

ESPACE RÉSERVÉ POUR L'ÉTIQUETTE

CONSENT TO ENDOVENOUS LASER TREATMENT (EVLT)

DATE _____

I _____, hereby authorize Dr. Pierre Larose, vascular surgeon, and his collaborators/assistants to perform the endovenous laser ablation detailed below:

The objective of this procedure is to correct venous insufficiency due to blood reflux within the vein.

I understand that this procedure will be as follows: the surgeon, using ultrasound equipment, will insert an introducer sheath and a laser fiber in the affected vein, starting at the knee and progressing toward the groin area. Once in place, the surgeon will activate an energy source, then slowly retract the introducer sheath and laser fiber within the vein, in order to close it with heat energy. This procedure has a 97% success rate.

I understand that the endovenous laser treatment is not a mandatory or medically required procedure, and that other treatments have been suggested, such as the continuous use of medical support hosiery, ultrasound-guided injections, ambulatory phlebectomy or vein stripping. Furthermore, radiofrequency endovenous treatment has not been conclusively proven to be superior to laser treatment.

I understand that the saphenous vein to be treated could have been used as a viable graft for future coronary or arterial bypass surgery.

This consent is given under the full knowledge that any procedure incurs its own measure of risks (consequences) and complications.

THE MOST COMMON RISKS (CONSEQUENCES) ARE AS FOLLOWS: bruising, hematoma, bumps, pain along the treated vein, as well as swelling within the leg or ankle.

RARE COMPLICATIONS INCLUDE: skin pigmentation around the treated vein, which will fade over time, thrombophlebitis (blood clot within a superficial or deep vein) that may require the temporary intake of an anticoagulant, and nerve damage (numbness or prickling).

EXTREMELY RARE COMPLICATIONS INCLUDE: an allergic reaction to the medication and thermal burns.

I, _____, declare having been duly, clearly and unequivocally informed of this procedure's inherent benefits and risks. Thanks to the explanations given by Dr. Pierre Larose, vascular surgeon, I have read, understood and give my full consent for this procedure.

NAME _____

SIGNATURE _____

WITNESS _____

DATE _____

PIERRE LAROSE, M.D., F.R.C.S.(C)
VASCULAR SURGEON