

The Vascular and Vein Laser Center

Informed Consent for

LASER ABLATION OF THE SAPHENOUS VEIN

Please read carefully before signing.

I give my consent for closure of the saphenous vein using the 940-Diode laser. Although published reports and clinical experience to date show this to be effective with less complications than surgery, the long-term closure rate of the saphenous vein is not known. I understand that closure rates for one year and less are above 95%.

I further understand that most medical procedures involve the risk of complications, which may include with this procedure: thrombosis of the deep venous system, possible nerve injury, and possible thermal damage to the skin in the case of very superficial veins. These complications have been fully explained to me. The risk of this procedure or any complication to date is minimal.

I understand at present there are no contraindications for laser closure of the saphenous vein. I understand that closure occurs due to heat generated from the laser causing obliteration of the saphenous vein.

I hereby acknowledge that the procedure has been fully explained, that all of my questions have been satisfactorily answered, and I give my consent for treatment.

Patient: _____ Date: _____

Doctor: _____ Date: _____

Witness: _____ Date: _____