



Consent for Radiofrequency Ablation

Endovenous Radiofrequency Ablation (RFA) is a minimally invasive option for treating great and small saphenous vein incompetence (leaky valves). The first stage of your surgery will involve inserting a catheter/fiber at the level of the knee and feeding it up the great saphenous vein (the root of your problem) under ultrasound guidance. Your leg will then be anesthetized with a local anesthetic agent. During the second stage of the treatment, the catheter while firing is removed slowly; as it is removed it destroys the vein. This will relieve the backflow pressure, which is causing your varicose veins. Following the procedure we will put you in a compression stocking which you will sleep in for three nights, and then wear for the next ten days. **Four weeks after surgery we will evaluate your results using ultrasound.**

Varicose Veins and Spider Veins are chronic and recurrent conditions. The variety of treatments available will not offer a cure, but rather a control of the condition. Surgically removed veins cannot come back, veins that are sclerosed will not return. *However, your tendency towards developing new veins will not be relieved by this or any other form of treatment.* Yearly follow up ultrasounds are important to follow your progress.

Potential Risks and Side Effects All surgical interventions carry an inherent risk of infection, allergic reaction, bleeding and anesthetic complications including cardiopulmonary complications. Below are possible risks and side effects that are specific to Radiofrequency Ablation.

- **Allergic reaction:** Very rarely, a patient may have an allergic reaction to the anesthetic agent. The risk of this is greater in patients who have a history of allergies.
- **Pain:** Patients may experience moderate to severe pain following the procedure. The leg may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. This discomfort is usually temporary.
- **Swelling:** This may occur after treating veins in the leg. It usually resolves in a few days but may last a few weeks, especially after treatment of large varicose veins. Wearing the prescribed compression hose lessens ankle swelling.
- **Skin Burns:** Utilizing laser therapy carries a risk of skin burns, which may require further surgical treatment.
- **Deep Vein Thrombosis:** is a very rare complication, the dangers of phlebitis include the possibility of pulmonary embolus (a blood clot carried to the lungs) and post phlebotic syndrome, resulting in a permanent swelling of the leg.
- **Transient hyperpigmentation:** Patients who have had RF ablation treatment may notice some discoloration after treatment. This discoloration is almost always transient and will resolve in about three months. In rare cases this darkening of the skin may persist up to a year.
- **Nodularity:** Nodularity at the site of vein removal may persist for up to a year. This occurs when there are pieces of the vein that remain in the body and have scarred down and become hard. With time, the body will absorb and soften these areas but some may persist.
- **Skin ulceration:** Post injection therapy at the site of injection, a skin ulcer may develop. This is a rare complication. In the event of a skin ulcer it may takes months for the area to heal.

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- **Nerve trauma:** Occasionally there can be trauma to surrounding nerves, which can result in a transient numbness that will resolve on its own with time. In rare instances the localized numbness may be permanent.
- **Reoccurrences of new veins:** When a patient has varicose veins it is usually an ongoing problem. Several years after the vein has been treated the body will attempt to repair itself by taking veins that were insignificant and make them significant. We recommend a yearly follow up with ultrasound so that we can detect any new problems and treat them accordingly as they arise.

I am aware that in addition to risks listed above, there are other risks that may accompany any surgical procedure, such as loss of blood, infection, and inflammation in the venous system with formation of a thrombus (clot), postoperative bleeding, and nerve trauma that may lead to temporary or permanent numbness.

Alternative Treatments:

Because varicose veins and spider veins are not life-threatening conditions, surgical treatment is not mandatory in every patient. Some patients get adequate relief of symptoms from wearing graduated support stockings.

Surgical stripping may also be used to treat large varicose veins. This usually requires a hospital stay and usually is performed while the patient is under general anesthesia. Risks of vein stripping are similar with the additional risk of the general anesthetic. The other option is to receive no treatment at all.

Informed Consent:

By signing below, I acknowledge that I have read the foregoing information and understand the risks and possible side effects, alternative methods of treatment and I hereby consent to the treatment.

I consent to the local anesthesia to be administered. I am aware that risks are involved with the administration of local anesthesia such as allergic or toxic reactions to the anesthetic and cardiac arrest.

I know the practice of medicine and surgery is not an exact science, and therefore, reputable practitioners cannot guarantee results. While the overwhelming numbers of patients have noted gratifying symptomatic and cosmetic improvement, we cannot promise or guarantee any specific result.

Patient Signature _____ Date _____

Physicians Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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