BOULDER VEINCENTER
goodbye vein, goodbye pain

**Anderson Medical Center**
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# VENOUS ABLATION THERAPY (EVLT & RFA) AND MICROPHLEBECTOMY CONSENT

Venous Ablation Therapy (Endovenous Laser Treatment [EVLT] or Radiofrequency Ablation [RFA]) is a minimally invasive option for treating venous incompetence (leaky valves). The first stage of your procedure will involve inserting a catheter up the affected vein under Ultrasound guidance. Your leg will then be numbed with a local anesthetic agent. During the second stage of the treatment, the catheter will be slowly retrieved. As it is removed, it seals the affected vein closed. This will relieve the backflow pressure, which is causing your varicose veins. Following the procedure, we will put you in a compression dressing which you will sleep in for one night. You should then wear your compression garment for the next seven days (or as instructed).

Ambulatory Microphlebectomy is a minimally invasive procedure performed in office with a local anesthetic. It is often performed at the time of venous ablation. During Microphlebectomy, varicose veins are teased out through small nicks created in the skin. The punctures are covered with surgical tape.

The week following your ablation we will evaluate your results using Ultrasound. If we find any branches that need to be further addressed, we may recommend treating them with a procedure called Ultrasound-guided sclerotherapy or microphlebectomy. Utilizing Ultrasound, the varicose vein is visualized on a screen. The physician uses this technology to guide the placement of a needle directly into the abnormal vein. A sclerosing agent is injected directly into the vein(s). This causes an irritation to the inner lining of the vein, resulting in closure of the vein(s).

Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available will not offer a cure, but rather a control of the condition. Surgically removed veins cannot come back; veins that are sclerosed generally will not return. However, your tendency towards developing new veins will not be relieved by this or any other form of treatment.

**Potential Risks and Side Effects**
All surgical interventions carry an inherent risk of infection, allergic reaction, bleeding and anesthetic complications including cardiopulmonary complications. Below are possible risks and side effects that are specific to VenaCure.

**Allergic reaction:** While extremely rare, allergic reaction to the anesthetic agent can occur. The risk of this is greater in patients who have a history of allergies.

**Pain:** Patients may experience moderate to severe pain following the procedure. The leg may be tender to the touch after treatment and/or an uncomfortable sensation may run along the vein route. This discomfort is usually temporary.

**Swelling:** Usually occurs after treating veins in the leg. It usually resolves in a few days but may last a few weeks, especially after treatment of large varicose veins. Wearing the prescribed compression hose lessens leg swelling.

**Skin Burns:** Utilizing ablative therapy carries a risk of skin burns; this may require further surgical treatment.

**Damage to the eyes:** Laser therapy carries a risk of damage to the unprotected eye. You will be provided with safety goggles to protect your eyes (EVLT only).

**Vessel perforation:** Vessel perforation can occur with ablative therapy. This is a small hole in your vein and will usually heal completely on its own.

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**Hematoma:** Bruising is very common around the injection site and can last several days or weeks. Trapped blood may cause discoloration which may need additional treatment.

**Infection:** As with any surgical procedure there is a risk of infection. We use sterile technique with all procedures to reduce this risk.

**Nerve trauma:** Tiny sensory nerves run alongside your veins. Occasionally, there can be trauma to these surrounding nerves, which can result in altered sensation. This may be described as burning, tingling, or pin pricks. These usually resolve with time. In rare instances, the localized sensation may be permanent.

**Neovascularization:** The development of new, tiny blood vessels may occur at the site of sclerotherapy treatment. These tiny veins can appear days or weeks after the procedure. They often fade within three to twelve months without further treatment.

**Hemorrhage:** Bruising is very common after ablative therapy, specifically around the treated area. It can last several days or weeks.

**Pulmonary embolism/ Deep Vein Thrombosis:** This is an unusual complication; the dangers of phlebitis (vein inflammation) include the possibility of pulmonary embolus (a blood clot carried to the lungs) and post-phlebitic syndrome, resulting in a permanent swelling of the leg.

**Transient hyperpigmentation:** Some discoloration after treatment is common. This discoloration is usually transient and will resolve in about three months. In some cases this darkening of the skin may persist up to a year or longer.

**Nodularity:** Nodularity at the site of vein removal may persist for up to a year or longer. This occurs when there are pieces of the vein that remain in the body and have scarred down and become hard. With time, the body will absorb and soften these areas.

**Skin ulceration:** Skin ulceration can occur at the site of injection. This is an uncommon complication. In the event of a skin ulcer it may take months for the area to heal.

**Reoccurrence of new veins**: When a patient has varicose veins, it is usually an ongoing problem. Several years after the vein has been treated the body will attempt to repair itself by taking veins that were insignificant and make them significant.

**Spider Veins:** Occasionally occur along the path of the treated areas.

I am aware that in addition to risks listed above, there are other risks that may accompany any surgical procedure, such as loss of blood, infection, and inflammation in the venous system with formation of a thrombus (clot), postoperative bleeding, and nerve trauma that may lead to temporary or permanent numbness. I consent to the local anesthesia to be administered. I am aware that risks are involved with the administration of local anesthesia such as allergic or toxic reactions to the anesthetic and cardiac arrest.

**Alternative Treatments:**

Because varicose veins and spider veins are not life-threatening conditions, surgical treatment is not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings.

Surgical stripping may also be used to treat large varicose veins. This usually requires a hospital stay and usually is performed while the patient is under general anesthesia. Risks of vein stripping are similar with the additional risk of general anesthesia.

The other option is to receive no treatment at all.