

Informed Consent –Sclerotherapy for veins and capillaries

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Informed consent for Sclerotherapy of veins and capillaries

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

Sclerotherapy is a technique that allows the closing of capillaries or veins through controlled irritation of the endothelium, provoking its closure. For capillaries, in general, small plasters are used, but for bigger veins, bigger bandages are used to allow a better sclerosis (closing).

It is very important to wear elastic tight during the treatment.

It is also very important to walk, and resting is not required.

Haematomas, inflammations, small cutaneous injuries are possible due to the sclerosing liquid, but also for some allergic reaction.

- Indications:

Varicose Veins

Capillaries

- Contraindications:

Allergy to the product

Phlebitis (the doctor has to evaluate it before the treatment)

I declare to suffer from the following diseases:

.....
In the 2-3 days after the treatment, it is important to avoid the sun and too hot or too cold temperatures. It is forbidden to expose to an intense sun for a month. The skin should not be irritated for at least a month (peeling, derma-abrasions, irritant treatment in general and any other treatment has to be authorized by the doctor).

Possible problems: small scars, small scabs, burn, hyperpigmentations, and ipopigmentations. Some patients do not respond well to the treatment or have modest results.

Usually more sessions per weeks are required, and then sessions for maintaining the result are needed. The results are not forever; they reduce the problem for a while. The sclerosing do not eliminate the patient's predisposition, and other capillaries or veins may come back over the time. That is why some retouch sessions are needed.

At this time the procedures and used equipment are the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

.....
I followed the following aesthetic therapies:

.....
I authorize the management of the data also for an iconographic use. I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary. After having taken note of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
