

Laser Vein Removal Informed Consent

The Laser Vein Removal procedure has been thoroughly explained. I realize that no promises or guarantee have been made. I understand that the treatment may be repeated several times to achieve complete satisfaction. Benefits I hope to achieve are lightening or removal of unsightly veins in the treated site. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Laser Vein Removal Treatment(s).

I understand the procedure will include:

1. A topical gel may be applied to numb the area and minimize discomfort
2. Treatment is performed with a laser using a predetermined energy dose
3. A light coating of cortisone and ice packs may be applied to the site after treatment to minimize discomfort
4. The time for the treatment will be 30-60 minutes based on the size of the treatment area
5. Photographs for before and after comparisons may be taken for my chart

I have been told of the following risks:

1. Pain: Some patients experience various degrees of discomfort. Some describe the sensation as stinging, while others liken it to a rubber band snap. A burning sensation may last for up to an hour after treatment. Most adults can tolerate this discomfort, but some patients may require local anesthetic.
2. Damage to natural skin texture or skin wound: It is rare for laser therapy to cause a blister or skin wound if performed properly. The incidence of blistering or crusting is less than 3% overall. This is more of a risk in darker skin types. If a blister or skin wound develops, it may take from five to ten days to heal, and in extremely rare instances, may leave noticeable whitening or darkening of the skin.
3. Change of Pigmentation: There is a very small risk of temporary hyperpigmentation (increased pigment or brown discoloration) or hypopigmentation (lightening of the skin) in the treated area. Hyperpigmentation is found in less than 5% in Fitzpatrick Skin Types 5 and 6, and less than 1% in skin types 1-3. Hypopigmentation is found in less than 1% overall. Usually these results are temporary and resolve over several weeks or months. Permanent hyperpigmentation or hypopigmentation is very rare and may occur in less than 1% of cases. It is essential that you not tan your skin, or use tanning creams prior to your treatment as this will increase your risk of pigment change or skin wound.
4. Scarring: Occurs much less than 0.1%. If you develop a wound and a scar, the scar may end up being flat and white (hypotrophic), large and red (hypertrophic) or even be large and extend beyond the margins of the injury (keloid). Subsequent treatment or surgery may be required to improve the appearance of the scar.

5. Bruising: It is extremely uncommon to have any skin bruising following treatment. If bruising occurs, it can be camouflaged immediately and will usually resolve in 8-10 days. As the bruising fades, there may be a rust-brown discoloration of the skin (hyperpigmentation) that may take special creams to fade away.
6. Excessive redness and swelling: Rarely, a minor degree and/or puffiness of the skin may follow treatment and usually lasts 1-2 hours and resolves spontaneously. This may persist, in rare instances, for 1-2 days. A mild steroid cream (0.5%) hydrocortisone will usually settle this.
7. Fragile Skin: The skin overlying the treatment area may become quite fragile. Although uncommon, the fragile skin can become reddened and the outer layer may peel off, much like a blister. This usually heals in 8-10 days.
8. Additional Treatment: Your final result and maximum cosmetic facial enhancement will likely take between 4-8 treatments. Over time, with gravity, sun exposure, and normal aging, your wrinkles, pores, textural abnormalities and blemishes will reappear. You may elect to treat again.
9. Lack of Satisfaction: Different skin types respond differently to the same treatments. Your response may be subject to variation, but on average between 85% of patients who have undergone treatment report a noticeable improvement in their skin.

I acknowledge that I am obligated to follow the Premier OB/GYN of West Houston instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form.

Signature: _____

Guardian Signature: _____

Staff Signature: _____