

DERMATOLOGY CONSULTANTS OF MARIN, INC.

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Sclerotherapy Consent Form

Sclerotherapy is a safe and effective non-surgical treatment for spider veins (telangiectasia) and varicose veins on the legs. The blood vessels are injected with a solution, called a sclerosing agent, causing inflammation within the walls of the vessels and ultimately destroying them. The spider veins will gradually shrink and fade over a period of weeks to months. Larger spider veins may take longer to fade away than smaller veins. Some vessels may persist even after multiple treatments. Although significant improvement is anticipated, it is sometimes impossible to cause all veins to fade completely. The number of treatments required is impossible to predict, and may be related to the extent and size of the vessels that are present. Although some vessels may fade after only one treatment, multiple treatments are usually necessary, typically three to four.

While the end results are often quite gratifying, the treated areas often look worse initially after the procedure. Potential side effects include:

- Redness, swelling and bruising are common and will usually disappear within a few weeks.
- Brown streaks (hyperpigmentation) may appear on the skin overlying the treated vessel. This may be caused by leakage of the blood cells from the resolving vessels, or may be due to the inflammation. This pigmentation usually, but not always, fades away gradually. The larger the vessel, the more purple or green the vessel, the more likely the pigmentation will appear. This side effect can be minimized by avoiding sun exposure, using a broad spectrum (UVA/UVB) sunscreen, and by wearing support stockings.
- Telangiectatic matting is the appearance of groups of tiny vessels at the treatment site. These may be the result of small, pre-existing vessels becoming more prominent after the treated vessels disappear. These new vessels can also be treated with sclerotherapy.
- Ulceration on the skin can uncommonly occur in an area of injection. This would be seen as a small break in the skin surface that becomes crusted and heals over time. It can leave a small scar after the healing.
- Allergy to the sclerosing agent is rare. It does not occur with hypertonic saline.
- Swelling of the feet may occur when veins are treated on the ankles and feet. This usually subsides within a few weeks, and support stockings are helpful.
- Embolism and even death have been reported after sclerotherapy, but these are extremely rare events.

Various sclerosing solutions are available for use. Two commonly used agents are hypertonic saline (concentrated salt water) and aethoxysclerol (polidocanol, sclerovein). While neither of these agents is presently FDA approved for the use in sclerotherapy, they have been used throughout the world for over 20 years and found to be very safe and effective. The other solution that we routinely use is called Sotradecol. This solution has been FDA approved for sclerotherapy. We use these agents because they have a very low allergic potential and yield excellent cosmetic results.

Some patients are not good candidates for sclerotherapy. You should not have this treatment if you have or have a history of thrombophlebitis (blood clots), poor circulation, pulmonary embolism, severe swelling of the legs and feet, susceptibility to blood clots (i.e. Systemic lupus erythematosus), or are taking blood thinners such as coumadin or heparin.

I discourage the use of aspirin or anti-inflammatory medications (Motrin, Advil, Aleve, etc.) for the week prior to sclerotherapy. The use of Tylenol (acetaminophen) is okay. I recommend the use of support stockings (Jobst or Sigvaris) for 2 weeks following your treatment.

I have read and understand this information sheet, my questions have been answered, and I authorize Dr. _____ to perform sclerotherapy on my leg veins.

Patient Signature

Date

Physician Signature

Date