advanced DERMATOLOGY

CONSENT-SCLEROTHERAPY

Consent:

Consent Sclerotherapy
INFORMED CONSENT INTRODUCTION

Thank you for choosing Advanced Dermatology for your cosmetic skincare treatments. We value the opportunity to consult you on your aesthetic concerns and desires in the effort to promote healthy youthful skin.

Cosmetic treatments (injectable and laser, light or other energy-based therapy) are procedures that have both benefits and risks that need to be considered. A series of documents called Informed Consents have been prepared for you by Advanced Dermatology, LLC to help you make an informed decision. Informed Consent documents are used to communicate information about treatments, along with disclosure of risk and alternative treatment(s). It is important that you read these documents carefully and completely. ***Only when you have no questions or concerns do you initial each page, indicating that you have read and fully understand all the items it discusses. When you arrive at the end of the document, please sign the consent for the procedure. If you have any remaining questions or concerns, do not sign the consent until getting these questions answered by Dr. Taub, one of her staff members or Advanced Dermatology's Cosmetic Coordinator at 847-459-6400.***

FINANCIAL RESPONSIBILTY: All cosmetic, injectable and laser, light or other energy-based treatments are considered a cosmetic procedure and therefore not covered by insurance. We will not submit these treatments to your insurance and require that you pay at the time of service. You will receive Financial Protocols for each treatment that is recommended for you that are valid for 90 days from the date of our recommendation. Should the price change after 90 days you would be responsible for any increase in cost.

WHO WILL PERFORM MY TREATMENTS: We have a variety of highly skilled providers for each of our services. Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, David Rosen, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. all perform cosmetic treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 20 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

DISCLAIMER: What your Physician, Physician Assistant, Laser Provider, Esthetician, Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

Sclerotherapy: INFORMED CONSENT BOOKLET

INTRODUCTION: Sclerotherapy is a treatment to improve the appearance of leg veins. Both reticular (larger blue or green veins) and spider veins (smaller red or purple veins) can effectively be treated. Sclerotherapy is the use of tiny needles to inject a medication, often called a sclerosing agent, into veins. Injection of these medications into veins causes inflammation and irritation of the vein wall. This disrupts the normal flow of blood to these vessels and encourages your body to reabsorb the damaged vessel. The sclerosing agents we use are Sotradecol and Glycerin.

ALTERNATIVE TREATMENT: Alternatives to sclerotherapy include support hose, laser treatments of the leg veins and surgical vein removal.

WHO IS A GOOD CANDIDATE: Anyone deemed a good candidate by physical exam that understands the risks, costs and time necessary to achieve the full benefit of the procedure, and who has realistic expectations of the ultimate outcome.

WHO IS NOT A GOOD CANDIDATE: You are not a good candidate for this procedure if you have an underlying problem with the valves in your veins, you take aspirin or other blood thinning medications, have a medical condition that prevents your blood from clotting properly, if you are pregnant, have a history of heart attack, stroke, DVT (deep vein thrombosis), heart murmur, diabetes, autoimmune diseases such as lupus, or any other major medical problem.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved in Sclerotherapy.

DISCOMFORT: Sclerotherapy is performed through a series of small injections. The associated discomfort is usually tolerable and short-lived. When you leave the office after the procedure you should not be in any pain.

REDNESS AND SWELLING: The treated veins may appear red and inflamed immediately following the procedure. There may be small pink bumps that can itch and that can last days to weeks. Within a few days, some veins may appear darker in color. Occasionally a superficial clot can form that may feel like a lump under the skin and is painful. If this occurs, please call the office to be evaluated.

BRUISING AND DISCOLORATION: It is possible for a small amount of blood to "leak" out of the vessels during treatment, resulting in a bruise or discoloration of the skin. Bruises are temporary and resolve in weeks to months. Occasionally the iron contained in blood can leave a residual brown stain on the skin. These stains require further treatments and may be permanent despite treatment.

MATTING AND/OR BLUSHING: The body can respond to a closing blood vessel by creating fine, red capillariesor new blood vessels to compensate for the lost blood vessel. This can result in "matting' or a blush area which looks more prominent in the area. We try to avoid this by treating the feeding vessels in the area first which usually prevents this from happening, but this can happen despite these precautions.

SKIN WOUND, INFECTION, AND SCARRING: If the sclerosing solution infiltrates into the surrounding tissue, an ulceration at the site of an injection can occur, and may result in a permanent scar. This occurs in less than 1% of treatments. Should an ulceration occur, please call the office immediately and we can begin proper wound healing treatment to avoid a scar.

SUPERFICIAL BLOOD CLOT (SUPERFICIAL THROMBOPHLEBITIS): While a vein is being reabsorbed into the body after sclerotherapy, a clot can form that causes pain, swelling and makes the skin in that area hot to touch. It usually resolves with ibuprofen and time but it should be evaluated. Please contact the office if any inflamed nodules occur.

BLOOD CLOT (DEEP VEIN THROMBOSIS): A deep vein thrombosis (DVT) may result from a treatment, although this is very rare. This could break off and cause a pulmonary embolus (clot that goes to the lung) that could cause death. If you have a clotting problem or have a history of blood clots, you must tell the consultant and provider. Remaining mobile and using compression stockings which will be provided or prescribed after the treatment will lessen the chance of a DVT.

ALLERGIC REACTION: Although extremely rare, it is possible to be allergic to the sclerosing solution. In extreme cases, anaphylaxis can occur, which can cause death.

INJECTION INTO AN ARTERY: Accidental injection into an artery instead of a vein is possible, although this is extremely rare. We do not perform sclerotherapy in high risk areas, such as around the ankles, to lessen the chance of this occurring. This could lead to an ulceration and permanent scar.

RISKS OF FOAMING: Modern sclerotherapy treatments mix air with the Sotradecol to increase the effectiveness of treatment and decrease risks. However, the foam itself has additional risks due to the fact that it introduces air into the veins. Reports of temporary visual changes, cough, shortness of breath, and stroke have been published rare side effects of foam sclerotherapy. These risks are minimized by limiting the amount of foam that is used in each sclerotherapy session.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: If a vein goes completely away with treatment, it should not return. Occasionally the body reopens the vessel before it is completely reabsorbed or the vessel only partially responds. Most people need 2-4 treatments to each area. Also, if you have extensive veins, all areas may not be treated in a single session. Additionally, the factors that contributed to the enlarged veins such as standing for long periods of time, female hormones, pregnancy, being overweight, or a family history of varicose veins may not change, and therefore, new veins tend to form over time.

PATIENT SATISFACTION: Most of our patients/clients have been happy with their results, although results are variable and we cannot provide you with any guarantee of your results.

POST TREATMENT CARE: Follow the instructions given to you by your provider and on the post-op info sheet.
Failure to do so may result in sub-optimal results or side effects such as listed above.

Do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

CONSENT FOR PROCEDURE

I have read all pages contained in this document and hereby authorize the following provider(s): David Rosen, MD, Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD to perform the following procedure: **SCLEROTHERAPY**

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photographic use for medical, scientific, and/or educational purposes for the appropriate portions of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE PROCEDURE TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

I consent to the procedure and the above listed items. I am satisfied with the explanation.

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.