



DATE _____

I, _____, hereby authorize Dr. Pierre Larose, vascular surgeon and his associates/assistants to perform the following **endovenous radiofrequency ablation**:

*Radiofrequency ablation is a minimally invasive procedure for treating venous insufficiency due to blood reflux within the vein.

I understand that this procedure will go as follows: under ultrasound guidance, the surgeon will insert a guidewire into the target vein from the knee and towards the groin, followed by the insertion of an introducer sheath through which the radio frequency catheter is advanced. Once in position, the doctor will trigger the energy source to collapse the vein and will slowly withdraw the catheter to seal it under the effect of the heat. This procedure has a 98% success rate.

I understand that endovenous radiofrequency ablation is not a mandatory or medically required procedure and that other treatments have been explained to me, such as the continuous use of medical compression stockings, ultrasound guided injections, outpatient phlebectomy and vein stripping.

I understand that the saphenous vein to be treated could have been used as a viable graft for future coronary or arterial bypass surgery.

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) of this procedure include bruising, hematomas, bumps, pain along the treated vein as well as swelling within the leg or ankle.
- RARE COMPLICATIONS INCLUDE: skin pigmentation around the treated vein which will fade over time, thrombophlebitis (blood clot within a superficial or deep vein) which may require the temporary intake of an anticoagulant, and nerve damage (numbness or prickling).
- EXTREMELY RARE COMPLICATIONS INCLUDE: an allergic reaction to the medication and thermal burns.

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