



SPIDER & VARICOSE VEINS/QUESTIONNAIRE

DATE _____

SEX _____

NAME _____

HEIGHT _____

AGE _____

WEIGHT _____

REFERRED BY _____

1. How many years have you noticed this problem? _____
2. Have you ever been treated for this problem? _____
By whom and when? _____

With what method?

Injection _____
Electrocautery _____
Laser _____
Surgery _____

3. When did your veins occur?

Age _____
Before pregnancy _____
After pregnancy _____
After trauma _____
After birth control _____
Or Premarin therapy _____
Other _____

4. Is there a family history of varicose or spider veins?

Mother _____
Father _____
Sister _____
Brother _____
Children _____
Aunts _____
Uncles _____

5. Do you have a history of?

Thrombophlebitis _____
Pulmonary embolus _____
Deep vein thrombosis _____
Swollen feet/ankles _____

6. Are you developing new veins?
7. Are your present veins getting bigger?
8. After prolonged standing or sitting do your legs ache?
9. Do your legs or veins ache before menses?
10. Are you required to be on your feet for long periods?
11. Are you pregnant or planning a pregnancy soon?
12. What medicines do you take?

Birth control pills, Premarin or hormones? _____

Other _____

SCLEROTHERAPY INFORMED CONSENT FORM

This form is designed to provide you with the information you need to make an informed decision whether to have sclerotherapy performed. Dr. Frasco & his staff have informed me that sclerotherapy is a cosmetic procedure; and that the veins are classified as cosmetic veins. Please do not hesitate to ask any questions about any potential risks.

WHAT IS SCLEROTHERAPY?

Sclerotherapy is a popular method of eliminating varicose veins and superficial telangiectasis (spider veins), in which a solution called a sclerosing agent, is injected into the veins.

DOES SCLEROTHERAPY WORK FOR EVERYONE?

The majority of persons who have sclerotherapy performed will be cleared of their varicosities or at least see good improvement. Unfortunately, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor results. (Poor results means that the veins have not totally disappeared after six treatments.) In very rare instances, the patient's condition may become worse after sclerotherapy treatment.

HOW MANY TREATMENTS WILL I NEED?

The number of treatments needed to clear or improve the condition differs from patient to patient, depending upon the extent of the varicose and spider veins present. One to six, or more treatments may be needed; the average is three to four. Individual veins usually require one to three treatments.

WHAT ARE THE MOST COMMON SIDE EFFECTS?

The most common side effects experienced with sclerotherapy treatment are:

1. **ITCHING**- Depending on the type of solution used, you may experience mild itching along the vein route. This itching normally lasts 1 to 2 days.
2. **TRANSIENT HYPERPIGMENTATION**- Approximately 30% of patients who undergo sclerotherapy notice a discoloration of light brown streaks after treatment. In almost every patient, the veins become darker immediately after the procedure. In some rare instances, this darkening of the vein may persist for 4 to 12 months.
3. **SLOUGHING**- Sloughing occurs in less than 3% of patients who receive sclerotherapy. Sloughing consist of a small ulceration at the injection site that heals slowly. A blister may form, open and become ulcerated. The scar that follows should return to normal color.
4. **ALLERGIC REACTIONS**- Very rarely, a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients who have a history of allergies.

- 5 PAIN- A few patients may experience moderate to severe pain and some bruising, usually at the site of the injection. The veins may become tender to the touch, after treatment, and an uncomfortable sensation may run along the vein route. This pain is usually temporary, in most cases lasting 1 to at most 7 days.

WHAT ARE THE OTHER SIDE EFFECTS?

Other side effects include a burning sensation during injection of some solutions, neovascularization (the development- usually temporary- of new tiny blood vessels). Transient phlebitis-type reactions (swelling of the vein might cause the ankles to swell), temporary superficial blebs or wheals (similar to hives), and very rarely, wound infection, poor healing or scarring.

Phlebitis is a very rare complication, seen in approximately 1 of every 1,000 patients treated for varicose veins greater than 3 to 4 mm in diameter. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot to the lungs) and post phlebitis syndrome, in which the blood clot is not carried out of the legs, resulting in permanent swelling of the legs.

WHAT IF I EXPERIENCE A PROBLEM AFTER RECEIVING SCLEROTHERAPY?

Please call my office immediately if you receive any adverse reaction.

COMMENTS: _____

By my signature, I acknowledge that I can request a copy of this Sclerotherapy Informed Consent Form. I acknowledge that I have read the foregoing informed consent form and that I have been informed of the risks of sclerotherapy treatment, alternative methods of treatment, and the risks of not treating my condition. I hereby consent to the cosmetic treatment of sclerotherapy by Dr. Frasco.

Date: _____

Time: _____ AM/PM

Patient's signature

Patient's representative
(If patient is a minor or mentally
incompetent, signature of parent or
legal guardian is required)

Witness

Relationship to Patient