

# You Only Younger

## Sclerotherapy Informed Consent

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

I, \_\_\_\_\_ consent You Only Younger's Authorize Staff to perform the procedure.

Sclerotherapy is a "non-surgical" method for the treatment of unwanted leg veins. Using a very fine needle, the You Only Younger practitioner injects a solution "sclerosing agent" into the veins that causes them to contract and eventually disappear. The injected veins become inflamed, blood is then unable to flow through them and ultimately, the body absorbs these non-functioning vessels.

The majority of persons who have Sclerotherapy will 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 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. I also understand the sclerosing solution being used and its present FDA status.

The number of treatments needed to clear or improve the condition differs from patient to patient depending on the extents of varicose and spider veins present. Six (6) or more treatments may be needed. The average is three (3) to four (4) treatments. However, there is no guarantee that multiple treatments will clear all veins. While Sclerotherapy is a safe and highly effective, **more than one treatment** is usually required to clear or improve unsightly veins to a patient's satisfaction. A small minority of patients do not improve even after six treatments. In rare instances the patient's condition may worsen after treatment.

The possible side effects of sclerotherapy include but are not limited to:

1. Itching: Depending upon the type of solution used, you may experience mild itching along the vein route. This itching normally lasts one (1) to two (2) hours but may persist for a day or so.
2. Bruising: Lasts from one to several weeks. Use of support hose may be recommended and avoidance of alcohol and anticoagulant medication for 72 hours prior to each treatment session may minimize effect.
3. Transient Hyperpigmentation: Approximately ten percent (10%) of the 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 (but then go away). In rare instances, this darkening of the vein may persist for four (4) to twelve (12) months.

4. Pain: A few patients may experience moderate to severe pain and some bruising, usually at the site of the 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 (1) to at most seven (7) days. Sloughing: Sloughing occurs in less than one percent (1%) of the patients who receives Sclerotherapy. Sloughing consists of a small ulceration at the injection site, which heals slowly over one (1) to two (2) months. A blister may form, open and become ulcerated. The scar that follows should return to a normal color. This usually represents injection into or near a small artery and is not preventable.
5. 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.
6. Blood accumulation in treated vessel: This may present as a tender bump at a treatment site. The use of prescribed compression hosiery will minimize this possibility. (*especially when treating Reticular Veins*)
7. Telanglectatic Matting: This term refers to the development of tiny new blood vessels in the treated area. This temporary phenomenon occurs two (2) to four (4) weeks after treatment and usually resolves within four (4) to six (6) months. It occurs in up to eighteen percent (18%) of women on estrogen therapy and in two percent (2%) to four percent (4%) of all patients.
8. 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.
9. Phlebitis: Phlebitis is a very rare complication seen in approximately one (1) out of every one thousand (1,000) patients treated for varicose veins greater than three (3) to four (4) millimeters in diameter. The possible dangers of phlebitis include a pulmonary embolus or blood clot, which travels to the lungs and post-phlebitis syndrome, which can result in permanent swelling of the legs.
10. Blood Clots: Rarely, this accumulation of blood may form a clot. Although this is usually trapped in the treated vein, an extremely rare possibility is the extension of this clot into a deeper vessel causing phlebitis. The risk of this occurring is <1%. Certain medical states increase this risk. Please notify your health care practitioner if you have significant circulatory or clotting problems, uncontrolled diabetes, abnormal heart valves, pelvic tumors or if you pregnant/breastfeeding or are on birth control.
11. Headaches can occur if extensive sclerotherapy is performed in one session.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand there are no refunds on any services rendered. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

I release You Only Younger, LLC, medical staff and technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. Note: All prices are subject to change without prior notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Client's Name (Please Print): \_\_\_\_\_

Client's Signature \_\_\_\_\_

Date: \_\_\_\_\_