

INTRODUCTION

At Hogue Vein Institute, an FDA-cleared Sciton ProV surgical laser is used to perform the endovenous laser ablation (EVLA) procedure. The ProV laser delivers laser energy through an optical fiber placed inside the lumen of your vein to shrink and collapse your targeted varicose vein(s). This minimally invasive procedure takes 45 to 60 minutes to perform and there is minimal to mild pain associated with it. Our Vein Specialists use local anesthesia to completely numb the targeted veins in your leg before treating them with a laser. A quick recovery with minimal down time should be anticipated. With a few exceptions, you may resume your normal activities immediately.

PROCEDURE DESCRIPTION

On the day of your EVLA procedure, the staff at Hogue Vein Institute will answer any questions you may have. You will change into disposable paper shorts. Topical nitroglycerin ointment may be topically applied to your leg to help dilate your veins at the anticipated venous access sites. You will be prepared for surgery by our nursing staff. Your leg will be cleansed with an antiseptic solution. You will be positioned face up or face down on a powered surgical table. Sterile drapes will be placed around you from the waist area down to expose only your treatment leg. A needle will be inserted into your targeted varicose vein using ultrasound guidance to gain access to your targeted varicose vein. A sterile catheter and laser fiber will be inserted and positioned into your targeted vein. Tumescence local anesthesia will be injected circumferentially along the course of your targeted vein using intraoperative ultrasound guidance to provide complete anesthesia during the endovenous laser ablation. Laser protective glasses will be provided to you before the laser is turned on. Laser energy will be delivered to shrink and collapse the entire length of your EVLA-targeted vein. Immediately following your EVLA procedure, a medical grade compression stocking (30-40 mmHg) will be placed on your treated leg, after which you will walk for 20 minutes on our clinic treadmill before being discharged from our clinic. A follow-up visit in about 1 month will be scheduled for you to have a post-EVLA assessment at our clinic. Additional follow-up visits will be determined by your Vein Specialist. Should any concerns develop in the interim, a Vein Specialist at Hogue Vein Institute is on call 24/7 and is reachable by phone through our 24-hour physician answering service. Please call our toll free number at 866-219-4699 (Minnesota) or 866-356-8346 (North Dakota & South Dakota).

RISKS AND DISCOMFORTS

The potential risks & adverse effects associated with an EVLA procedure are altered skin sensation, nerve damage, thermal injury or burn to the skin or tissues, breakage of the laser fiber or catheter within the body's tissue, phlebitis (inflammation of the vein), hyperpigmentation (darkening of the overlying skin), growth of new veins, bleeding, bruising, discomfort, allergic reactions, thromboembolic events or deep vein thrombosis (clot in the deep vein), and infection.

POTENTIAL COMPLICATIONS OF NOT UNDERGOING EVLA TREATMENT

The potential complications of not undergoing treatment for your superficial venous disease are usually limited to the worsening of your condition, and if left untreated, the signs and symptoms of your disorder will worsen over time. These signs and symptoms may include potentially fatal bleeding, blood clots in your leg veins or lungs, and venous ulcers. More commonly, superficial venous disease may progress to ankle swelling, skin changes (eczema, hyperpigmentation, dermatitis, skin induration and thickening), restless leg syndrome (RLS), and worsening of your underlying venous disease.



ALTERNATIVE TREATMENTS

Since varicose veins are usually not life-threatening, treatment is not mandatory, even though it may be medically-indicated, therapeutic, and covered by medical insurance. Without surgical treatment, some patients may get adequate symptomatic relief from conservative vein therapy measures alone (defined as exercise, ankle flexions, avoidance of high heels, leg elevation, and compression). Alternative treatment modalities other than EVLA for treating varicose veins and superficial venous disease include such modalities as conservative vein therapy, surgical ligation, surgical vein stripping, ambulatory phlebectomy, endovenous chemical ablation (sclerotherapy), endovenous thermal ablation with radiofrequency (VNUS Closure), or a combination of these treatment modalities.

POTENTIAL BENEFITS

The potential benefit of the endovenous laser ablation (EVLA) procedure includes shrinkage and collapse of the EVLA-treated vein segments leading to an improvement in your overall varicose vein symptoms. Since the Practice of Medicine is not an exact science, there are no guarantees made to you regarding the results of the surgery, or that you will receive any medical benefit from having an EVLA procedure. This is important for you to understand since superficial venous disease represents a chronic, progressive and usually inherited disorder that invariably worsens with the aging process. New sources of venous reflux may develop over time following an EVLA procedure which give rise to a worsening and often complex network of varicose veins.

By signing below, I acknowledge that I have read the above and I have been adequately informed of the nature, intended purpose, benefits, and significant risks and potential complications of undergoing an endovenous laser ablation (EVLA) procedure, as well as the alternative treatment modalities. I acknowledge that I have been given ample opportunity to ask questions and these have been fully answered to my satisfaction. I realize and understand that medicine is as much an Art as it is a Science. I have been given no promises or guarantees as to the final results I will obtain from undergoing an EVLA procedure. I hereby provide my informed written consent to undergo an EVLA procedure performed by one the board certified Vein Specialists listed below at Hogue Vein Institute:

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| Carl F. Dando, MD, RVT, RPVI, RPhS | Robert L. Dupper, MD | Lornell E. Hansen II, MD |
| Roger S. Hogue, MD, RVT | Ronald J. Kolegraff, MD, RVT | |

Patient's Signature: _____ Date: _____

I have discussed the nature and purpose of endovenous laser ablation treatment, and the associated risks, consequences and available alternative treatment modalities with the person signing above, and I am satisfied that she/he understands them fully.

Physician's Signature: _____ Date: _____