

Endovenous Laser Treatment

Endovenous laser treatment is a minimally invasive option for treating greater saphenous, short saphenous, or anterolateral vein reflux (leaky valves). The first stage of your procedure will involve numbing of the skin and then inserting a thin catheter (plastic tube) at the level of the knee and feeding it up your diseased vein(s). Ultrasound guidance is used during the procedure to position the catheter in the correct location.

During the second stage of the treatment, more numbing medicine is used to inject fluid around the vein, which serves to numb and protect the surrounding tissues. The laser catheter is then slowly pulled back while delivering energy to the vein wall, causing it to heat, collapse and seal shut. After the procedure, you will be placed in a compression stocking/ace wrap, which you will wear for about 72 hours. We will re-evaluate your vein with an ultrasound 3-4 days after the procedure to make sure the diseased vein has successfully closed and to make sure there is no clot extending into your deep veins. This is extremely unlikely, but a safety precaution.

Possible Risks and Complications

Any procedure carries a small risk of infection, allergic reaction, pain, blood clots and anesthetic complications. These complications have been well studied and are extremely rare with this procedure. Possible risks and side effects that are specific to laser ablation include, but are not limited to, the following:

Pain: Patients generally experience mild to moderate discomfort after the procedure.

Swelling: This may occur after endovenous procedures. Swelling usually resolves in a few days but may last a few weeks, especially after treatment of large varicose veins. Wearing the prescribed compression hose and elevation will lessen your swelling.

Skin Burns: Laser energy carries an extremely small risk of skin burns. This has rarely been reported and precautions are taken to prevent this complication.

Deep Vein Thrombosis: This is a very rare complication where the expected clot in your treated vein extends into your deep veins. This occurs less than 1% of the time and is usually treated with a blood thinner for 2-3 weeks if it does occur. A very rare possible complication of a blood clot is that it could travel to the lung, called a pulmonary embolus. The blood clot in the deep veins of the leg could also result in permanent swelling of the leg and could possibly require long-term management with blood thinners.

Darkening of the skin (hyperpigmentation): Patients who have had endovenous laser treatment may notice some discoloration after treatment. This discoloration usually resolves in a few weeks to months. In rare cases, the darkening of the skin may persist up to a year.

Failure of the procedure or recurrence: Endovenous laser treatment is successful greater than 90% of the time. However, the treatment may not be successful and may require subsequent treatment. The diseased vein may initially seal but then re-open in time as the body can occasionally form a new channel in the treated vein.

Infection: This is a rare problem since sterile precautions are taken. When this occurs, it can be treated with antibiotics.

Complications of anesthesia: This includes allergic reactions to the medication and risks of over sedation if this method is chosen. This could rarely result in heart or breathing problems.

Allergic reaction: Very rarely, a patient may have an allergic reaction to the anesthetic agent or the numbing medicine. The risk of this is greater in patients who have a history of allergies. Let your doctor know if you are allergic to Lidocaine or any other medications.

Alternatives:

The method of treatment used for treating varicose veins depends upon the severity of the symptoms experienced by the patient. Many patients are well treated by weight loss, exercise, compression stocking and leg elevation. Alternatively, surgical stripping may also be used to treat large varicose veins. This usually requires a visit to a hospital or outpatient surgical center and usually is performed while the patient is under general anesthesia. Risks of vein stripping are similar with the additional risk of the general anesthetic. Radiofrequency ablation is another minimally invasive way to treat varicose veins. The other option is to receive no treatment at all.

Consent:

I have read the information stated above and understand the risks and benefits of the procedure, as well as that of the local anesthesia. I also understand the alternative methods of treatment. I have had an adequate explanation and have no further questions as they have all been answered. I understand that while the great majority of patients have very satisfying results, the practice of medicine and surgery is not an exact science, and therefore, results cannot be guaranteed.

Be sure to notify your physician if you have a history of medication allergies, prior blood clots or severe medical conditions.

Patient Signature: _____

Date: _____