

Vein Removal Informed Consent

I understand that the laser is intended for vein removal and that clinical results may vary with different skin types, size of vessel being treated, and location. Although rare, I understand there is the possibility of side effects such as scarring and permanent increased (hyperpigmentation) or decreased pigmentation (hypopigmentation), as well as short-term effects such as blistering, reddening, mild burning, bruising and varying degrees of discomfort. There is frequently hair loss in the treatment area. People with a history of viral ulcers frequently will have an outbreak after the treatment. Please begin your antiviral medication the day before the procedure. If you do not have any ask Dr. Grimsley.

Many of the complications of this procedure are made worse by exposure to light, natural sunlight and artificial sources. Sunlight should be avoided for 1 week and a quality sunscreen should be used regularly for 2 weeks after the procedure.

While most patients get satisfactory to excellent results, each patient is different and there is no guarantee as to the success or duration of success that I may achieve. I have been informed that more than one-treatment and/or maintenance treatments may be necessary. Most patients require 3-6 treatments.

Eye protection will be provided to protect the eyes from the laser light. I agree to wear the protective glasses at all times while the laser is in operation.

The contraindications for treatment include: pregnancy, history of scarring, keloids, use of medications that increase photosensitivity, use of self tanning lotions, recent and planned sun (and sun lamp) exposure. Gold or silver treatments of any type may be an absolute contraindication. If you have a history of this, discuss it with Dr. Grimsley. I certify that I am not currently pregnant and that if I become pregnant during the course of my treatments I will discontinue treatments immediately.

I have provided a complete list of medications I am currently taking including aspirin, ibuprofen, over the counter medicines and herbal or vitamin supplements.

I am aware of other techniques to treat these renditions, including, but not limited to: sclerotherapy, the closure method, vein stripping, and other types of lasers.

I realize this procedure is completely elective and will not be covered by my insurance company. I have had all my questions answered to my satisfaction and accept the risks possible with this procedure.

Signature _____ Date _____

Print _____