

**Mr William A. Campbell**

M.B.B.S., M.Sc, (OXON), F.R.A.C.S. (Vasc)  
Vascular and Endovascular Surgeon.

Provider Number: 0043396H

Suite 2, Level 7  
32 Erin Street  
Richmond 3121

Phone: (03) 9428 8044

Fax: (03) 9428 0644

**PATIENT CONSENT FORM.  
TREATMENT OF VARICOSE VEINS OF THE LEGS.**

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

I understand that I as a patient, have the right to be informed about my condition and the recommended treatment procedures to be used. This will allow me to make the decision whether or not to undergo the procedure after knowing the risks and alternatives involved. I recognise this disclosure is not meant to frighten or alarm me. It simply is an effort to make me better informed and I may give or withhold my consent to the procedure.

1. Mr Campbell has recommended the following procedures: Laser ablation of the saphenous vein, with injection sclerotherapy of additional abnormal veins with ultrasound guidance. All of the above procedures will be performed to provide the recommended treatment. The treatment today is for my \_\_\_\_\_ leg.  
The procedure is to be performed by Mr Campbell and his designated assistants. Local tumescent anaesthesia will be administered to assure my comfort.
2. Just as there are risks and hazards in continuing my present condition without treatment, I understand there are also hazards related to the performance of the procedures above. Some of these risks include failure to close and eliminate the saphenous vein, leg swelling, bruising, mild phlebitis (pain, tenderness, redness) of the treated vein, numbness and tingling in the treated area and possible skin burns. Although rare in occurrence, blood clots may form in the deep veins and flow to the lungs, causing pulmonary emboli. Sclerotherapy treatment may result in pigment stains on the skin, which will last for several months and up to a year or longer. Rarely, the skin may break down into small ulcers after treatment.
3. I acknowledge that no guarantees have been make concerning these procedures. I have been advised that I may have addition detailed explanations of the procedures if I desire, including the diagnosis, treatment recommendations, alternatives and risks. However, I am satisfied with the explanation given to me and my understanding of the treatment planned and authorise Mr Campbell and assistants to perform the recommended procedures outlined above.
4. I have had no solid foods or liquids for the past three (3) hours except as instructed. I have followed instructions to discontinue certain medications if necessary. I understand that I can not have the treatments if I am pregnant.

The above information has been explained to the patient or the patient representative.

\_\_\_\_\_  
William A Campbell

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date