



## Endovenous Laser Ablation Information and Consent Form

It has been determined that you are a candidate for ENDOVENOUS LASER ABLATION (EVLA). The following provides you with additional information.

This procedure is used to close down a vein that is incompetent and putting extreme amounts of pressure on the superficial veins.

### What is EVLA?

This is a well-tested procedure that can replace vein stripping. A laser fiber is placed into the vein to be treated and heats up the inside of the vein, thereby closing the vein. The procedure is done in an office setting with local anesthesia. The procedure usually takes about an hour and is well tolerated by most patients.

### How many treatments will I need?

Generally, the EVLA is only required once in any single vein. How many veins you need treated will be determined by your ultrasound exam. Many patients will also require sclerotherapy to close the veins that do not go away with EVLA or those that cannot be treated with EVLA. Once the initial set of treatments is finished, periodic treatments may be required in order to maintain the improvement in your venous condition.

Does EVLA work for everyone? Most patients who have EVLA will have improvement in their venous disease. Unfortunately, neither cosmetic nor symptomatic improvement is guaranteed. Sometimes the results do not meet the patient's expectations. Rarely, a patient may actually be worse after the treatment.

### What are the major risks of EVLA?

1. Some patients may develop brown discoloration of their skin consisting of spots or streaks after treatment. In most cases, this resolves 6-12 months after treatment. In rare cases, this discoloration may be permanent.
2. New spider veins may form in a treated area. Most of these will resolve within a year. Occasionally, treatment of these new veins will be required.
3. Phlebitis, inflammation and clot within a vein, may occur after this treatment. Generally, this will resolve with anti-inflammatory medication and compression of the area. It is possible for a clot in a deep vein to develop after treatment, although this is extremely unlikely. **It is important to inform us if you are on any hormones. Birth control pills and hormones such as Premarin and Provera must be stopped 2 weeks prior to treatment.** Some hormones may be OK so please discuss this with us.
4. Numbness along the course of the treated vein may occur immediately following treatment. This nearly always resolves completely over several months.
5. Injection of the local anesthetic (Lidocaine with epinephrine) may result in an allergic reaction if you are sensitive to this medication.

### What side effects should I expect?

1. Bruising along the treated vein may be noticed following the treatment and will require one month to subside.

2. Swelling of the leg or ankle may uncommonly result and will usually resolve within a few months.
3. Pain along the course of the treated vein is common and usually responds to walking, wearing compression hose or NSAIDS (Ibuprofen, Aleve, Aspirin). This pain usually resolves after several weeks.
4. Tender lumps may indicate the presence of trapped, broken-down blood within a treated vein. This blood may need to be removed at an office visit. This can be done after a local anesthetic is injected.
5. The bandage or stocking may cause a rash, blisters, or skin irritation.

Are there other treatments for varicose veins? Surgeries, such as vein stripping or ligation or phlebectomy, or ultrasound-guided sclerotherapy are possible alternative treatments for larger varicose veins.

What are the possible complications if my varicose or spider veins are not treated? Some patients with large varicose veins may develop phlebitis, ulcers of the skin, or hemorrhage. Symptoms will worsen over time and may become disabling. Some spider veins, especially near the ankle, may bleed profusely.

### CONSENT

By signing this form, I attest that I have read and understand the procedure and its risks, and that it has been explained to my satisfaction. I understand the above details including possible complications and risks of the procedure. I have had the opportunity to ask questions about this procedure and alternatives including no treatment and my questions have been answered to my satisfaction. I agree to proceed with the treatment today.

Photographs: I consent to the taking of photographs while I am undergoing treatment and the use of those photos for scientific, educational or research purposes. I understand that I will never be identified personally with the photos.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Updated 7/29/20