479-464-9046
www.OzarkRegionalVeinCenter.com

3. There is a risk of allergic or toxic reaction to the local anesthesia.
4. I understand that other treatments for varicose and spider veins exist.
5. Because varicose veins and spider veins are not life-threatening conditions, treatment is not mandatory. SUPPORT/COMPRESSION HOSE: Many patients get adequate relief of venous symptoms from wearing support stockings. This is a conservative way to manage venous symptoms but does nothing to get rid of varicose veins or spider veins. ANOTHER OPTION IS TO RECEIVE NO TREATMENT AT ALL
6. I understand that the practice of medicine is not an exact science, and therefore, reputable practitioners cannot guarantee results. While an overwhelming number of patients have gratifying symptomatic and cosmetic improvement, the Ozark Regional Vein Center cannot promise or guarantee any specific result and does not attempt to do so. I understand that ambulatory phlebectomy treats only those veins that are currently problematic and it does not prevent new veins from surfacing in the future. I also recognize the need to keep the Ozark Regional Vein Center office informed of any changes in my medical condition and cooperate with them in my after-care, including any changes in my address and phone number. **(Note: smokers have more side effects and poorer results than non-smokers)**

INFORMED CONSENT

Understanding all of the above, I hereby provide informed consent to the Ozark Regional Vein Center physician and/or assistants to perform **Ambulatory Phlebectomy** upon me. I confirm with my signature below that my physician has discussed all the above information with me, that I have had the chance to ask questions, and that all my questions have been answered to my satisfaction, and that I have been given a copy of this Ambulatory Phlebectomy Consent Form.

Patient's Signature	Date
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Witness	Date
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STATEMENT OF PHYSICIAN SIGNING CONSENT

I have fully explained the treatment to the patient. In my judgment, the patient has been provided with sufficient information about the risks and benefits involved in order to make an informed decision and was given a copy of this consent.

Physician	Date
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