

CONSENT AND AFTERCARE

After treatment of varicose veins and spiders, your legs are wrapped with ace bandages. You should not engage in any significant physical activity that evening and your legs should be elevated as much as possible.

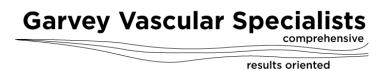
The ace bandages and tape can be removed the next morning on awakening. Normal activities can be resumed. Walking, swimming and bike riding are encouraged. Your prescribed support hose must now start to be worn.

During the post-op period, one may notice a red, tender lump over the injected vein and along the treated vein. In larger veins this will be more apparent and last longer. If this is bothersome, apply ice and take an aspirin every 6 hours for relief. One may also notice black and blue discolorations. This is like a bruise and the area will go through a similar sequence of color changes in the next few weeks. A darker discoloration other than the usual skin color may persist for several months, but usually goes away completely. The darker the pigmentations of the skin, the longer in duration and more noticeable the discoloration. It is possible to get a superficial ulcer at the site of injection. This occurs rarely and usually heals within weeks. The reactions noted above occur occasionally and are not serious, being temporary in nature.

If you have any concerns regarding your individual response to therapy, please call me immediately. Wearing the prescribed support stockings during the day and elevation of the legs for 15 minutes is an essential requirement of the aftercare process and his helpful in preventing recurrence of varicose veins and spiders. Wearing of the support hose is necessary in order to maintain the results of treatment after sclerotherapy. Apply your medical elastic regularly each morning. Most individuals who carefully follow the above instructions will have an improvement in symptoms or cosmetic appearance after the completion of therapy.

PLEASE BRING ACE BANDAGES BACK FOR YOUR NEXT VISIT

I have read and understand the above guidelines to achieve the maximum be	and an aware that I am responsible for adhering to these aftercare enefit.
Signature	Date
(Witness)	



Please cl	heck	all	that	app	ly:
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Cardiac			Cerebrovascular		
[]Heart Att	tack		[]Had a stroke		
[]Heart Fa			[]Had a TIA		
[]Heart By	pass		[]Memory loss		
[]Cardiac S	Stenting		[]Fainting		
	alve Prolepses		[]Dizziness		
[]Heart Mu	ırmur		[]Slurred speech		
[]Chest pa	in/pressure		[]Blurred Vision		
Rapid heartbeat or irregular pulse		ılar pulse	[]Headache regularly		
-		-	[]Loss of balance		
			[]Migraine headache: Location of headache:		
Lower Extremities []Swelling of ankles/feet []Pain in calf muscles when walking []Night cramps []Leg discoloration/ulcers []Leg numbness/tingling []Varicose Veins			Pulmonary []Asthma []COPD []Shortness of breath []Pneumonia []Chronic Bronchitis []Breathing problems		
Do you hav Family Mei Mother	e a history of he nber(s) []Heart	art disease in	your family?		