

## **Informed Consent for Microphlebectomy**

**Please read carefully before signing**

I understand that I will be undergoing surgical removal of selected veins in my lower leg. (Please fill in side to be operated on): \_\_\_\_\_. The details of the procedure have been fully explained to me. I feel I have been given the time to ask any questions and express concerns. I also understand that no single procedure will necessarily get rid of all my visible veins and that follow-up procedures may be necessary.

**I understand that the following complications may occur:**

- Deep venous thrombosis - very uncommon but could necessitate hospitalization and use of blood thinners.
- Superficial clot formation or hematoma - common, self limiting. No significant risk.
- Skin bruising and discoloration - very common, self limiting
- Skin ulcerations- 2-4%. Could necessitate debriding of wound and topical ointment therapy
- Bleeding- uncommon. May mean suturing of wound, or reapplying dressing.
- Infection- not uncommon. Usually self limiting and treated with oral antibiotics
- Nerve injury- uncommon. Would result in “burning” or numb feeling in a localized area of the leg. Usually resolves after several months but could be permanent.
- Pigment staining of the skin - not uncommon, usually resolves with time.
- Allergic reaction to medications- uncommon. Potentially life threatening but extremely rare.  
Prior to the procedure, please report to the staff any medication allergies even if listed on a previous visit
- Pain and discomfort -varies in each individual. Most patients tolerate the procedure extremely well.

I agree to wear the compression dressings and stockings as directed and realize that compliance to instructions significantly affects the results of the procedure.

I agree to return for follow up examinations especially ultrasound studies to assess the adequacy of the procedure and help diagnose any potential problems.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_