

INFORMED CONSENT FORM

TREATMENT OF LOWER LIMB VARICOSE VEINS

Patient Name: ____

Date of Birth: ____

Physician Name: Dr. _____

Date of Consultation: _____

1. NATURE OF THE CONDITION

You present with varicose veins in your lower limbs. These are dilated and tortuous veins where blood circulates poorly (often flowing backward), which can lead to pain, heaviness, edema (swelling), skin disorders, or complications (thrombosis, ulcers).

2. PROPOSED TECHNIQUE

After examination (Doppler ultrasound) and discussion, the following treatment is proposed:

[] Stripping: Surgical removal of the diseased saphenous vein.

[] Phlebectomy: Removal of superficial varicose veins through micro-incisions (often combined with other techniques).

[] Thermal Ablation (Endovenous Laser or Radiofrequency): Destruction of the vein by heat via a probe introduced inside the vein, without removing it.

[] Sclerotherapy (Foam or Liquid): Injection of an irritating agent into the vein to close it.

[] CHIVA Cure: Conservative hemodynamic surgery aiming to correct blood flow while preserving the saphenous vein.

[] Other: _____

3. IMPORTANT WARNING: PRESERVATION OF VENOUS CAPITAL

If a destruction or ablation technique is proposed (Stripping, Laser, Radiofrequency, Sclerotherapy of the saphenous vein):

It is fundamental to know that the destruction or removal of the saphenous vein is permanent.

- This vein constitutes the material of choice ("spare tire") used by cardiac and vascular surgeons to perform **arterial bypass grafts**.
- In the event of lower limb arteritis or severe coronary artery disease in the future, the absence of this vein could complicate the performance of vital bypass surgeries.

4. GOALS OF TREATMENT

The intervention aims to:

- Relieve symptoms (pain, heaviness, cramps).
- Prevent complications (phlebitis, venous ulcers, bleeding).
- Improve aesthetic appearance (although the aesthetic result can never be 100% guaranteed).

5. PROCEDURE AND ANESTHESIA

The intervention will take place under:

☐ Local Anesthesia

☐ Regional Anesthesia (Spinal Anesthesia)

☐ General Anesthesia

☐ Tumescence Anesthesia (Local anesthesia diluted around the vein)

The duration of the intervention varies. It usually takes place on an outpatient basis (admission and discharge on the same day).

6. RISKS AND COMPLICATIONS

Any medical procedure, even conducted with competence and in accordance with current scientific data, carries a risk.

Frequent and Benign Side Effects:

- **Bruising (Ecchymosis):** Very common, disappears in a few weeks.
- **Pain:** Generally moderate, relieved by simple painkillers.
- **Indurations:** Hard cords under the skin (normal inflammatory reaction of the treated vein), disappearing gradually.
- **Sensory Disturbances:** Numbness or tingling in an area of the leg or ankle (damage to small sensory nerves), often transient but sometimes lasting.

Rare Complications:

- **Deep Vein Thrombosis (DVT):** Formation of a clot in a deep vein. Preventive anticoagulant treatment may be prescribed to limit this risk.
- **Infection:** At the puncture sites or incisions.
- **Hyperpigmentation:** Brown trace on the skin at the level of the treated vein (especially after sclerotherapy or phlebectomy), which may take time to fade.
- **Skin Burn:** Exceptional, linked to thermal techniques (Laser/Radiofrequency).

Exceptional Complications:

- Pulmonary Embolism (migration of a clot to the lungs).
- Allergic reaction to anesthetic or sclerosing agents.

7. RISK OF RECURRENCE

Venous disease is a chronic and progressive condition. Treatment addresses existing varicose veins but does not always prevent the appearance of new varicose veins in the future (neo-varicose veins or disease progression), sometimes requiring additional treatments.

8. ALTERNATIVES

Apart from the treatment proposed above, possible alternatives are:

- **The CHIVA cure:** A conservative surgical strategy that corrects circulatory disorders while **preserving the saphenous vein** and venous capital for the future.
- Wearing elastic compression (stockings/tights).
- Venotonic medications (for symptom relief only).
- Therapeutic abstention (surveillance), with acceptance of the risks of disease progression.

9. POST-OPERATIVE CARE

- Wearing compression stockings or bandages is generally prescribed for a duration of _____ days/weeks.
- Walking is recommended from the day of the intervention.
- Sick leave of _____ days may be prescribed depending on the technique and your profession.
- Long-haul air travel is not recommended for 3 to 4 weeks.

PATIENT CONSENT

I, the undersigned, Mr./Ms. _____, **acknowledge having had a discussion with Dr. ____.**

1. I have received clear and understandable information about my condition, the proposed treatment, its benefits, risks, and alternatives, **including conservative alternatives (CHIVA).**
2. I have clearly understood the consequences of the intervention on my venous capital (possibility or not of using the saphenous vein for a future bypass).
3. I was able to ask all the questions I wished and obtained satisfactory answers.
4. I understood that the aesthetic result, although sought, cannot be guaranteed and that touch-ups are sometimes necessary.
5. I freely consent to undergo the proposed intervention as well as the related acts (anesthesia) necessary for its smooth running.

Done at: _____

On: _____

(Handwritten mention "Read and approved" below)

Patient Signature: Physician Signature: