

CONSENT FOR TREATMENT

Sclerotherapy Procedure

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested injection of a sclerosant, which is used to treat spider veins. I understand that this consent also includes laser ablation of spider vein(s). Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasias ("spider veins"). A solution, called a sclerosing agent, is injected into the veins to break down the vein wall. The sclerosing agent, AscleraTM (Polidocanol), may be used in my procedure. Polidocanol is approved by the FDA and is widely used by many vein specialists in the United States and is considered by many specialists to be the safest sclerosing agent with the least amount of side effect for the treatment of cosmetic, asymptomatic, reticular and telangectasias of the body. The procedure may require multiple sequential treatments. The number of treatments needed to clear or improve varicose veins differs for each person. The number of treatments can range from one to six, with the average number being three or four. Individual veins usually require one to three treatments.

PROCEDURE

The use of sclerosant medications are injected into the veins of the legs to break down the vein walls. Also, the use of various wavelengths of light directed at light-sensitive structures in the skin that heat up after absorbing the laser light and reduce the appearance of fine blood vessels on the surface of the skin.

RISKS AND COMPLICATIONS

- 1. It is possible to have bleeding after a treatment. Bruising in soft tissues may occur. It would be highly unusual, but excessive bleeding may require emergency treatment or surgery. I understand that I should not take any aspirin or antiinflammatory medications for seven days before a treatment. I understand that I need to ask my cardiologist or primary care physician before stopping any medications prescribed to me.
- 2. An infection of the wound is always possible. Should an infection occur, additional treatment including antibiotics may be necessary. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring or skin discoloration. Skin rash and swelling may occur.
- 3. Deeper structures such as nerves or other blood vessels may be damaged during the course of treatment. Injury to deeper structures may be temporary or permanent. Blood vessels can be occluded causing a deep vein thrombosis.
- 4. It is very possible that this procedure may fail to achieve my desired results. Strict adherence to the pre-op and post-op instructions is essential. I may need to repeat the treatments to achieve the desired results.
- 5. The most common side effects include:
 - a. Itching: You may experience mild itching along the vein route. This normally lasts 1-2 days.
 - b. Transient Hyperpigmentation: Approximately 30% of all patients who undergo sclerotherapy notice a light brown discoloration after treatment. Nearly all patients notice a darkening of the vein immediately after the procedure. In rare instances the darkening may persist for 4 to 12 months.
 - c. Sloughing: Sloughing occurs in less than 3% of patients who have received sclerotherapy. Sloughing consists of a small, slowly healing ulceration at the injections site. A blister may form, open, and become ulcerated. The scar that follows should return to a normal color.
 - d. Allergic Reactions: Very rarely a patient may have an allergic reaction to the sclerosing agent. This risk is greater in patients who have a history of allergic reactions.
 - e. Pain: A few patients may experience moderate to severe pain and some bruising around the treatment site. The veins may be tender to touch after the treatment and an uncomfortable sensation may be felt along the vein route. This pain is usually temporary lasting 1 to 7 days.
 - f. Burning sensation during injection of the solution, or during laser treatment, neovascularization (the temporary development of new, tiny blood vessels), transient phlebitic reactions (temporary swelling of the vein may cause the ankle to swell), temporary superficial blebs (similar to hives), and very rarely wound infection, poor healing, or scarring.
 - g. Phlebitis is a very rare complication, seen in approximately 1 out of every 1,000 patients who have been treated for veins greater than 3 or 4 mm in diameter. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot in the lungs) and postphlebitic syndrome, in which the blood is not carried out of the legs, resulting in permanent swelling of the legs.

- 6. I do not have:
 - a. a history of hypertrophic scarring or keloid formation
 - b. evidence of scars at the intended treatment sites
 - c. severe allergic reactions (anaphylaxis),
 - d. heightened immune responses to common allergens, especially inhaled allergens and food allergens (atopy),
 - e. an allergy to natural rubber latex,
 - f. have acute or chronic skin disease, such as seborrheic dermatitis or rosacea, in or near the injection sites, or any infection or unhealed wound
 - g. have a history of bleeding disorders, clotting disorders such as hemophilia or connective tissue disorders such as systemic lupus erythematosus

BENEFITS

The majority of individuals who receive sclerotherapy treatment will be cleared of their varicosities or have visible improvement. However, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair results. ("Poor results" indicating that the veins have not disappeared after six treatments.) In extremely rare cases, the patient's condition may become worse after sclerotherapy treatment. The use of laser light has been known to be safe and effective in treating spider veins.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: vein stripping and ligation that may be used to treat varicose veins. This generally requires a 1-week hospital stay and is performed under general anesthesia. Microdermabrasion, ablative laser resurfacing, and more may also be helpful.

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform sclerotherapy injections, laser vein treatments and/or administer any other related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)

Patient Signature

Date



PRE-TREATMENT INSTRUCTIONS

Sclerotherapy Procedure

- 1. Let us know if you are taking any new medications or herbals.
- 2. Bring shorts to wear during the procedure and slacks to wear out of the office.
- 3. Purchase a pair of support hose (12-18mmHg) and bring them to your appointment. You will be wearing them after the procedure to go home in.
- 4. You may shave your legs the morning of your treatment, but do not use any lotions or moisturizers.
- 5. Inspect your legs so you can point out the veins that bother you the most.
- 6. Eat a light breakfast or lunch an hour or so prior to your appointment.

Please contact our office at 903-357-5108 with any questions or concerns.



POST-TREATMENT INSTRUCTIONS

Sclerotherapy Procedure

- If compression stockings were recommended, wear them! **DO** walk, and use your legs in a normal manner immediately after treatment. A 20-minute walk or bike ride every day can yield better results.
- DO continue your regular exercise program. If you normally do any weight training or high-impact aerobics, postpone this for one week.
- **DO NOT** expose your legs to the sun for at least 5 days. After that, always use at least an SPF 30 sunscreen. A sunburn after treatment will increase the risks of skin damage or ulceration.
- **DO NOT** shave your legs until the morning after the treatment (risk of infection).
- AVOID tub baths, saunas for one week after treatment.
- Avoid scratching or scrubbing treated areas. This may cause crusting/scabbing or wounds on tender and sensitive skin.
- Use an antibiotic ointment if a crust or scab develops. Keep the area moist with antibiotic cream. Allow the crust or scab to fall off.
- Protect the skin from the sun to avoid pigmentation. Use sunscreen products with SPF 30 or greater.

NORMAL FINDINGS AFTER TREATMENT

- At the injection sites: Small "mosquito bites", reddish/brown bruising, or black and blue marks that change to a yellowish color are all normal. Bruising usually will fade within a week and should be gone in 2 weeks. There may also be some "staining" of brownish discoloration noted after healing. A laser treatment later on can help with this discoloration.
- Along the treated veins: There may be some mild discomfort. The vein may appear like it has not been injected at all, or may appear lighter. The veins can take up to 8 weeks to fade even when properly treated. The vein may feel hard or lumpy in places. This is also normal when larger veins are treated. A painful lump that is present 2 weeks after treatment is probably trapped blood. Trapped blood is caused when blood is stuck between two closed vein segments. It poses no health threat to you. It should be drained, however, to give the best cosmetic results. If you think you have trapped blood, call us so we can see you to drain this area before your next scheduled treatment.

CALL US IF....

• You have severe leg pain or swelling. You have difficulty walking.

It took years for your veins to get this way, please be patient and allow the time necessary to see your results!

Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.

Please make an appointment for follow-up and reassessment in 4-8 weeks.

Patient Name (please print)

Patient Signature

Date