

The Vein Centre

At Vascular Surgical Associates

Richard A. Murbach, M.D.

Consent for Ambulatory Phlebectomy

I hereby authorize Dr. Murbach to perform ambulatory phlebectomy on my –(circle correct side) LEFT/RIGHT leg for the purpose of attempting to improve the symptomology and/or appearance of my legs.

I understand that alternative treatments for varicose veins exist, including conservative treatments (support stockings) and sclerotherapy.

The nature of the procedure to be performed has been explained to me, and I understand that among the known risks are bruising, swelling of the leg and scarring. I am aware that in addition to the minor risks specifically described above, there are other risks that may accompany any surgical procedure, such as loss of blood, infection, and inflammation in the venous systems with the formation of a thrombus (clot), postoperative bleeding, and nerve trauma that may lead to temporary numbness.

I consent to the administration of local anesthetic, to be administered by Dr. Murbach. I am aware that risks are involved with the administration of local anesthesia, such as allergic or toxic reactions to the anesthetic.

My surgeon has not guaranteed either the results of surgery or freedom from potential complications. I have had sufficient opportunity to discuss my condition and treatment plan with my surgeon and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent for treatment.

Patient Signature and Date

Witness

I have informed the patient of the available alternatives to ambulatory phlebectomy and the potential surgical risks, complications and results that may occur as a result of the procedure.

Physician Signature

Date

