

Venus Vein Center
1101 Laurel Oak Road
Suite 120
Voorhees, NJ 08043
856-354-VEIN

Consent for Endovenous Laser Ablation Procedure in the Venus Vein Center

I _____ (Patient or Guardian name) authorize Dr. Nasser Chaudhry, their associates and assistants to perform the Endovenous Laser Ablation to my vein.

I understand that the reason for this procedure is to correct my venous insufficiency caused by the backwards flow or reflux of blood down my leg. The Endovenous Laser ablation is a minimally invasive procedure done as an outpatient in our Voorhees office. The physician inserts a catheter into the abnormal vein using ultrasound guidance and the ablation probe is guided up the vein. Tumescant anesthetic is administered around the vein using ultrasound and laser energy is then applied to the inside of the vein. This heats the vein and essentially seals the vein closed.

I understand there are alternatives to this procedure, and they have been explained to me. These procedures include, but are not limited to: Surgical stripping and ligation, radiofrequency ablation (VNUS) and ultrasound guided sclerotherapy. Despite these alternatives, I consent to the Endovenous Laser procedure understanding there are risks with any invasive procedure.

I understand there are some common side effects including, but not limited to; bruising, pain and or tightening sensation in the thigh, leg and ankle, swelling and hematomas (bleeding) that may need aspiration to relieve.

I also understand there are rare risks that can occur and they have been thoroughly explained to me. They include, but are not limited to: infection, bleeding, scarring, allergic reaction to medications, nerve injury, clot in the deep vein, thermal injury, limb injury or loss, pigmentation on the skin over the vein area and bleeding.

I also understand the significant importance of the follow-up care provided by Venus Vein Center. To fully insure proper care, I am aware that I must schedule and commit to my follow-up appointments.

I am aware that despite the high clinical efficacy of the Endovenous Laser procedure, my physician cannot make any guarantees about my results or cure of my venous disorder. I understand that with this treatment my symptoms may improve, remain the same or worsen.

I understand the complications of NOT TREATING my varicose veins. With rare exceptions, everyone will experience a worsening of their condition, usually noting more numerous veins or enlargement of existing veins. In cases of large varicose veins, spontaneous phlebitis or clotting may occur. Veins that bulge markedly may rupture and bleed, often with little or no trauma. Additionally skin discoloration and ulcerations may develop in the ankle region of patients with long-standing varicose veins and underlying venous insufficiency.

All of these issues have been reviewed with me, and I have read fully and understand this consent form. I have asked and have received answers for all of my questions regarding the risks and benefits of the Endovenous Laser ablation. By signing, I acknowledge that I have no further questions and consent to proceed with the Endovenous Laser procedure.

Patient Signature _____ Date _____