

MEDILASER
COSMETIC SURGERY AND VEIN CENTER
3110 W. Main Street, Suite 150, Frisco, Texas 75033
Ph: 469-362-8665 Fax: 469-362-8085

VENOUS ABLATION / CLOSURE PROCEDURE CONSENT

I, _____ hereby request that Dr. Giraldo perform a Venous Ablation / Closure Procedure on my RIGHT / LEFT leg vein.

The physician has informed me that I have a condition called reflux disease that affects the venous circulation of my legs and that the Closure Procedure has been recommended for me. The following has been explained to me:

- The Closure Procedure consists of inserting a catheter into the affected vein to be closed by heat ablation using radio-frequency as the energy source.
- The following risks for the Closure Procedure include, but are not limited to: bleeding, infection, reoccurrence of varicose veins, bruising, clots in the legs and lungs, heat injury, nerve damage, and on very rare occasions, death. It must be recognized that medicine and surgery are not exact sciences. There may be some complications which can occur from completely unforeseen or unexpected causes. Therefore, the explained above list of risks cannot be considered inclusive or complete.
- Alternative forms of therapy have been discussed for the treatment of my condition, and I have been allowed to ask questions concerning my care.
- There is no guarantee that the Closure Procedure will improve my pain in its entirety since there are other sources of lower extremity pain in addition to vein disease.

I permit Dr. Giraldo to perform the Closure Procedure on me.

I acknowledge that the proposed Closure Procedure, the potential risks and benefits and the possible complications have been explained to me in full, as well as the risks and benefits of not undergoing this procedure.

I further acknowledge that the alternative methods of available treatments were discussed with me and that I was given adequate opportunity to ask questions pertaining to this procedure. No guarantees or assurance has been given as to the results that may be obtained.

I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

With my signature below, I hereby consent to having the Venous Ablation / Closure Procedure and to the above.

Patient Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

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CLOSURE PROCEDURE PRE/POST OPERATIVE INSTRUCTIONS

PRE-OPERATIVE INSTRUCTIONS

1. Compression stockings, 20-30 mm pressure, are required the day of your procedure. You may purchase these at our office, or if you prefer, we will write you a prescription for these in advance.
2. Ask your physician about taking any prescription medication before your procedure.
3. You may eat and drink as normal before your procedure, except do not drink caffeinated beverages.
4. Wear loose clothing to the office the day of your procedure.
5. You may drive to and from your closure procedure appointment. If you will be taking medications that may sedate you, you will need to arrange for someone to drive you home following the procedure.

POST-OPERATIVE INSTRUCTIONS

1. Normal daily activities, including stairs, are allowed following your closure procedure.
2. No shower for 48 hours; no baths for 4 days.
3. No heavy lifting for 5 days (nothing greater than 20 lbs.)
4. No strenuous exercise for 5 days after the procedure.
5. Ambulate every 2-3 hours, 10 minutes per session. Avoid long periods of sitting or standing.
6. You may return to work the following day.
7. Remove the wound dressings from incisions and puncture sites the next day. If the wounds are still oozing, apply a band-aid for another 24 hours.
8. You must wear your compression stockings for 48 hours continuously following the procedure. Wear them daily for an additional 2 weeks (3 to 4 weeks preferred,) removing them to sleep.
9. Return to this office one week after your closure procedure for an ultrasound.
10. For pain management, you may take Tylenol, Advil or Motrin as needed.
11. If you experience any excessive leg discomfort or swelling, call our office.

OUTCOME EXPECTATIONS

We would like to emphasize that taking care of your varicose veins may be a multi-step process. Initially, the Closure Procedure will be done to seal the vein that is the source of the varicose veins and leg symptoms. Subsequently, we will take care of the visible varicose veins. These procedures will vary determined by the size and extent of your varicose veins. Your surgeon will determine which procedures will be best for you and discuss this with you at your follow-up visit.

Recent studies indicate that the Closure Procedure exhibits long-term enduring efficiency and persistent patient system relief. At the recent American Venous Forum Meeting in February 2008, an international study showed 98% of treated veins were successfully closed.

The Closure Procedure has revolutionized the treatment for venous reflux and is now considered the new standard of care for patients with venous insufficiency.