



LASER VASCULAR TREATMENT

INFORMED CONSENT FORM

Please read the following information. **Do not sign it until you have spoken to Dr. Christian and had all your questions answered.**

PATIENT NAME: _____

I hereby authorize and direct Dr. Stefanie S. Christian to perform laser assisted vascular treatment on me.

- I understand the procedure involves using a laser or pulsed light device to coagulate the vessels or vascular lesion.
- It may take multiple treatments to obtain optimal results; and it is possible, though not likely, that the results will be minimal or not help at all.
- Light based devices will not prevent me from developing new spider veins. Although these devices are effective in most cases, no guarantees can be made.
- The possible alternative to laser vascular treatments involves injecting sclerosing agents into the veins.
- **Many veins, once treated, will look worse before they look better.** They may become temporarily darker, bruised, firm, or tender. These changes generally resolve within five weeks.
- **It is essential not to tan or to use self-tanners on the area to be treated at any time for 4 weeks prior to vascular treatment and for at least 4 weeks after vascular treatment.**

The following are possible experiences/risks with Laser Surgery:

- DISCOMFORT – Some discomfort may be experienced during laser treatment, particularly feelings of heat. Dr. Christian may use ice to minimize the discomfort.
- WOUND HEALING – Laser Surgery can result in swelling, bruising, blistering, crusting, or flaking of the treated areas, which may require one to five weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary; but, on a rare occasion, it may be permanent.
- SCARRING – Scarring is a rare occurrence, but it is a possibility when the skin’s surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

ACKNOWLEDGEMENT

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE.

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

Patient Signature

Print Name

Date