



Sclerotherapy Informed Consent

The purpose of sclerotherapy is to diminish unsightly spider veins. The procedure may require more than one treatment and may produce permanent vein removal. It is possible for new veins to appear over time, though vein removal can be permanent. Achieving your desired results may take several treatments; the total number of treatments will vary between individuals. On occasion, patients do not respond to treatments.

Side effects

The following complications may occur with sclerotherapy vein removal:

- A burning sensation or pain;
- Blood clots;
- Allergic reaction;
- Hyperpigmentation; and
- Temporary cramping.

These side effects usually take one to four weeks to heal; however, pigmentation irregularities can take up to six months to heal. Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary. In rare cases, there may be an allergic reaction to the sclerosing solution. There is a risk of scarring.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of the results of any treatment. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve the risk of complications or injury from both known and unknown causes. I agree to follow the pre- and post-treatment instructions carefully. I understand that compliance with the recommended pre- and post-procedure guidelines is crucial for healing and reducing the risk of complications.

I am aware that follow-up treatments may be necessary for desired results. Clinical results will vary per patient. There may be other treatment options that achieve similar effects, and I have discussed these with my provider. With this in mind, I am choosing this non-invasive sclerotherapy treatment. The nature, risks and purpose of the treatment have been explained to me, and all my questions have been answered to my satisfaction. I, therefore, consent to this treatment.

Printed Name: _____

Signature: _____ Date: _____