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Sclerotherapy Informed Consent Form

Patient Name/Acct #: _____

Date: _____

This consent form is designed to provide the information you need to make an informed decision on whether to have sclerotherapy. If you have questions or do not understand any potential risks, please ask us.

What is sclerotherapy?

Sclerotherapy is a popular method for eliminating varicose veins and superficial telangiectasias (spider veins) in which a solution (sclerosing agent) is injected into the veins.

Does sclerotherapy work for everyone?

The majority of people who have sclerotherapy will see good improvement. Unfortunately, it is not guaranteed to be effective in every case. Approximately 10% of veins treated do not disappear after six treatments. In very rare cases, the condition may worsen after sclerotherapy treatment.

How many treatments will I need?

The number of treatments necessary to clear or improve the condition differs with each patient and depends on the extent of the varicose and spider veins. One to six or more treatments may be needed, but the average is three or four.

What are the most common side effects associated with sclerotherapy?

Itching. Depending on the solution used, you may experience mild itching along the vein route. This itching normally lasts for 1 to 2 hours but may persist for 1 to 2 days.

Transient Hyperpigmentation. Approximately 10% of patients who undergo sclerotherapy notice a discoloration (light brown streaks) after treatment. In almost every case the veins become darker immediately after the procedure. In rare instances this darkening may persist for 4 to 12 months.

Sloughing. Sloughing is a small ulceration at the injection site that heals slowly over 1 to 2 months. This occurs in less than 1% of patients who undergo sclerotherapy. A blister may form, open, and become ulcerated. The scars that follow should return to a normal color. This usually represents injection into or near a small artery and is not preventable.

Allergic Reactions. Very rarely a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients with a history of allergies. An extremely rare severe anaphylactic allergic reaction may result and be life threatening.

Pain. Some patients may feel moderate to severe pain and some bruising, usually at the injection site. The veins may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. This pain is usually temporary and in most cases lasts from 1 to, at most, 7 days.

Telangiectatic Matting. This is the development of tiny new blood vessels in the treated area. This temporary phenomenon occurs 2 to 4 weeks after treatment and usually resolves within 4 to 6 months. It occurs in up to 18% of women taking estrogen and 2% to 4% of all patients.

Ankle swelling. Ankle swelling may occur after treatment of blood vessels in the foot or ankle. It usually resolves in a few days and is lessened by wearing the prescribed support stockings.

Phlebitis. This is a very rare complication seen in approximately 1 out of every 1000 patients treated for varicose veins greater than 3 to 4 mm in diameter. The possible dangers of phlebitis include pulmonary embolus (blood clot), which travels to the lungs, and postphlebitis syndrome, which can result in permanent swelling of the legs.

Clotting. After sclerotherapy, a small firm area of clotted blood may appear. This will dissolve with the passage of time. Occasionally, Dr. Panzer may make a small puncture in the skin to drain the clotted blood.

-Continued-

What are the possible complications if I do not have sclerotherapy?

In large varicose veins (greater than 3 to 4 mm in diameter), spontaneous phlebitis or thrombosis, or both may occur with the associated risk of pulmonary embolus. Additionally, large skin ulcerations may develop in the ankle region in patients with long-standing varicose veins and underlying venous insufficiency. Rarely, these ulcers may hemorrhage or become cancerous.

Are there other procedures to treat varicose veins and telangiectasias? What are their side effects?

Because varicose and telangiectatic leg veins are not life-threatening conditions, treatment is not mandatory in every patient. Some patients may get an adequate relief of symptoms from wearing graduated support stockings. In ambulatory phlebectomy, certain types of veins are removed through small surgical incisions. Complications of this procedure are similar to sclerotherapy with the addition of small surgical scars.

Vein stripping or ligation may be necessary to treat large varicose veins. This procedure is usually performed under some anesthesia. Risks of vein stripping or ligation include permanent nerve paralysis in up to 30% of patients, possible pulmonary emboli, infection, and permanent scarring. Anesthesia has additional associated potential risks of paralysis, brain damage, and death.

What if I experience a problem after sclerotherapy?

If you notice any type of adverse reaction, please call the office immediately.

Comments: _____

I consent to the performance of any emergency procedures required to treat any unexpected, life-threatening complications that might arise in the course of my treatment.

I acknowledge that I am not pregnant at the present time. I know that it is not advisable for me to become pregnant during the course of injection sclerotherapy and for a period of at least two months after completion. The effects of the sclerotherapy solution on sperm, eggs and the fetus are unknown.

By my signature below, I acknowledge that I have read and received a copy of this Sclerotherapy Informed Consent Form. Furthermore, I acknowledge that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits, and alternate methods of treatment, as well as the risks of not treating my condition. I hereby consent to proceed with sclerotherapy treatment.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

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Explanation of Therapy for Varicose Veins

Varicose veins are very thin walled, dilated veins that have become elongated and tortuous. Those in the skin have a spider web-like appearance and are known by various names, including spider veins, web veins, reticular networks, or venous stars. Larger veins, placed somewhat more deeply, may appear as bumps or lumpy protrusions under the skin and may or may not appear in clusters or groups quite deep in the skin. These large areas may be quite tender and may cause symptoms of fatigue, aching pain, and heaviness, relieved by leg elevation.

Treatment of varicose veins includes removal of large veins by surgery and obliteration of smaller veins by injection. Injection therapy has been part of the treatment of varicose veins for more than 50 years and, though it has been given many new names recently, none of the methods used in injecting varicose veins has changed a great deal over the past 10 years. Therefore the results of therapy as well as the complications of treatment are well known.

The principle of injection is to fill the vein being treated with a solution that will empty the vein of blood and cause the vein wall to become inflamed. As a result, the walls of the vein will scar together and the vein will become obliterated and will no longer be visible. Because the veins of the lower extremities are under high pressure, there is a tendency for recurrence of varicose veins. Either new varicosities may develop or those that have been injected may recur at any time. This requires that an individual understand the need to return to the doctor for rechecks and minor additional treatments on a yearly basis.

Various chemical substances are utilized in injection treatment of varicose veins. Perhaps the most common of these is a detergent called sodium tetradecyl. Another is concentrated salt solution. There are many others; chief among these is polidocanol, which is in the final stages of FDA approval in the United States.

The needles used for injection are extremely small and cause little pain. Pain, if any, lasts a few seconds. Redness produced by the injection is essential to the process of obliteration of the veins. A pressure dressing or graduated support stocking may be applied to the area so that the veins will remain empty of blood. This will relieve itching and congestion in the skin. If an intense inflammatory reaction develops around the vein and in the skin, the skin may break down and ulcerate. Such ulcerations will heal under treatment but will leave a scar.

Almost always, multiple treatment sessions are required based on the severity of the venous problem. The usual number is three treatments for each blemish. In each treatment session, nearly all of the blemishes will be treated each time. This is done to minimize the number of treatments required. Following treatment, you can go about your normal daily activities as desired.

It should be understood that sclerotherapy is not a miracle cure. Neither injection therapy nor anything else will return the skin of the lower extremities to the way it was as a teenager. Certainly, most of the objectionable veins can be obliterated, and the legs can be brought to a point where they will appear acceptable under sheer stockings. Nevertheless, small blemishes inevitably remain that are visible to the naked eye. A variety of vascular lasers can then be used to minimize the appearance of these tiny remaining vessels. The process is slow and tedious and requires a great deal of patience on the part of the patient. However, the treatment procedure has proved acceptable to patients as evidenced by the fact that they return for follow-up treatments as necessary.

Please consider this information to be an introduction to the subject. Questions and discussions about treatment of your particular vein problem are welcome.

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Instructions for Small Vein Injections

Please avoid taking any aspirin, Advil, Motrin, ibuprofen, or vitamin E for 2 weeks prior to each treatment. If treatment has begun, please avoid these agents during treatment, since all of them cause excessive bleeding following injection.

Bring shorts and low-heeled, loose shoes to your appointment. Your legs and feet may be wrapped with bandages and/or graduated support stockings following the therapy. Immediately following the injections, you may return to work or resume your normal activities. Aerobics and jogging may be resumed immediately or after two days, depending on the size of the veins treated.

Rarely, your legs may be tender and even somewhat painful several hours after the injection treatment. This may last for several days. Walking is the most effective treatment for this discomfort. If necessary, you may take Tylenol. If this is not sufficient, please call the office.

As instructed, you may remove the bandages and/or graduated compression stockings after the sclerotherapy. Do not be alarmed if you see bruises, brown spots, black streaks, or lumps. These are part of the healing process and most will resolve with time. If an area of redness, warmth, and tenderness develops, please call the office, since this may indicate a local infection that may require antibiotic treatment. Further injections may be necessary and will be performed at future visits, so *please bring all of your bandages and/or graduated compression stockings with you when you return.*

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Patient Information Sheet for Sclerotherapy

Before your appointment

1. Inform your physician if you are taking birth control pills or estrogen.
2. Do not take aspirin, ibuprofen, or nonsteroidal anti-inflammatory drugs (i.e. arthritis medication) for seven days before your treatment.
3. Do not drink alcoholic beverages and do not smoke for 2 days before and 2 days after your treatment since this may impair the healing process.
4. Before your appointment, shower and wash your legs thoroughly with an antibacterial soap. Do not apply any cream or lotion to your legs.
5. To avoid discomfort, do not shave your legs on the day of your appointment.
6. Bring loose-fitting shorts or a leotard to wear during the treatment.
7. Eat a light meal or snack 1 1/2 hours before your appointment.

After your treatment

1. Immediately after the procedure, you will be fitted in support stockings and will be required to walk for 10 to 30 minutes. Be sure to have loose-fitting slacks and comfortable walking shoes with you.
2. If traveling over 30 minutes to the office, have someone else drive so that you can move your feet and legs around. This is beneficial following the treatment.
3. You will be able to maintain normal activities. Walk at least one hour every day - the more the better! However, avoid standing for long periods of time.
4. Avoid hot baths for 2 weeks. Cool you legs with cold water after each shower.
5. Wear the support stockings as instructed. After healing, you may use them for long trips or when your legs ache.
6. Avoid strenuous physical activities such as high-impact aerobics or weightlifting for the first 48 to 72 hours.

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Postoperative Sclerotherapy Instructions

Patient Name: _____ Date: _____

_____ Remove brown tape _____

_____ Remove white tape _____

_____ Wear stockings during the day for _____ days.
Remove before going to bed.

_____ Wrap _____ with brown tape while showering.
Remove wet tape; put stockings on after shower.

_____ Wear stocking 24 hours per day for _____ days.
Use shower bag during showers.

If any sores develop over treated area, please call the office immediately.

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Questionnaire For Vein Therapy

Patient Name: _____

Date: _____

1. Reason for seeking vein treatment

2. Have you been treated for this problem before? If so, by what method of treatment?

3. What are your present medical problems?

4. Are you getting pain of the lower extremities or swelling?

5. Do you have a history of blood clots, phlebitis, varicose veins, ulcers of the legs, arterial vascular disease of the extremities, stroke, transfusions, hepatitis, bleeding disorder or easy bruisability?

6. What are your present medications? (please give name and dosage)

7. Do you have any allergies?

8. For females, what is your pregnancy status?

9. Do you smoke?

10. Is there a family history of varicose veins, blood clots or vascular disease? If so, please list relationship to you.