

MEDILASER
COSMETIC SURGERY AND VEIN CENTER
3110 W. Main Street, Suite 150, Frisco, Texas 75033
Ph: 469-362-8665 Fax: 469-362-8085

PHLEBECTOMY CONSENT

I, _____ hereby request and authorize Dr. Mauricio Giraldo to perform such surgical procedure(s) he deems necessary to improve my appearance and/or function for:

Varicose veins of right / left lower extremity with pain
Diagnosis (for the condition)

THE FOLLOWING OPERATION(S) AS WE HAVE AGREED UPON: Phlebectomy

I understand that in addition to the general complications for any surgery, which include death, heart attack, pulmonary embolism (clots in lung vessels), deep vein thrombosis (clots in leg or in pelvic veins), hemorrhage (bleeding), infection and stroke, complications from this/these procedure(s) may include but are not limited to:

- The occasional need for secondary procedures to improve the final result
- Dissatisfaction with size and/or shape, numbness, nature and location of incisions, possibility of hematoma, infection, skin loss, secondary surgery, and reaction to medicines
- Skin discoloration
- Smoking related problems: because alteration in blood vessels and circulation (especially in smokers and even in non-smokers) can result in skin and tissue loss (death) with wide scars and prolonged healing. **I therefore agree not to smoke for two weeks before and two weeks after my surgery**

For women of child bearing age: To the best of my knowledge, I am not currently pregnant. Anesthesia can be harmful to the fetus. If there is a chance I might be pregnant at the time of surgery, it is my responsibility to inform Dr. Giraldo.

It must be recognized that medicine and surgery are not exact sciences. I understand there is no guarantee of results of any treatment. Rewrite the following: "I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee as to the results." _____

"I will not drive while on narcotic pain medications or sedative drugs prescribed by my cosmetic surgeon." _____

I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

I have read the above request and fully understand it. I acknowledge that the indications, risks, benefits and alternative methods of treatment were explained to me, have been given an opportunity to ask all questions regarding the treatment to be administered and am satisfied that I have been fully informed and understand the procedure(s) to be performed. With my signature below I hereby consent to the above.

Patient Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

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PHLEBECTOMY PRE/POST PROCEDURE INSTRUCTIONS

PRE-PROCEDURE INSTRUCTIONS

1. Do not use oil, lotion or powder the night before or the day of your phlebectomy procedure.
2. Bring loose, comfortable shorts to wear during the procedure.
3. Do not take aspirin or products containing aspirin, ibuprofen, Motrin, Alleve, Advil, Bufferin, Anacin, Anacin-Free, Excedrin or other NSAIDS (non-steroidal anti-inflammatory medications), vitamin E, diet pills, fish oil, herbal medication, herbal or green tea, ginkgo, ginseng or garlic pills or any other blood thinning product/medication for one week prior to the procedure.

WHAT YOU MAY EXPECT AFTER YOUR TREATMENT

It is not uncommon to show signs of:

- Bruising
- Swelling
- Itching
- Bleeding
- Visible healing veins
- Infection

You may have some discomfort after the procedure and may take Tylenol for mild pain. For severe pain, call our office. The treated areas may appear worse before improving. The treatment is a process. Your patience is appreciated.

POST-PROCEDURE INSTRUCTIONS

1. No shower for 48 hours. Avoid saunas, hot tubs or baths for at least 2 weeks after treatment.
2. Avoid aggressive, lower body weight-lifting, aerobics, running or jogging for two weeks after treatment.
3. Walking is encouraged for best results.
4. Remove the wound dressings the next day. Apply *Neosporin*/antibiotic ointment. Once wounds have closed, silicone scar cream may be applied.
5. Wear compression stockings or ace wrap around the clock for 48 hours, then daily for 1 week.
6. Avoid prolonged standing in one position. Move feet and toes frequently when standing and shift weight.
7. Avoid sun-bathing for best cosmetic results.