



DATE _____

I, _____, hereby authorize Dr. Pierre Larose, vascular surgeon and his associates/assistants to perform a **phlebectomy treatment**.

I understand that this treatment is not a mandatory or medically required procedure and that alternative treatments have been explained to me, such as the continuous use of medical compression stockings.

This consent is given under the full knowledge that, although rare, as with any procedure that may be of benefit to a patient, there are potential risks (side effects) and complications involved.

- ▶ THE MOST COMMON RISKS (SIDE EFFECTS) ARE AS FOLLOWS: bruising, pigmentation changes, hematomas, bumps and leg swelling.
- ▶ RARE COMPLICATIONS INCLUDE: an infection or a thrombophlebitis (blood clot in a superficial or deep vein) which can require a temporary anticoagulant intake.
- ▶ EXTREMELY RARE COMPLICATIONS INCLUDE: an allergic reaction to the medication.

I, the undersigned, hereby declare having been duly, clearly and unequivocally informed, of this procedure's inherent benefits and risks. Thanks to the explanations given by Dr. Pierre Larose, vascular surgeon, I acknowledge that I have read, understood and give my full consent for this procedure.

Signature _____

Witness _____

Date _____

Dr Pierre Larose, M.D., FRCSC
Vascular Surgeon