

AMBULATORY PHLEBECTOMY

This form is intended to provide you with information necessary to assist you in making an informed decision about whether to undergo ambulatory phlebectomy. Sign this consent only after you have read and understood this information and all of your questions have been answered to your satisfaction.

Procedure Description

Ambulatory phlebectomy is an effective and safe procedure used to treat varicose veins. It is performed in conjunction with other vein treatments as a part of your overall treatment plan. Varicose veins are a chronic and recurrent condition. You may still have a tendency to develop new veins after this or any treatments.

Your surgeon will first place marks on your legs to indicate veins to be removed. The procedure is then performed under local anesthesia. Very small incisions are made (approximately 1/8 inch each, usually 10-20) and segments of abnormal vein are dissected free and removed using specially designed instruments. Usually no sutures are necessary. The procedure takes less than an hour. Afterward, a compression dressing will be applied to be left in place for 1-2 days.

Potential Risks and Complications

If you undergo ambulatory phlebectomy, your symptom may improve, remain the same, or worsen, however, as part of your overall treatment plan, most patients experience significant improvement. The procedure is quite safe and complications are rare, but possible. Potential adverse effects are listed below.

- ▶ **Allergic reaction** to anesthetic.
- ▶ **Pain**—Usually mild and lasting only a few days.
- ▶ **Bleeding**—Significant bleeding is very rare, but some drainage of blood stained fluid (pink) at the incision sites is common.
- ▶ **Bruising and swelling**—Some bruising and swelling is normal, usually mild and lasting only several days. Wearing compression garments will help.
- ▶ **Wound infection**—Appropriate precautions are taken and this occurrence is very rare. Notify our office of signs such as fever, chills, unusual or excessive drainage, odor, redness, swelling, or pain.
- ▶ **Deep vein thrombosis**—Although this could be a serious event, it is very rare.
- ▶ **Nodularity**—After vein removal, scar tissue forming under the skin or remaining vein segments may form small nodules which will gradually resolve as the body absorbs them. But some may remain.
- ▶ **Pigmentation**—In the areas where veins have been removed, there may be some darkened areas in the overlying skin caused by leakage of blood pigments and the healing process. This will resolve on its own but may persist for several month or rarely may be permanent.
- ▶ **Nerve injury**—Rarely, during vein dissection, small nerves supplying sensation to nearby skin may be irritated or injured resulting in patches of numbness or abnormal sensation which usually resolve over time but could be permanent.

Potential Risks of Not Undergoing Treatment

Usually, there are no serious health consequences of not undergoing treatment except that your condition may worsen. Progression of chronic venous insufficiency may lead to more serious consequences such as skin changes, ulcers or sores, swelling, phlebitis, or bleeding.

Potential Benefits

The purpose of the procedure and potential benefits are reduction in size and removal of abnormal and unsightly varicose veins, improvement of varicose vein related symptoms, and prevention or treatment of ulcers, swelling, and other more serious conditions associated with chronic venous insufficiency.

continued on reverse side

AMBULATORY PHLEBECTOMY

Alternative Treatment

Some patients may get adequate relief of venous insufficiency symptoms by wearing graduated compression stockings. Alternative treatments for the type of veins treated with ambulatory phlebectomy include traditional vein stripping, powered phlebectomy, sclerotherapy, and other treatments similarly aimed at removing or closing varicose veins.

I acknowledge that I have read and understand the above and that I have been adequately informed of the nature, intended purpose and significant risks and consequences of Ambulatory Phlebectomy, as well as alternative treatment methods. I acknowledge that I have been given ample opportunity to ask questions about my condition and treatment options. I hereby authorize and consent to Ambulatory Phlebectomy performed by Dr. Arnold P. Robin MD. or Dr. Dean T. Velis MD. I also authorize the taking and use of photographs.

Patient Name	Signature	Date
Witness	Signature	Date

I have discussed the nature and purpose of Ambulatory Phlebectomy, and the associated risks, consequences, and available alternatives with the person signing above, and I am satisfied that he/she understands.

Physician	Date
-----------	------