

**VEIN CENTER OF NEVADA**  
**CONSENT FOR PHLEBECTOMY/VEIN EXCISION**

I \_\_\_\_\_, authorize

Dr. \_\_\_\_\_, and associates/assistants and other healthcare providers he/she deems necessary to treat my condition, varicose veins, using phlebectomy/vein excision of my RIGHT / LEFT leg. I have been informed about chronic venous disease and its consequences ranging from the cosmetic appearance of varicose veins, leg discomfort and swelling, to possible leg ulcer development. I understand that varicose veins and chronic venous insufficiency (CVI) are not life or limb threatening and not undergoing this treatment generally will not cause further harm nor pose a greater risk to my health. However, not getting treatment may allow my condition to worsen. After assessing conservative treatment, my physician has explained that the proposed treatment is recommended to improve my quality of life and reduce or eliminate the consequences of varicose veins and CVI. I recognize that venous disease is a chronic condition and new vein problems may develop over time which may require further treatment.

**Procedure:** The procedure involves multiple small skin incisions (small cuts usually less than 1/2 inch long), through which the varicose veins are removed. The number of cuts depends on the extent of varicose veins present. This procedure may be done alone, or in combination with other procedures to treat other veins in my leg (s).

**Risks:** I realize that there are risks related to the surgical procedure, which include, but are not limited to:

1. Bruising, discoloration, and pain at the incision site - this is commonly experienced after the procedure.
2. Skin ulcer if the incisions do not heal properly.
3. Infection.
4. Bleeding or hematoma (collection of blood under the skin).
5. Superficial phlebitis (clot in superficial vein that was not removed).
6. Deep vein thrombosis and/or pulmonary embolism (clot in a deep vein and/or lungs).
7. Scarring and skin discoloration.
8. Allergic reaction to anesthesia medicine.
9. Injury to a nerve.
10. Missed veins or recurrence of varicose veins (the removed veins will not come back, but others may develop).

**Benefits:** This procedure may decrease the discomfort or pain from the varicose veins, and may provide an improved cosmetic appearance of the leg (s). I understand that no guarantee has been made that the procedure will improve/entirely fix my condition. No treatment for varicose veins is successful 100% of the time. I have discussed and have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I believe I have sufficient information to give this informed consent. I certify that this information has been explained fully to me, that I have read it or have had it read to me, and that I understand its contents. I voluntarily consent to this procedure.

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

## **VEIN CENTER OF NEVADA**

### **PHLEBECTOMY POST-OP INSTRUCTIONS**

**ACTIVITY:** No significant activity limitations are needed after surgery. You may do all essential activities.

**DRESSING:** Please keep the bandages on for the first 48 hrs. If the bandage becomes loose or uncomfortable during this time it may be removed and replaced with your compression stocking. After removing your outer bandage, keep the plastic film dressing and steri-strips intact, you may take a shower using mild soap and gently patting dry with a clean towel. Immediately after showering it is essential that you reapply your compression stockings for the next two weeks (waking hours only). No tub bathing, soaking, swimming, or hot tubs until the 7th day after the procedure.

**PAIN CONTROL:** Pain and tenderness is expected; especially at the incision sites. Over the counter analgesics (Motrin and Tylenol) are sufficient for most patients.

**BRUISING:** Bruising at the incision sites and along the paths of the varicose veins is common. This will resolve in 2-3 weeks. Any redness or warmth might suggest a superficial skin infection or thrombophlebitis. If you experience these symptoms please contact the office.

**STITCHES:** There are none. The plastic film dressing should be removed post-op day 3. Steri-strip bandages will be underneath. The steri-strips should be removed after 7 days. Occasionally, the steri-strips will fall off when showering. If this occurs, cover the incision with a bandaid.

**APPOINTMENTS:** You will be scheduled for a follow-up appointment with your surgeon 4 weeks after your phlebectomy procedure.

**PROBLEMS:** Please contact Joanna or Janelle at 702-384-0022, if you have any questions or problems. This includes fever (> 100 degrees), redness, increasing pain, leg swelling, shortness of breath, chest pain, or drainage from the incisions.

## HEART CENTER OF NEVADA

### POST ABLATION INSTRUCTIONS

1. **MOST IMPORTANT:** Walk 10 minutes every hour after procedure until bedtime (at least 6 hrs. post procedure) on the first day.  
Post Clarivein procedure please walk for 20 minutes prior to driving home and then continue with 10 minute walks every hour as stated above.
2. If treated leg becomes swollen, reddened, and very painful please go to the nearest emergency room. There is a less than 1% chance of a blood clot forming after the procedure.
3. No showering after the procedure while wearing the wrap; sponge bath preferred. Only remove the wrap if you have a compression stocking to put on. Shower after cohesive wrap on the treated leg is removed prior to putting on the stocking. Wear compression stockings day and night until follow-up ultrasound. After ultrasound wear stocking for the next 2 weeks during the day only.
4. You are scheduled for a follow-up ultrasound 3-7 days after the procedure to ensure that no blood clot has formed.
5. Post procedure discomfort is usually minimal. Over the counter Tylenol or ibuprofen is adequate.
6. No tub baths, hot tubs, or saunas for the first two weeks after treatment. You may engage in light physical activity. Walking is the best and recommended for 30 minutes a day. Avoid heavy lifting and strenuous aerobic exercise for 2 weeks.

If you have any questions or concerns please phone the office at 384-0022.

## **PRE-PROCEDURE INSTRUCTIONS**

PATIENT: \_\_\_\_\_

PROCEDURE DATE/TIME: \_\_\_\_\_

FOLLOW-UP ULTRASOUND DATE/TIME: \_\_\_\_\_

LOCATION FOR PROCEDURE AND FOLLOW-UP ULTRASOUND:

**HEART CENTER OF NEVADA  
700 SHADOW LANE, STE. 240 A  
LAS VEGAS, NV 89106**

### **INSTRUCTIONS:**

If you have been prescribed Valium please take the recommended dose 30 minutes prior to the scheduled procedure time. When taking Valium you will require someone to drive you to and from the procedure.

Discontinue wearing your compression stockings 48 hours before your scheduled procedure. Please drink plenty of water the day before and day of your appointment and do plenty of walking. Hydration and walking will help increase the size of your veins and assist with the success of your treatment.

Please wear loose fitting pants, shorts, or a skirt for women and slip on shoes; such as sandals or slippers. Your leg will be wrapped immediately following the procedure and your clothing will need to fit over the wrap. The wrap will be worn for two days. Upon removal of the wrap you will put on your compression stocking and will wear morning and night until you have your follow-up ultrasound.

If you take Warfarin or Coumadin discontinue **4 days** prior to the date of your procedure. Resume taking your blood thinner at your regular time immediately following the procedure.

If you take Eliquis, Xarelto, Savaysa, or Pradaxa discontinue **2 days** prior to the date of your procedure. Resume this medication at your regular time immediately following the procedure.

Fasting is not required. You may eat and drink whatever you like prior to procedure.

If you have any questions or concerns please call Joanna or Janelle at 702-384-0022

**\*\*\*\*\* If you need to reschedule or cancel this appointment, a 48 hour notice is required. Failure to provide notice will result in a \$150.00 fee. \*\*\*\*\***