



Patient Consent Form – Sotradecol® Sclerotherapy

Patient Name: _____ Date: _____

You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

1. Superficial, unwanted and unnecessary leg veins can be destroyed by injecting sclerosing agents. Sotradecol® is FDA approved for treating spider veins. It works by irritating the lining of the veins. This damaged vein is then removed by the body's own healing mechanisms.
2. Sclerotherapy requires multiple injections, between 2-5 sessions depending on the degree of clearance desired. Complete clearance is not usually reached without multiple sessions. When the sclerosing agent is injected, there may be a temporary burning sensation. The injections leave small scabs that take 5-10 days to heal. There is often some bruising, which resolves in 1-2 weeks.
3. Possible side effects include:
 - *Hyperpigmentation or dark marks at injection sites or along where the veins were. More likely with darker skin. Usually clears over weeks to months.
 - *Scarring. These are small, permanent and usually flat scars.
 - *Venous matting. This is a collection of fine blood vessels that appear around the area treated. Usually disappear with time.
 - *Ulcers. May lead to permanent marks.
 - *Redness and raised bumps. More likely seen in people with sensitive skin. Usually resolves within hours. Can itch.
 - *Ankle swelling. More common when ankle veins are injected. This can last for weeks.
 - *Clot formation. This can look like purple threads or cords just under the skin surface. Usually resolve on their own. May cause hyperpigmentation.
 - *Clot propagation. Clot can spread to larger veins and cause serious life-threatening complications such as deep vein thrombosis and or pulmonary embolism.
 - *Allergic reaction. This could manifest itself as a rash or hives, or could result in anaphylaxis, which is a life-threatening reaction to a foreign substance.
4. I have reviewed the above. All my questions have been answered. I consent to sclerotherapy using Sotradecol® on my leg/ankle/foot spider veins.
5. I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post- procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.
6. I have advised my physician if I am pregnant, trying to get pregnant or if I am nursing. I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment. No refunds for products and services. The nature and purpose of the treatment has been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.
7. I release Aesthetic Medical Network, medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____