



## **CONSENT FOR LASER VEIN TREATMENT**

Do not sign this form until you have read it and fully understand its contents.

Patient Name: \_\_\_\_\_

I acknowledge and understand that the following procedure has been described to me to my satisfaction:

### **Laser Vein Treatment with the Cutera Laser**

I hereby authorize and direct Kristen M. Jacobs M.D., P.C. and personnel under the direction of Kristen M. Jacobs to perform laser assisted vein treatment on me.

The following points have been discussed with me:

1. **The mode of action of the treatment.** The laser light penetrates the skin and is absorbed by the hemoglobin pigment in the blood vessel, causing a rapid heating of the blood. This process coagulates the blood and collapses the vein. Some people feel mild to moderate discomfort during the procedure.
2. **The proposed benefits of laser treatment.** For most patients, this procedure will cause the elimination of the veins. It is recommended that you use pressure stockings or an ACE bandage for 5 days following the procedure to optimize the results. Significant vein clearance is obtained within 8 to 12 weeks.
3. **The probability of success.** Several treatments may be required to remove all veins in a determined area. However, some patients may not experience vein clearance even after multiple laser procedures. Results depend on many factors and it may not be possible to make every vein disappear..

### **Complications are rare and usually minor.**

I am aware of the following possible experiences with laser procedures:

1. **DISCOMFORT** – Mild pain may be experienced during laser treatment. Most people tolerate the procedure well, but some may need a topical anesthetic cream.
2. **HEALING** - Laser surgery may result in swelling, blistering, crusting or flaking of the treated area, which may require 1 to 3 weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2 to 4 weeks or longer in some patients. Only a small percentage of patients will have this problem.
3. **BRUISING/SWELLING/INFECTION** - Bruising of the treated area is commonly seen for 4 to 8 weeks. Swelling can occur after the procedure and last for several hours. A skin infection is a rare but possible complication.
4. **PIGMENT CHANGES** (Changes in skin color) - The treated area may become either lighter or darker in color than the surrounding skin. This effect typically resolves spontaneously in a few months, but can last much longer. On rare occasions it may be permanent.
5. **SCARRING** - Scarring is a rare occurrence, but it is a possibility when the surface of the skin is disrupted. To minimize the chances of complications, it is important that you follow all of the before and after instructions carefully.

*Patient's Initials* \_\_\_\_\_

6. **EYE EXPOSURE** - Protective eyewear will be provided during the procedure. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand that the medical personnel and other assistants will rely on statements made by me to determine that the procedure is safe and effective.

### **ACKNOWLEDGMENT**

**I understand that laser vein treatment is not an exact science, and that no guarantee or assurances can be given to me concerning the results of this procedure.**

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I authorize the taking of photographs before, during and after the laser procedures. I understand that these photographs may be used for medical education, research and documentation of the medical record.

I consent to allow the medical personnel at Kristen M. Jacobs M.D., P.C. under the supervision and control of Kristen M. Jacobs , to perform Laser Vein treatment with the Cutera Laser.

I have read and understand **PRE and POST care** for my Laser Treatment.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date