



ELMHURST DERMATOLOGY

Todd T. Davis, M.D.

Sclerotherapy Patient Questionnaire

Date: _____

Name: _____

Age _____ Sex _____ Blood type _____

Height _____ Weight: _____ Shoe size _____

Referred by: _____

PERSONAL MEDICAL HISTORY (CURRENT COMPLAINT)

- | | | |
|----------------------------|-------|-------|
| 1. Are you consulting for: | No | Yes |
| a. Cosmetic Purposes | _____ | _____ |
| b. Medical reasons | _____ | _____ |
| c. Both | _____ | _____ |

2. How many years have you noticed this problem? _____

3. Have you ever been treated for this problem? _____

 By whom and when? _____

 With what method?

 Injection _____

 Electrocautery _____

 Laser (what type) _____

 Surgery _____

4. Have you ever been treated for one of the following? No Yes

 a. Phlebitis (inflammation of a vein) _____ _____

 Right leg: _____ Left leg: _____

 Hospitalization: _____

 b. Leg Ulcer _____ _____

 Right leg: _____ Left leg: _____

 Hospitalization: _____

 c. Pulmonary embolism/blood clots Hospitalization _____ _____

 d. Leg fracture _____ _____

5. When did your veins occur?

 Age: _____

 Before pregnancy: _____

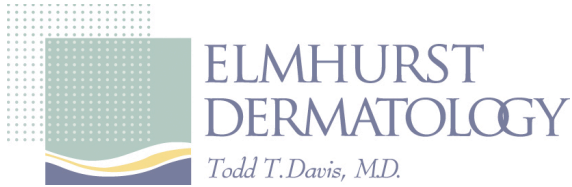
 During pregnancy (which one): _____

 What are the ages of your children? _____

 After trauma: _____

 After birth control/estrogen therapy _____

 Other: _____



No

Yes

6. Are you developing new veins? _____
7. Are your present veins getting bigger? _____

8. Indicate which of the following problems you have experienced:

	Right leg	Left leg	How many years?
a. Pain in your			
Lower limbs	_____	_____	_____
Thigh	_____	_____	_____
Calf	_____	_____	_____
Leg	_____	_____	_____
Foot	_____	_____	_____
b. Swelling of the legs	_____	_____	_____
c. Skin or ulcer problems	_____	_____	_____

9. If you experience pain in your lower limbs:

	No	Yes
a. Is the pain exacerbated by		
Extended periods in standing position	_____	_____
Heat	_____	_____
Menstrual periods	_____	_____
Exercise and/or walking	_____	_____
Medications	_____	_____
Intercourse	_____	_____
b. Is the pain alleviated by		
Elevation of the limbs	_____	_____
Elastic Stockings	_____	_____
Walking and/or exercising	_____	_____
c. Indicate the type of pain		
Resting pain	_____	_____
Resting cramps	_____	_____
Night cramps	_____	_____
Tiredness	_____	_____
Heaviness of the legs	_____	_____
Pain in specific areas: _____	_____	_____
Numbness	_____	_____
Burning Sensation	_____	_____
Additional Comments: _____	_____	_____

10. Do you have a family history of:	No	Yes
a. Varicose vein problems	_____	_____
Family member	_____	_____
b. Phlebitis (inflammation of a vein)	_____	_____
Family member	_____	_____
c. Blood clots	_____	_____
Family member	_____	_____
d. Leg ulcers	_____	_____
Family member	_____	_____

11. a. Do you have a history of:	No	Yes
Diabetes	_____	_____
High blood pressure	_____	_____
Seizures or convulsions	_____	_____
Fainting or dizzy spells	_____	_____
Stroke	_____	_____
Blood transfusions	_____	_____
Asthma	_____	_____
Hives	_____	_____
Arthritis	_____	_____
Thrombophlebitis	_____	_____
Pulmonary embolism	_____	_____
Deep vein thrombosis	_____	_____
Septicemia	_____	_____
Autoimmune disease (e.g. Lupus)	_____	_____
Hepatitis	_____	_____
Bleeding disorders	_____	_____
Easy Bruisability	_____	_____
Heart Disease	_____	_____
Migraine Headaches	_____	_____
Dark spots after pregnancy, skin injury, or surgery	_____	_____

b. Do you have a personal history of allergies to medications? (please list)

c. Allergies to any foods	_____	_____
d. Allergy or sensitivity to adhesive tape	_____	_____

Does your work require

- | | | |
|--------------------------------|-------|-------|
| a. Prolonged standing position | _____ | _____ |
| b. Prolonged sitting position | _____ | _____ |

12. In the course of a normal day, how much time is spent in a standing position?

- | | |
|----------------------|-------|
| a. 10% of the day | _____ |
| b. 20% of the day | _____ |
| c. 30-50% of the day | _____ |
| d. More than 50% | _____ |

No

Yes

13. Does walking or exercise relieve or aggravate the pain? _____

14. Do you jog, run, jump rope, or do aerobics? _____
How often per week: _____

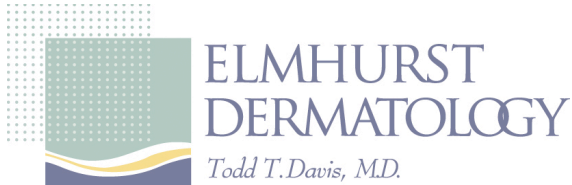
15. Are you pregnant or planning a pregnancy soon? _____

16. Do you smoke cigarettes? _____
If yes, how many packs per day? _____

17. Do you wear elastic support stockings? _____
What kind? _____
How often? _____

18. Are you taking any medications?
Indicate which of the following you are taking:

- | | | |
|---|-------|-------|
| a. Aspirin | _____ | _____ |
| b. Anticoagulants | _____ | _____ |
| c. Hormones or contraceptives (birth control) | _____ | _____ |
| d. Chemotherapy for any type of tumor | _____ | _____ |
| e. Thyroid medication | _____ | _____ |
| f. Cortisone | _____ | _____ |
| g. Insulin | _____ | _____ |
| h. Sedatives (sleeping pills) | _____ | _____ |
| i. Tranquilizers | _____ | _____ |
| j. Appetite suppressants | _____ | _____ |
| k. Others (specify): _____ | _____ | _____ |



19. Indicate the date of your last
- a. Physical examination _____
 - b. Laboratory tests _____

BEFORE YOUR SCLEROTHERAPY APPOINTMENT...

1. Inform your physician if you are taking birth control pills or estrogen.
2. Avoid aspirin, ibuprofen, or nonsteroidal anti-inflammatory drugs (i.e., arthritis medication) for seven days before your treatment and for seven days afterward.
3. Do not drink alcoholic beverages and do not smoke for two days before and two days after your treatment, since this may impair the healing process.
4. Before your appointment, shower and wash your legs thoroughly with an antibacterial soap. Do not apply any cream or lotion to your legs.
5. To avoid discomfort, do not shave your legs the day of and the day before your appointment.
6. Bring loose-fitting shorts or a leotard to wear during the treatment, and low-heeled, loose fitting shoes to wear after the treatment as you will be wearing compression hose.
7. Eat a light meal or snack 1 _ hours before your appointment

Locations for obtaining Compression Hosiery

VALETTE PHARMACY
101 W Vallette St, Elmhurst, IL 60126
(630) 834-1223

LOMBARD PHARMACY INC
805 S Main St, Lombard, IL 60148
(630) 495 2333 – ask for Mary

WESTMONT PHARMACY
2 N Cass Ave, Westmont, IL 60559
(630) 969-2043

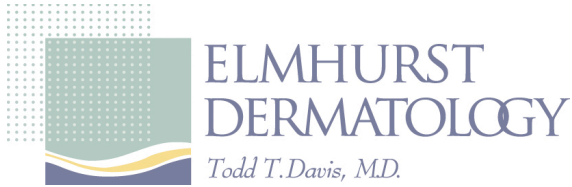
SCHECK & SIRESS PROSTHETICS, INC.
S 376 Summit Ave Oakbrook Terrace, IL 60181
(630) 424-0392

N.T.S MEDICAL SUPPLY INC.
3071 S Wolf Rd, Westchester, IL 60154
(708) 562-0999

GOTTLIEB PROF BLDG PHARMACY
675 W North Ave, Melrose Park, IL 60160
(708) 450 4941

AFTER YOUR SCLEROTHERAPY TREATMENT...

1. Immediately after the procedure, you will be fitted in support stockings and will be required to walk for 10 to 30 minutes. Have loose-fitting slacks and comfortable walking shoes with you.
2. If you are traveling over 30 minutes to the office, do not drive yourself so that you can move your feet and legs around. If you have to drive, keep your legs moving and make frequent stops for walking (every 20 minutes).
3. You will be able to maintain normal activities. Walk at least 1 hour every day—the more the better! However, avoid standing for long periods of time.
4. Avoid hot baths for 2 weeks. Cool your legs with cold water after each shower.
5. Wear the support stockings continuously for one week. For the first 3 days, do not remove them to bathe, sponge bathe instead. On days 4-7, they may be removed only for showering, but should be immediately reapplied afterward. After healing, use them for long trips or when your legs ache.
6. Avoid strenuous physical activities such as high-impact aerobics or weightlifting for the first 48 to 72 hours.
7. Expect to see bruising, pigment changes, localized tenderness, or lumpiness. These are all temporary conditions that usually resolve weeks after the procedure.
8. If a blister develops, clean three times a day with soap and water and apply an antibiotic ointment (Polysporin).
9. Contact the office immediately if any of the following occur:
 - a. Fever
 - b. An ulcer develops at any of the treatment sites
 - c. A painful “cord” at the site of a treated vein
 - d. Shortness of breath or difficulty breathing
 - e. Painful swelling of a treated leg



SCLEROTHERAPY INFORMED CONSENT FORM (Page 1)

This consent form is designed to provide the information you need to make an informed decision on whether to have sclerotherapy. If you have any questions or do not understand any potential risks, please ask us.

WHAT IS SCLEROTHERAPY?

Sclerotherapy is a popular method for eliminating varicose veins and superficial telangiectasias (spider veins) in which a solution (sclerosing agent) is injected into the veins.

DOES SCLEROTHERAPY WORK FOR EVERYONE?

The majority of people who have sclerotherapy will see good improvement. Unfortunately, it is not guaranteed to be effective in every case. Approximately 10% of veins treated do not disappear after six treatments. In very rare cases the condition may worsen after sclerotherapy treatment.

HOW MANY TREATMENTS WILL I NEED?

The number of treatments necessary to clear or improve the condition differs with each patient and depends on the extent of the varicose and spider veins. One to six or more treatments may be needed, but the average is three or four.

WHAT ARE THE MOST COMMON SIDE EFFECTS ASSOCIATED WITH SCLEROTHERAPY?

Itching. Depending on the solution used, you may experience mild itching along the vein route. This itching normally lasts for 1 to 2 hours but may persist for 1 to 2 days.

Transient Hyperpigmentation. Approximately 10% of patients who undergo sclerotherapy notice a discoloration (light brown streaks) after treatment. In almost every case the veins become darker immediately after the procedure. In rare instances this darkening may persist for 4 to 12 months.

Sloughing. Sloughing is a small ulceration at the injection site that heals slowly over 1 to 2 months. This occurs in less than 1% of patients who undergo sclerotherapy. A blister may form, open, and become ulcerated. The scars that follow should return to a normal color. This usually represents injection into or near a small artery and is not preventable.

Allergic Reactions. Very rarely a patient may have an allergic reaction to the sclerosing agent used. The risk of an allergic reaction is greater in patients with a history of allergies.

Pain. Some patients may feel moderate to severe pain and some bruising, usually at the injection site. The veins may be tender to the touch after treatment, and an uncomfortable sensation may run along the vein route. This pain is usually temporary and in most cases lasts from 1 to at most 7 days.

Note: Patients must read and sign a new consent form every 6 months.

Patient's initials _____

Continued

SCLEROTHERAPY INFORMED CONSENT FORM (Page 2)

Telangiectatic Matting. This is the development of tiny new blood vessels in the treated area. This temporary phenomenon occurs 2 to 4 weeks after treatment and usually resolves within 4 to 6 months. It occurs in up to 18% of women taking estrogen and in 2% to 4% of all patients.

Ankle Swelling. Ankle swelling may occur after treatment of blood vessels in the factor ankle. It usually resolves in a few days and is lessened by wearing the prescribed support stockings.

Phlebitis. This is a very rare complication seen in approximately 1 out of every 1000 patients treated for varicose veins greater than 3 to 4 mm in diameter. The possible dangers of phlebitis include a pulmonary embolus (blood clot), which travels to the lungs, and postphlebitic syndrome, which can result in permanent swelling of the legs.

WHAT ARE THE POSSIBLE COMPLICATIONS IF I DO NOT HAVE SCLEROTHERAPY?

In large varicose veins (greater than 3 to 4 mm in diameter), spontaneous phlebitis or thrombosis or both may occur with the associated risk of pulmonary embolus. Additionally, large skin ulcerations may develop in the ankle region in patients with longstanding varicose veins and underlying venous insufficiency. Rarely, these ulcers may hemorrhage or become cancerous.

ARE THERE OTHER PROCEDURES TO TREAT VARICOSE VEINS AND TELANGIECTASIAS? WHAT ARE THEIR SIDE EFFECTS?

Because varicose and telangiectatic leg veins are not life-threatening conditions, treatment is not mandatory in every patient. Some patients may get adequate relief of symptoms from wearing graduated support stockings. In ambulatory phlebectomy, certain types of veins are removed through small surgical incisions. Complications of this procedure are similar to sclerotherapy, with the addition of small surgical scars.

Vein stripping or ligation may be necessary to treat large varicose veins. This procedure is usually performed under some anesthesia. Risks of vein stripping or ligation include permanent nerve paralysis in up to 30% of patients, possible pulmonary emboli, infection, and permanent scarring. Anesthesia has additional associated potential risks of paralysis, brain damage, and death.

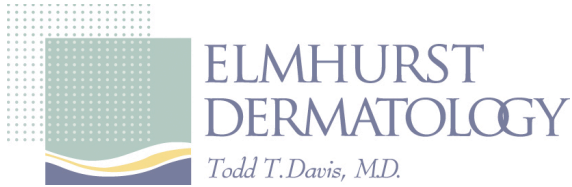
WHAT IF I EXPERIENCE A PROBLEM AFTER SCLEROTHERAPY?

If you notice any type of adverse reaction, please call the office immediately at (630) 832-2111.

COMMENTS: _____

Patient's initials _____

Continued



SCLEROTHERAPY INFORMED CONSENT FORM (Page 3)

- I understand that small amounts of a chemical or saline solution will be injected and that an inflammatory reaction will result in redness and swelling in the area of the injection.
- I understand that discoloration of the skin caused by blood leaking around the needle or chemical leaking into the tissues around the vein may occur, and that the late healing phase of such a reaction may result in permanent brown pigmentation of the skin. Furthermore, I understand that a small area of skin breakdown or ulceration may develop in or near the injection site.
- I have been informed that deep vein thrombosis may occur occasionally after injections and that this may or may not be manifested by swelling of the leg, ankle, and foot. The consequences of such blood clots, including their migration to the heart and lungs, have been explained to me and understood.
- I have been told of adverse reactions that may occur because of the injection of any substance into the body, including the various allergic responses and side effects.
- In order that a complete record of my case can be assembled, I give consent to the taking and reproduction of photographs that will show the areas being treated. Further, I consent to the showing of such photographs to professional groups for their instruction or to lay individuals so that they can learn about the conditions that are treated and the results of such treatment. Consent for this is given with the understanding that my case will not be identified nor will my name be used or revealed at any time

By my signature below, I acknowledge that I have read and received a copy of this Sclerotherapy Informed Consent Form. Furthermore, I acknowledge that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits, and alternative methods of treatment, as well as the risks of not treating my condition. I hereby consent to proceed with sclerotherapy treatment.

Signature (Patient or Parent/Guardian)

Date

Patient's Representative

Date

Signature (Witness)

Date

Title