

**Informed consent for
Endovenous Ablation of the great saphenous, small saphenous, anterior
accessory great saphenous vein, and/or the thigh extension vein and
phlebectomy**

Purpose of Procedure: Endoluminal Ablation is used to cause thermal injury to the great saphenous vein, small saphenous vein or any other truncal vein including perforators. This procedure is done using a local anesthetic called tumescent which is a very dilute solution of lidocaine. Once the ablation is complete, the treated vessel will scar, and blood will no longer be able to flow the reverse direction but rather through normal channels. This procedure is used as a replacement for stripping.

Consent

I give my consent for thermal ablation of the great saphenous vein, small saphenous vein, accessory saphenous vein, thigh extension vein, or perforator and phlebectomy. Published reports and clinical experience to date show this to be more effective and have fewer complications than traditional vein stripping. I understand that the closure rates are greater than 97%.

I further understand that most medical procedures involve the risk of complications. With this procedure, some possible complications are: thrombosis of the deep venous system, nerve injury, heat induced thrombus and thermal damage to the skin in the case of very superficial veins. These complications have been fully explained to me.

I understand that at present there are no contraindications for thermal ablation except for pregnancy.

I hereby acknowledge that the procedure has been fully explained, that all my questions have been satisfactorily answered, and I give my consent for treatment.

Patient: _____ Date: _____

Doctor: _____ Date: _____

Witness: _____ Date: _____

