



VASCULAR SERVICES

PREPARING FOR YOUR VENOUS CLOSURE

Please arrive for your Venous Closure on _____ at _____ AM/PM.

A driver should accompany you to the procedure and provide transportation to your home. If adequate transportation is not available to you, the procedure may be cancelled or rescheduled. You will be asked to walk for 15 - 20 minutes prior to the procedure after arrival to the office.

We maintain a very tight surgery schedule. Your timely arrival is of the utmost importance as others are scheduled after you. **IF YOU ARE MORE THAN 20 MINUTES LATE, YOU WILL BE RESCHEDULED FOR ANOTHER DAY.**

It is imperative that you drink 32oz of water the evening before the procedure and an additional 32oz of water two hours prior to your procedure appointment. Please eat a light breakfast for morning procedures and a light lunch for afternoon procedures. Wear loose fitting shorts or very loose pants that you can pull over the leg bandages that will be put on after the procedure. Take daily medications as usual. **PLEASE REMEMBER TO BRING YOUR SUPPORT HOSE/COMPRESSION GARMENTS** as these are **important/required** to receive the most benefit from your procedure.

Take a shower and wash your leg with antibacterial soap (dial or other brand) on the morning of the procedure. It may be necessary to shave some hair on your groin/thigh region to facilitate the ultrasound probe prior to and during the procedure. Do not apply cream, oil, or lotion to the legs.

Please understand that part of your POST OP care will be to have scheduled ultrasound as follows: 1 week, 6 weeks, and again in 3 months.

Please review and sign the **Patient Informed Consent** form and bring it with you. If you have any questions, we can address them upon your arrival or you may call the office at 770-692-4000 before the day of the procedure.

Drink water and bring your support stockings on the day of procedure.

If you have been given Oral Medication before your procedure, you will not be able to drive, operate heavy machinery or make major decisions for 24 hours.

If you are on blood thinners, notify the staff. If you have allergies, notify the staff.

It is recommended that you not drive or operate heavy machinery until you remove the bandage.

Patient Name (Print)

Date of Birth

Patient Signature

Today's Date



VASCULAR SERVICES

IMPORTANT INFORMATION REGARDING VENOUS CLOSURE

Following the venous closure procedure, your leg will be wrapped with an ACE bandage. It is important that you keep the ACE bandage in place for 48 hours post procedure. You may shower using lukewarm water after removing the ACE bandage but hot tub baths or whirlpools are not advised for 5 days. **For best short as well as long-term results, it is strongly advised that you resume wearing compression stockings during active hours once the ACE bandage is removed.** This will help with reduction in pain, swelling and inflammation and also facilitate early healing.

Frequent walking post procedure (for 5-10 minutes every hour) is recommended to prevent blood clots in the deep veins of the legs. However, strenuous exercise such as gym work-outs, weight lifting and long distant running is not advised for at least a week as this can adversely affect the short as well as long term procedure outcomes. **Driving any motor vehicle is prohibited for 48 hours post procedure. Flying is also prohibited for 2 weeks post procedure.**

Recovery from venous closure procedure is usually quick and it is normal to experience mild discomfort as well as mild sensory changes that may include soreness, bruising, and a tightness or 'pulling' sensation in the leg which usually resolve within a few weeks. This discomfort can generally be managed with over the counter analgesics such as Tylenol or Motrin and the application of cold or warm compresses. It is also normal to experience some drainage of pinkish or light brownish colored fluid that can seep out for the first 24 hours which is harmless and of no clinical significance.

We encourage you to call our office immediately if you experience any chest pain, shortness of breath, significant leg swelling, tenderness or fever post venous laser ablation procedure. Also as part of your post venous closure management, you will be requested to return to the clinic for the follow up ultrasound studies at **1 week, 6 weeks, and again in 3 months.** These follow up appointments are important in addressing any clinical concerns and also help in evaluating short and long term procedure success.

These post-operative instructions were reviewed with me prior to my discharge.

Office Number: (770)-692-4000

Patient Name (Print)

Date of Birth

Patient Signature

Today's Date

Instructions Given By



VASCULAR SERVICES

CONSENT FOR VENOUS CLOSURE

Varicose veins are chronic and recurrent conditions. The variety of treatments does not offer a cure, but rather a control of the condition. Successfully treated veins cannot come back. However, your inborn tendency to develop new veins will not be cured by this or any other form of treatment.

I hereby authorize Dr. Menchion / Dr. Polkampally / Dr. Day to close my saphenous (ASV, GSV SSV,) (left, right) vein(s), accessory, and/or perforator using an endovenous thermal obliteration (closure) technique procedure. It has been explained that the device used to perform this procedure is known as a thermal 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).

It has been explained that 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 Closure System (thermal) should reduce the pressure in my varicose veins and thus relieve many of my symptoms, I understand this consent for the Closure procedure for treatment of my saphenous vein will not include the actual removal of the varicose veins, *which may still be visible*. Additionally residual swelling may still be noted in patients with malfunctioning valves in the deep system veins as well as the external vein.

The general nature of the 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, vessel perforation, thrombosis, pulmonary embolism, hematoma, infection, nerve damage, bleeding, and skin burns in the treated area 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*.

I am 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. Menchion/ Dr. Polkampally / Dr. Day or their clinical assistant(s) 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 Name (Print)

Date of Birth

Today's Date

Patient Signature

Witness