

Sciton ND:YAG 1064 nm Informed Consent

The Nd:Yag 1064 nm laser can be used for the treatment and clearance of vascular lesions including superficial and deep telangiectasias and reticular veins no larger than 4.0 mm of the legs and face. Generally 2-3 treatments can be expected. Treatments are spaced 6-8 weeks apart to allow time for healing and absorption. As with all cosmetic procedures, it is difficult to predict an individual's response and some people may not experience satisfactory results even with multiple laser procedures. While it is reasonable to expect improvement, you acknowledge that there are no guarantees, warranties or assurances that you will be satisfied with your results. Laser therapy using the Nd:Yag 1064 may be combined with other cosmetic procedures such as sclerotherapy for best results.

For maximum results following laser vein treatments of the legs, support hose and/or ace bandages are worn at all times for a period of 5-7 days. Your practitioner will decide which is best following your laser treatment. During the first 48 hours, you must not engage in activities that cause vasodilatation; for example, exercise, hot bath or shower, saunas, etc.

Contraindications For This Treatment Include:

1. Unprotected sun exposure and/or tanning beds 3-4 weeks prior
2. Pregnancy and nursing mothers
3. History of seizures
4. Autoimmune disorders such as Lupus
5. Active infection
6. History of cold sores (herpes simples); treatments can activate herpes and prophylactic medication may be recommended.
7. History of keloid scarring
8. Fragile skin
9. Use of anticoagulants
10. Insulin-dependent diabetes (NIDDs need a written release from their family physician)
11. Cancer in the area to be treated
12. Gold therapy
13. Dermal fillers in the area to be treated

I am aware of the following risks and potential side effects:

1. **Discomfort or pain.** Cold air will be used to alleviate discomfort when treating leg veins.
2. **Redness or swelling** of the skin which is temporary.
3. **Color changes.** Initially the treated vein will darken in color. As healing takes place 20-30% of clients get a Hemosiderin stain, a brownish discoloration, that can take months to resolve, and in some cases can be permanent.
4. **Sun sensitivity** in the treated area; avoid the sun and use sun block with at least SPF 30.
5. **Pruritis (itching)**

Though rare, I am aware the following may also be considered risks:

- **Wound Healing.** Laser vein removal can result in flaking and ulceration.
- **Bruising/Infection.** Bruising of the treated area may occur. Additionally, a skin infection is a possibility, although rare, whenever a laser skin procedure is performed.
- **Pigment Changes (Skin Color).** During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
- **Scarring.** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.

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- **Eye Exposure.** Protective eyewear will be provided and must be worn at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize Dr. Krieger / Dr. Goldberg, who has been trained to treat veins using the Sciton Nd:Yag 1064, to perform one or more laser vein treatments on me. Alternative means of treatment, such as doing nothing and Sclerotherapy, has been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the laser treatment and to follow post-laser treatment instructions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my laser vein treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date