LASER VEIN THERAPY

The *Quantum DL* is a Yag Laser which treats blood vessels. The Laser penetrates deeply and coagulates vessels, particularly leg veins and hemangiomas. The vessels are slowly absorbed and then they disintegrate.

A cold gel is applied and the chilled tip of the *Quantum DL* is gently placed on the skin. The gel and chilled tip help to reduce discomfort. There may be some discomfort when a pulse is triggered. Some feel a burning sensation on the skin and some feel a deep, dull pain in the veins. The burning and pain sensations may last for several hours after treatment. The pain may return in a few days, as the veins start disintegrating. It may be 3 to 4 weeks before there is any noticeable change and *several treatments may be necessary for clearing*. Treatments are spaced about 4 to 6 weeks apart.

Short term side effects include redness, swelling, and bruising. Bruising may last from 5 to 15 days. In addition there may be Temporary change in pigmentation of the skin; hypo- or hyperpigmentation can occur. Rare side effects include blister formation, crusting of the skin, and scarring.

For the best results it is important to follow the post treatment instructions. In particular *sun exposure should be avoided and Sunscreen should be applied*. For 5 days vigorous exercise should be avoided.
LASER VEIN THERAPY

PRETREATMENT QUESTIONNAIRE

Name:_____________________________________

1. Who is your primary care physician? ________________________

2. List any medical conditions we should be aware of:

_________________________________________

3. Are you pregnant? ___yes ___no

4. Are you diabetic? ___yes ___no

5. List all medication you are currently taking including over the counter medication:

_________________________________________

6. If you are taking any of the following medications - please circle:

   Accutane   Aspirin   Tetracycline
   Anticoagulants Ibuprofen Topical Cortisone
   Retin A

7. Have you ever had a bleeding disorder? ___yes ___no

8. Do you have a history of keloid scarring? ___yes ___no

10. Which best describes your type of skin?

   ___I  - always burns, never tans
   ___II - always burns, sometimes tans
   ___III - sometimes burns, always tans
   ___IV - rarely burns, always tans
   ___V  - moderately pigmented (Hispanic, Asian, Mediterranean, Middle Eastern)
   ___VI - African American

11. When were you last exposed to the sun (including tanning booths)?

12. Do you use sunless tanning lotions? ___yes ___no

When was it last applied? ___________
LASER VEIN TREATMENT Informed Consent

The Quantum DL is an Nd:YAG laser for non invasive treatment of vascular lesions.

The laser wavelength, exposure duration and energy level are chosen to selectively damage targeted blood vessels with minimum damage to the surrounding tissue. The intense laser light is absorbed by the blood vessel, resulting in their heating. The blood vessel walls are damaged and these damaged vessels are absorbed by the body, rendering the lesion invisible. Quantum DL laser therapy consists of multiple treatments over several months with gradual clearing occurring over this time. Several treatments may be necessary for clearing. Clinical results may vary in different patients.

I understand that there is a possibility of rare side effects such as scarring, permanent discoloration, and blistering, as well as short term effects such as reddening, mild burning, temporary bruising, temporary discoloration of the skin, and hypo- or hyperpigmentation. These side effects have all been fully explained to me. ___

I also understand that there are other options such as injections and electric needles. With this in mind, I am choosing Quantum DL a non invasive treatment for vascular lesions.

Pre-treatment and post-treatment photographs will be obtained. I agree that any photographs taken may be used for medical publication or teaching purposes for medical, paramedical or lay persons. I understand that the release of this information will be kept confidential and that my name will not be released. ___

I certify that I have read this entire consent form, that all of my questions have been answered, and I understand and agree to the information provided above.

Patient Signature or Legal Guardian

Date

Witness

Date