

Informed Consent

I _____, authorize Dr. Jhangiani and his associates and assistants to perform a Radiofrequency vein endovenous ablation on my leg.

I understand Dr. Jhangiani will use ultrasound guidance to place a needle and then a catheter and radiofrequency fiber into my abnormal vein (s). They will use heat energy to destroy the inner lining of the vein with the expectation that this procedure will take this bad vein out of my circulation and correct my venous insufficiency or backward blood flow.

I understand that there are risks to this procedure including bleeding, infection, deep vein thrombosis, nerve injury and any unforeseen complications.

I am aware that I may experience some bruising or tightening sensations in the inner thigh or lower leg similar to the feeling of a pulled muscle. This is temporary and often resolves within two to three weeks. I may also develop hematomas or small blood clots beneath my skin.

I understand that I must walk for one hour every day for one week after this procedure to prevent any complications of deep venous thrombosis.

I understand that this procedure does not guarantee a cure to my venous disease and that venous disease is a chronic medical illness.

I understand that there will be no refunds for any procedures after services are rendered.

I understand that I will not do any heavy lifting (greater than 25 lbs.), squatting, lunging, bathing in hot baths or jacuzzi for one week after the procedure to help ensure the success of this procedure. Doing any of these activities may make my abnormal vein reopen.

I understand that I will not do any airplane travel or long drives for three weeks after this procedure to minimize my risk of developing a deep vein clot.

All my questions and concerns have been answered and addressed and I consent to the procedure.

Patient Name

Witness Name

Patient Signature and Date

Witness Signature and Date