

# **EVLT**

## **Preparing for your Endo Venous Laser Treatment (EVLT)**

Your EVLT procedure has been scheduled for \_\_\_\_\_ at \_\_\_\_\_ AM

Please arrive approximately 10 minutes prior to your appointment time to complete any last minute paperwork. A friend or family member should come with you to drive you home after the procedure. They do not have to stay during the procedure as it will take from 1 to 1½ hours.

You may eat a light breakfast on the morning of the procedure. Wear loose fitting shorts or very loose pants that can be pulled over the leg bandages that will be placed after the procedure.

Take a shower and wash your leg with antibacterial soap on the morning of your procedure. Please do not apply any lotions to your leg before your procedure.

If you feel anxious and cannot relax prior to the procedure, we will give you an oral sedative tablet (Valium 5mg) after you sign your consent and are dressed for the procedure.

Please review the Patient Consent form and bring it with you on the day of your procedure. We will review it again and ask you to sign it before we prepare you for the procedure.

If you already have your compression hose please bring them with you.

If you have any questions or concerns prior to your appointment, please do not hesitate to call our office. If for any reason you need to reschedule your appointment or are unable to have the procedure done contact us as soon as possible.

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

Nurse: \_\_\_\_\_



## **Patient Informed Consent for the EVLT® Endovenous Laser Ablation Procedure**

I, \_\_\_\_\_ (Patient or Guardian) authorize Dr. Gopichand Kapu, his associates and assistants, to perform the following procedure: Endovenous Laser Ablation of my right/left (circle one or both) greater saphenous vein.

I understand this means that the physician, using ultrasound for guidance, will direct a catheter and subsequently a laser fiber, into the damaged vein from a point distal to the groin up towards the groin area. I understand that once the laser fiber is positioned and anesthetic is injected around the vein, that he will activate the laser and pull all of the components down the inside of the vein, closing the vein with heat energy.

I understand that the reason for this procedure is to correct my venous insufficiency caused by the reflux, or backward flow, of blood down my leg.

I understand there are alternatives to this procedure, and they have been explained to me. These procedures include; Surgical Stripping and Ligation, radiofrequency ablation (VNUS®) and Ultrasound Guided Sclerotherapy. Despite these alternatives, I consent to the EVLT® procedure understanding that there are risks with any invasive procedure.

These risks have been thoroughly explained to me, and include but are not limited to; infection, bleeding, scarring, allergic reaction to medications, nerve injury (paresthesia), clot in the deep vein (DVT-Deep Venous Thrombosis), thermal injury (burn) pigmentation on the skin over the vein area and bleeding.

I understand that there are also some common side-effects including bruising, pain or a tightening sensation in the thigh, leg and ankle swelling, palpable lumps and or hematomas (bleeding) that may need aspiration to relieve.

I also understand that despite the high clinical efficacy of the EVLT® procedure, my physician cannot make any guarantees about my results or cure of my venous disorder

Consent: These issues have been reviewed with me, and I have read and fully understand this consent form. I also understand that I have been directed not to sign this form unless all of my questions have been answered and explained to my satisfaction. By signing, I acknowledge that I have no further questions and consent to proceed with the EVLT® procedure.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date



## Post EVLT Instructions

Your leg was wrapped with a compression bandage prior to putting on your compression stockings. These are to remain in place until your follow up visit on \_\_\_\_\_. Should you have problems, discomfort or feel numbness in your foot or toes, please contact our office immediately. The compression bandage will be removed at that visit, and you will be encouraged to continue wearing your compression stockings for another 5-7 days. The benefit with compliance will be a reduction in bruising, swelling and pain.

You will be expected to walk immediately after receiving these instructions for at least 20 minutes here at our office. Normal activity can be resumed immediately, but strenuous exercise can cause the vein to reopen, so please avoid hot baths and vigorous activity such as gym workouts until at least 7 days following the procedure.

Recovery from EVLT is usually trouble-free. It is normal to feel a “tightening” sensation in your leg after a couple of days, and it may last for a few days. Your thigh may also be slightly tender to the touch for a few days. This discomfort can generally be managed with over-the-counter analgesics like Tylenol or Motrin, but please avoid aspirin-based products unless otherwise recommended or prescribed.

As with any invasive procedures, problems can develop. If you develop an acute fever (more than 100 F or 38 C) or severe or worsening pain/swelling, please call our office or the exchange immediately.

These post operative instructions were reviewed with me prior to discharge, and I understand the expectations of my attending physician. I understand I must call the office immediately if any unexpected side-effects arise.

Patient Signature: \_\_\_\_\_ Nurse: \_\_\_\_\_