

# *Santa Ana Skin Care Clinic*

2205 Miguel Chavez Rd Ste E  
Santa Fe, NM 87505  
(505) 954-4422

## **FOR TREATMENT OF VASCULAR LESIONS**

I hereby authorize Dr. Leonora Lopez or her staff, under Dr. Lopez' supervision to remove or lighten the appearance of vascular lesions. The procedure involves using a laser or pulsed light device to coagulate the vessels or vascular lesion. . I understand it may take multiple treatments to obtain optimal results. Although these devices are effective in most cases, no guarantees can be made. I understand I may not experience complete clearance, and that it may take multiple treatments. Some conditions may not respond at all and, in rare cases, may become worse.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT** – Some discomfort may be experienced during treatment.
- **REDNESS/SWELLING/BRUISING** – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- **SKIN COLOR CHANGES** – During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- **WOUNDS** – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of infection develop, such as pain, heat or surrounding redness, please call our office (505) 954-4422.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is **IMPORTANT** that you follow all post-treatment instructions provided by your healthcare staff.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments, such as sclerotherapy or surgery
- Reasonably anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Lopez and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby **do \_\_\_do not\_\_\_** authorize the use of my photographs for teaching purposes.

### **ACKNOWLEDGMENT**

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR TREATMENT OF VASCULAR LESIONS, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.**

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

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date

# MEDICAL HISTORY FOR VEIN TREATMENT

Santa Ana Skin Care Clinic

(505) 954-4422

What is the reason for today's consultation? \_\_\_\_\_

What medications are you allergic to? \_\_\_\_\_

What medications do you take routinely? \_\_\_\_\_

Do you have Hep A, Hep B, HIV or AIDS? \_\_\_\_\_ If so which one? \_\_\_\_\_

Have you had any previous surgeries (general or cosmetic)? \_\_\_\_\_

If yes please explain. \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If so how often? \_\_\_\_\_

How long have your varicose or spider veins been a problem? \_\_\_\_\_

What problems do you have with your leg veins? Circle all that apply.

Appearance

Pain

Burning

Aching/Cramping

Heaviness

Swelling

Have you ever had vein treatments before? \_\_\_\_\_ If so please explain. \_\_\_\_\_

Are you currently pregnant? Yes or No

How many children have you given birth to? \_\_\_\_\_ Youngest age \_\_\_\_\_

Did pregnancy make your veins look worse? Yes or No

Have you ever worn support stockings? Yes or No

Do you bruise easily? Yes or No

Are you taking blood thinners (including aspirin, ibuprofen, vitamin E, coumadin ect.)?

Yes or No If so what are you taking and how often? \_\_\_\_\_

Have you ever had blood clots in your legs? Yes or No

Have you ever had blood clots in your lungs? Yes or No

Are you continuing to develop new veins? Yes or No

Have you recently experienced any significant weight gain or weight loss? Yes or No

Is there anyone in the family with vein problems? Yes or No Who? \_\_\_\_\_

What is your regular exercise program? \_\_\_\_\_

Do you lift weights with your legs? Yes or No

Does your work or daily activities require prolonged periods of sitting or standing?

Yes or No

Do you have any of the following medical conditions? Circle all that apply.

Headaches/migraines

Neurological disorders

Seizures/black outs

Stroke

Thyroid disease

Back/neck problems

High or low blood pressure

Heart condition

Asthma/lung disease

Hepatitis/liver disease

Kidney/bladder disorders

Diabetes

Leg or ankle skin ulcers

Stomach problems

Arthritis

Cancer

Get skin rashes easily

Phlebitis

Form keloid scars

Other please explain \_\_\_\_\_

The information I have given above is true and correct to the best of my knowledge. I understand that the treatment proposed for me and the results I can expect are based on the accuracy of the information that I provide.

Signature of responsible party \_\_\_\_\_

# SANTA ANA SKIN CARE CLINIC

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## Vein Treatment After-Care Instructions

You have just completed a vein treatment session. Please follow these instructions in order to obtain the best possible results in the shortest amount of time. Call the office with any questions.

- Take a healthy 20-minute walk within the hour after leaving our office. Continue to take walks 2 or 3 times a day, 20 minutes each time, for the next 5 days. This promotes good circulation through the "normal veins".

- When **cotton balls and a bandage dressing** have been applied, leave them in place overnight the first night, or until \_\_\_\_\_ . The compression provided by the bandage or hose greatly assists the healing process and will help the unwanted veins to improve more quickly. The bandage feels tight when applied correctly. If it becomes uncomfortable or if you think it is affecting your circulation, you may partially unwrap the bandage yourself and re-wrap it a bit more loosely. When it is time to remove the bandage, unwrap and dispose of it, along with the cotton and tape, and bathe as desired.

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- If you have been fitted with a pair of **compression hose**, wear your hose over the cotton and tape and to bed overnight the first night. Then take them off in the morning, remove and dispose of any cotton or tape, and feel free to bathe. Put the hose immediately back on again and wear them *all day from early morning until bed time* for the next 2 weeks. Follow washing and handling instructions carefully (never dry them in a dryer). Medical compression hose is easier to put on when wearing rubber gloves. If carefully handled and washed daily, they are more durable than store-bought hose and should last through several treatments and many months of wear. Some people purchase two pair: one to wear while the other is being washed.

- There is no need to modify most of your daily activities. Moderate exercise, aerobics and working out are all OK. Take off the compression hose before working out and then put them back on again afterward. Swimming and showering are OK *after any bandages have been removed*. Avoid any heavy weight lifting with the legs, high impact aerobics or jogging for 5 days.

- Bruising of the skin is very common and generally fades within 10 days. The treated veins tend to look worse for several weeks before they start to look better. Mild itching, redness or the appearance of raised skin bumps may occur after treatment and subside in a day or so. After pulsed light treatment the skin may be red, sensitive and may peel somewhat. Notify this office if you develop a blister or crust on the skin.

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- Avoid taking aspirin, taking very hot baths, or sitting in a hot tub for 3 days following your treatment. These activities work against the goal of shutting down the treated veins. Limit your alcohol intake today, but a glass of wine with dinner is OK, if you choose.

- If a vein feels lumpy or tender it may contain some trapped blood, which is part of the healing process. This will usually improve on its own, but can be removed during your next visit. Call our office for any crampy leg pain that doesn't get better on its own after a day.

- Avoid sunbathing your legs or visiting a tanning booth until your present series of treatments is complete. Sun exposure can worsen spider veins and lead to hyperpigmentation, especially after any laser treatment. Protect your skin with a good sunscreen or sunblock.

- If you haven't already done so, make a return appointment in about 6 weeks, or as directed, for further evaluation. To obtain results quickly it is important that you keep your appointments as scheduled during the treatment program. Remember, almost everyone requires a *series of*