



Sclerotherapy informed consent

What are spider veins?

Spider veins or “telangiectasia” are small veins under the skin usually developing from dilated blood channels connected with underlying larger veins.

What is Sclerotherapy?

Sclerotherapy is a method of treatment for spider veins in which a solution called a sclerosants is injected into the veins to cause eventual closing of the vein making it disappear.

Will Sclerotherapy “cure” my spider veins?

The majority of patients having Sclerotherapy will have marked improvement in their visible spider veins. Rarely are there poor results, with little or no improvement. (“Poor results” means the veins have not totally disappeared after several treatments.)

Unfortunately, there is no cure for your genetic tendency to develop new spider veins.

How many sessions will I need?

The number of treatments needed to clear or improve the condition differs from patient to patient, depending on the extent of varicose and spider veins present. The average number is 3.

Possible side effects and/or complications of Sclerotherapy

The most common side effects experienced with Sclerotherapy include:

1. **Hyperpigmentation-** In most patients, the treated veins become darker immediately after the treatment. This usually fades in 2-4 weeks; however, in rare cases it can persist up to 12 months or can be permanent.
2. **Matting-** This refers to the development of new tiny veins in the treated area, which forms a “mat” of redness. It may occur 2-4 weeks after the treatment and usually fades with 4-6 months. It occurs in up to 18% of women receiving estrogen therapy and in 2-4% of all patients.
3. **Trapped blood-** occasionally the closing of the vein is slow to occur and a small pocket of blood remains as a dark blue clot. This can be removed with a small needle puncture within 2-4 weeks after treatment. This is NOT a dangerous form of clotting.
4. **Ulceration-** In less than 1% of patients receiving Sclerotherapy, a small blister may form at the injection site, open and become ulcerated. Should this occur it usually heals within 8 weeks and the scar eventually returns to normal skin color.
5. **Allergic reaction-** Allergic reaction to the sclerosants is very rare; such reactions would be mild in the form of skin reaction of hives. Out office policy is equipped with medications that can be used in case of allergic reaction.

6. **Itching**- Mild itching of tingling may occur along with the treated vein for up to 2 hours after the treatment and may persist a day or so.
7. **Bruising**- At the injection sight is very common, but usually disappears be 4 weeks.
8. **Pain**- An extremely small needle is used for injections into the vein and very little discomfort is associated with the actual injection site. Mild burning or stinging may be experienced immediately following the injections, but usually dissipate when hose are applied and walking resumes.
9. **Phlebitis**- In less then 0.1% of patients, swelling of the vein with pain may occur and may cause the ankles to swell. This is not dangerous and usually subsides in a few days.

Post Treatment Instructions

- Walk for 20-30 minutes immediately following the treatment and daily.
- Apply graduated compression hose immediately following the treatment, sleep in them 1 night and wear daily for 1 week of as directed by your injector.
- Avoid: prolonged heat exposure (hot tub, tanning beds, etc.) running or jogging, high impact aerobics, long periods of sitting or standing still.
- Expect veins to look worse before looking better in approximately 4 weeks.
- Remove cotton balls and tape the next morning.

I have been informed and explained the procedure and risks of Sclerotherapy and that it could take multiple treatments to achieve the desired results.

In addition, I consent to be photographed before and after the treatment and photographs are the property of **WellSpan MedSpa** and can be used for scientific purposes.

I authorize and give consent to _____ to treat m spider veins. I understand that compliance of the above instructions will increase the effectiveness of my treatment. I agree to call and inform the office of any adverse effects of complications at _____

Patient signature

Date

Witness signature

Date

Patient Questionnaire for vein treatment

Patient name _____ DOB _____ Age _____ Date _____

Number of children _____ Height _____ Weight _____

When did you first notice enlarged or discolored veins? _____

Which leg are you concerned about? Right ___ Left ___ Both ___

Which of the following symptoms have you experienced?

- | | |
|----------------------|------------------------|
| 1. Aching pain _____ | 2. Burning _____ |
| 3. Itching _____ | 4. Stinging _____ |
| 5. Swelling _____ | 6. Restless legs _____ |
| 7. Cramping _____ | 8. Leg ulcers _____ |

Do you take any hormone replacement therapy or birth control pills?

NO YES if so, explain _____

Have you had any previous treatments? NO YES if yes, answer:

When? _____ Where? _____

What kind of treatment? _____

Have you ever worn medical grade compression stockings/socks?

NO YES

Have you ever been diagnosed with:

- | | | | |
|------------------------------------|----|-----|-------------|
| 1. Phlebitis (blood clots in legs) | NO | YES | When? _____ |
| 2. Deep vein thrombosis (DVT) | NO | YES | When? _____ |
| 3. Leg or ankle ulcers | NO | YES | When? _____ |
| 4. Varicose veins | NO | YES | When? _____ |
| 5. Asthma | NO | YES | When? _____ |

List any trauma to your legs, including softball, tennis ball injuries, surgeries, etc:

List any family members with vein problems:

Do you regularly participate in any of the following?

- | | | | | | |
|--------------------|----|-----|-------------------|----|-----|
| 1. Running/jogging | NO | YES | 2. Weight lifting | NO | YES |
| 3. Walking | NO | YES | 4. Swimming | NO | YES |
| 5. Tanning bed | NO | YES | 6. Smoking | NO | YES |