

Consent for Endovenous Laser Ablation/Radio Frequency Ablation

Endovenous Laser Ablation (EVLA)/Radio Frequency Ablations (RFA) are a minimally invasive option for treating vein reflux (leaky valves) involving local anesthesia, laser/radio frequency energy, and ultrasound guidance.

Possible Risks and Complications

All procedures carry risk. Infection, allergic reaction, pain, blood clots and anesthetic complications are all possible with EVLA/RF. These complications have been well studied and are extremely rare. Possible risks and side effects that are specific to laser ablation (EVLA) or radio frequency ablation (RF) include but are not limited to the following:

Rare:

Infection: This is a rare problem – sterile precautions are taken. If this were to occur, it would be treated with antibiotics.

Deep Vein Thrombosis: This is a very rare complication where the expected clot in your treated vein extends into your deep veins. If this were to occur it would be treated with a blood thinner as needed. A very rare possible complication of a blood clot is that it could travel to the lung, called a pulmonary emboli. The blood clot in the deep veins of the leg could also result in permanent swelling of the leg and possibly require long-term management with blood thinners.

Complications of anesthesia: This includes allergic reactions to the medication

Skin Burns: Laser energy/Radio frequency carries an extremely small risk of skin burns. This has rarely been reported and precautions are taken to prevent this complication.

More Common:

Pain/Phlebitis: Patients generally experience mild to moderate discomfort after the procedure, usually described as a bruise-like ache. The pain generally responds to ibuprofen, heat and elevation.

Swelling: Swelling usually resolves in a few days but may last a few weeks, especially after treatment of large varicose veins. Wearing the prescribed compression hose and elevation will lessen your swelling.

Darkening of the skin (hyperpigmentation): Patients who have had a Thermal Ablation may notice some discoloration after treatment. This discoloration usually resolves in a few weeks to months. In rare cases, the darkening of the skin may persist up to a year.



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Neuropathy: Rarely, there can be trauma to surrounding nerves, which can result in a transient numbness that will generally resolve on its own with time. In rare instances, the localized numbness may be permanent.

Failure of the procedure or recurrence: EVLA/RFA are very successful however, there are cases where patient will need repeat treatment. The diseased vein may initially seal but then reopen in time as the body can occasionally form a new channel in the treated vein. Also EVLA/RF should be thought of as first step in a step wise approach to overcoming venous issues.

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I have read the information stated above and understand the risks and benefits of the procedure as well as that of the local anesthesia. I also understand the alternative methods of treatment. I have had an adequate explanation and have had all questions answered. While the great majority of patients have very satisfying results, the practice of medicine and surgery is not an exact science, and therefore, results cannot be guaranteed.

Patient Name

Patient Signature

Date