

VNUS Closure Patient Consent

I hereby authorize Dr. Kokinos to close my saphenous vein(s) using an endovenous radiofrequency obliteration technique, also known as the VNUS Closure procedure. She has explained that the device used to perform this procedure is known as the VNUS Closure System; it is a commercially available product used specifically for this purpose. I understand that alternative treatments for obliterating the function of the saphenous vein include ligation (cutting or tying the vein in the groin or behind the knee), stripping the vein (pulling a long segment out), or compression sclerotherapy (injecting a chemical to occlude the vein).

Dr. Kokinos has explained that the common symptoms of varicose veins, such as heaviness and pain after standing for a long time, arise from malfunctioning valves in the saphenous vein (the main external vein in the thigh and calf). The resulting increased pressure in the saphenous vein is transmitted to my varicose veins.

Satisfactory treatment of varicose vein symptoms is usually achieved by obliterating the saphenous vein. Although closure of the saphenous vein using the VNUS Closure System should reduce the pressure of my varicose veins and thus relieve many of my symptoms, I understand that this consent for the VNUS Closure procedure for treatment of my saphenous vein does not include actual removal of the varicose veins, which will probably still be visible.

The general nature of the VNUS Closure procedure for treatment of the saphenous vein has been explained to me. I understand that among the known risks of this procedure are failure to close the saphenous vein, leg swelling, bruising, mild phlebitis (pain, tenderness, redness) over the treated vein, numbness and tingling in the treated area, and skin burns that may need to be treated with additional surgery. I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and post-operative blood loss, infection, and clot formation in the venous system. If sedating medications are given the day of procedure, I understand and accept advice against driving, machinery operating, legal or business decision making for 24 hours after procedure and to have a direct family member or friend supervision as well as fall precautions in place for 24 hours after procedure.

Dr. Kokinos has not guaranteed either the results of surgery or freedom from potential complications. I have had sufficient opportunity to discuss my condition and proposed treatment with Dr. Kokinos, and all 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 Name (Please Print)

Witness

I have informed the patient of the available alternatives to the VNUS Closure procedure for treatment of the saphenous vein and of the potential surgical risks, complications, and results that may occur as a result of it.

Polyxene Kokinos, MD

Date