

Carolina Vascular Surgery & Diagnostics

Informed Consent for Sclerotherapy

Introduction:

If deemed appropriate your doctor may perform a test injection (Sclerotherapy) at your initial visit. This Consent Form is intended to provide _____ with the information needed to make an informed decision as to whether or not to undergo injection Sclerotherapy for the treatment of vascular lesions.

Authorization:

I hereby authorize. R. David Edrington, MD, George T. Clark, III, MD, James E. Fogartie, Jr, MD, Steven A. Kagan to perform venous Sclerotherapy upon me.

Details of the procedure, including the purpose and nature of the procedure, have been explained to me as well as the possible alternative methods of treatment and the advantages and disadvantages of each. I have had the opportunity to have fully described all aspects of the proposed procedure and am fully aware of the risks and benefits. All questions I have about the proposed procedures have been answered.

Risks and Complications

The risks inherent in injection Sclerotherapy and the possible complications which could arise from the procedure have been explained to me. The complications include, but are not limited to:

- Allergic reactions
- Skin ulceration and/or pigmentation
- Phlebitis (vein inflammation)
- Failure of complete vein obliteration or recurrence of varicosities
- In larger veins clot may develop as a response to inflammation
- Pain and/or swelling
- Development of new varicosities

Photographs:

I hereby give permission to photograph the areas I would like treated, both before and after venous Sclerotherapy. I understand these photographs may be used for marketing or other medical purposes. I understand that if used for marketing or medical research purposes these photographs will not contain my name or other identifying information.

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(Please turn the page over and continue)