

Capital Vascular Surgeons & Vein Center

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Ambulatory Phlebectomy Of Varicose Veins
Informed Consent

Venous varicosities of the lower extremity are chronic and recurrent conditions. Treatment modalities such as compression, sclerotherapy, and surgery will provide symptomatic relief of the problem but do not have an impact on the generic pre-disposition to the development of this problem will be unchanged by this or any other proposed treatment modality. The overwhelming majority of reliable medical evidence, however indicates that surgery provides the lowest recurrence rate of any treatment of any treatment modality currently available. Classical varicose vein stripping is known to be quite traumatic with traditionally prolonged periods of convalescence. Stripping is also known to be associated with the removal, in many cases, of substantial portions of the long saphenous vein of the leg that are in fact unaffected varicosities and are normal.

The anesthesia for the Ambulatory Phlebectomy procedure at this facility is local anesthesia or Tumescence.

The removal of some or all of the varicose tributaries of the lower extremity may be performed, including both the superficial venous trunks (greater and/or lesser saphenous veins) and their respective tributaries involved with varicosities. Totally normal superficial veins are routinely spared.

At the completion of the surgical procedure a compressive bandage is applied. As an out-patient surgical procedure, the Ambulatory Phlebectomy technique permits the patient to resume his/her regular activities in the next day or two. The results are generally not immediate and sometimes several weeks are needed for the desired level of improvement to occur.

You stand informed of the following risks and possible undesirable effects of the Ambulatory Phlebectomy technique:

1. Mild leg pain or discomfort. We make every effort to minimize the discomfort. Post-operatively, the pain is rarely severe enough to warrant strong anti-pain medication- not even the first evening after the procedure. Usually the suggested 600 mg. of Ibuprophen will be sufficient to alleviate the possible, mild discomfort.
2. Bruising and discoloration of the skin and leg. Some people bruise more, some bruise less. Overall, this is a normal occurrence that will disappear in 2 to 4 weeks.
3. Slight bleeding into the dressings is a normal occurrence after any minor surgical procedure. If you take aspirin frequently, please notify the doctor to discuss the

- possibility of discarding the habit or changing the medication. Aspirin, as you know, is a blood thinner and can promote bleeding.
4. Wound infection. You will be seen by Dr. Ward generally 2 – 14 days after the procedure. You will be instructed to either remove the bandages yourself at home or come to our office to have them removed. You may be given prophylactic antibiotics pre operatively to help prevent infection. Please notify the doctor in case you are aware of any adverse reactions to antibiotics.
 5. Residual varicosities. Occasionally, a few varicose veins may be missed during surgery and left behind, untouched. This matter will be addressed post-operatively as necessary.
 6. Allergic reaction. Please notify the Dr. if you have ever encountered any problems during local anesthesia such as during dental treatments.
 7. The hooks used for removal of the veins can sometimes ensnare small cutaneous nerves. Injury to these nerves could lead to loss of sensation to local areas of skin which should improve with time. On a rare occasion burning pain and hypersensitivity can result.
 8. It is possible that only a portion of the procedure may be able to be completed due to limitations on the amount of local anesthesia used.

I have read and understand the above statements concerning the risks of the Ambulatory Phlebectomy procedure and I hereby authorize Dr. Ward to carry out this treatment. I have discussed the benefits and alternatives with Dr. Ward.

Signed: _____ Date: _____
(patient signature)

We must receive your signed consent form no later than 2 business days prior to your procedure

For office use only:

Consent Received By: _____ Date: _____