

INFORMED CONSENT FOR SPIDER VEIN TREATMENT

This form is designed to document that you understand the information regarding your vein problem, including the potential risks and benefits of treating and not treating your condition. This information is presented so that you can make an informed decision regarding your condition and your options.

Sclerotherapy is a medical procedure used to treat spider veins. This method utilizes a tiny needle to inject an FDA-approved medication called a *sclerosant* into the diseased veins. This medication causes the veins to close and become gradually absorbed and eliminated by the body's natural healing response. It usually takes **5-7 treatment sessions spaced 1-2 weeks apart** to provide the most effective results.

As with all medical treatments, the realistic goal is improvement, not perfection. *Temporary* side effects may include: 1) bruising, 2) skin discoloration, 3) hard, cord-like feeling of the vein that is tender to touch, and 4) skin sore. Sometimes incomplete elimination of veins may occur. Because of the chronic nature of the condition, even after successful treatment of your veins, it is possible to form new ones in the future that may require periodic touch-up treatment.

Complications of not treating your veins may include a worsening of the condition—usually noting more numerous veins or an enlargement of existing veins.

Other treatment options are available. Patient with spider veins can sometimes get symptom relief from support stockings. Large varicose veins can be removed with traditional vein stripping surgery.

You will be given instruction on what to expect after treatment. If you experience a problem after treatment, or if you have any questions, please contact our office.

I acknowledge I have read the above information and have been informed of the benefits and risks of treatment, the alternative treatment options, and the risks of not treating my condition. I acknowledge I have been given ample opportunity to ask questions about my condition. I agree to hold harmless the facility (Complete Wellness Medical Center of Sanford, Inc.) and its owner (Dr. Yandell). I hereby consent to treatment by Dr. Thomas.

Patient's Signature

Date

Witness's Signature

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