

**FAIRLAWN DERMATOLOGY**  
**55 MERZ BOULEVARD**  
**FAIRLAWN, OH 44333**  
**330-864-9000**

**SCLEROTHERAPY AUTHORIZATION**

I hereby authorize Dr. Fuller or any delegated associates to perform sclerotherapy on me. I understand that sclerotherapy is a popular method for the elimination of superficial telangiectasias (spider veins) in which a solution, called a sclerosing agent, is injected into the veins. Because spider veins are not a life threatening condition, treatment is not mandatory. Some patients may achieve adequate relief of symptoms by wearing graduated support stockings. Others prefer to be treated with laser therapy.

I understand that the majority of persons who undergo sclerotherapy will be cleared or, at least, see improvement. Unfortunately, however, there is no guarantee that sclerotherapy will be effective in every case. Approximately 10% of patients who undergo sclerotherapy have poor to fair 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. The number of treatments needed to clear or improve the condition differs from patient to patient, depending on the extent of the spider veins present. One to six or more treatments may be needed. The average number of treatments is two to four. Individual veins usually require one to three treatments.

I am aware of the following possible side effects/risks:

- **Itching:** You may experience mild itching along the vein route. This itching normally lasts one to two hours, but may persist for a day or two.
- **Cramping:** You may experience cramping/muscle spasms in your legs during the treatment. This is a normal response and resolves quickly. Legs may feel more tired and heavy for a day or so.
- **Transient hyperpigmentation:** Approximately 10% of patients who undergo sclerotherapy notice discoloration (light brown streaks) after treatment. In almost every patient the veins become darker immediately after the procedure. In rare instances, this darkening of the vein persists for 4 to 12 months.
- **Sloughing:** Sloughing occurs in less than 1% of the patients who receive sclerotherapy. Sloughing consists of a small ulceration at the injection site that heals slowly over 1 to 2 months. A blister may form, open and become ulcerated. This occurrence usually represents injection into or near a small artery and is not preventable.
- **Pain:** A few patients experience moderate to severe pain and some bruising, usually at the site of injection. The veins may be 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 one to seven days.
- **Telangiectatic matting:** This refers to the development of new tiny blood vessels in the treated vessel. This temporary phenomenon occurs two to four weeks after treatment and usually resolves within four to six months. It occurs in up to 18% of women receiving estrogen therapy and in 2% to 4% of all patients.

- **Ankle swelling:** Ankle swelling may occur after treatment of blood vessels in the foot or ankle. It usually resolves in a few days and is lessened by wearing the prescribed support stockings.
- **Blood accumulation within the treated vessel:** Trapped blood may present as a tender bump at a treatment site. This resolves by itself in a few weeks or months, but sometimes a tiny needle may be used to remove trapped blood to speed up the healing at a subsequent visit. This is often referred to as matting.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Possible alternative procedures, such as support hose and laser treatment
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
- Post-treatment instructions

For women of childbearing age:

I hereby state that I am NOT currently pregnant. Furthermore, I agree to keep Dr. Fuller and the staff informed should I become pregnant during the course of treatments. \_\_\_\_\_ **Initials**

Photographic documentation may be taken. I hereby do \_\_\_\_ do not \_\_\_\_ authorize use of my photographs for teaching purposes.

**ACKNOWLEDGEMENT**

**BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE PERMISSION FORM FOR SCLEROTHERAPY VEIN TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.**

Signature of Patient or Guardian	Print Name/ Relationship	Date
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Signature of Witness	Print Name	Date
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