



CONSENT FOR TREATMENT OF VASCULAR MALFORMATIONS

Name of the patient: _____

IPD No: _____ Age/Gender: _____ Date: _____

Conditions and procedures

We, the undersigned relatives of Mr./Mrs. _____, have been explained in detail regarding his/her condition with the following diagnosis

- a) _____
- b) _____
- c) _____
- d) _____

for which the treatment options may include one or more of the following:

- a) Surgical excision of vascular malformation
- b) Sessions of sclerotherapy- where a special chemical (sclerosant) is injected into the malformation
- c) Angio-embolisation- it is a minimally invasive endovascular procedure to treat complex vascular malformations. In this procedure special coil, glue and particles are injected into the malformation to shrink the lesion
- d) Combined therapy- surgery and sclerotherapy

Additional procedures may include _____

Signature: _____

Procedure and its benefits

The procedure can be decided depending upon the type of vascular malformation. Malformation are of two types-

- 1) Venous or slow flow vascular malformation
- 2) AV malformation

Venous malformation can be treated by surgical excision or sessions of sclerotherapy depending upon the site and size of malformation.

AV malformation can be treated by angio-embolisation, followed by surgery if possible.

The aims of the procedure are to—

- a) To prevent spread of malformation into other tissues
- b) To prevent disabilities
- c) To improve limb/part function and movements
- e) Help ulcers heal, especially AV malformations

Signature: _____

General risks of the procedure

There are possibilities of risks and complications with all procedures. They include but are not limited to the following:

Common problems: (5%–10% of patients)

- a) Bleeding, clotting or bruising at surgical/injection site
- b) Localised induration and tenderness at the site of sclerosant insertion
- c) Need for surgical intervention after session of sclerotherapy or angio-embolisation
- d) Temporary swelling at site of sclerosant insertion
- e) Local injection site pain, itching, urticaria and erythema (allergic reaction to sclerosant)
- f) Cutaneous hyperpigmentation and telangiectatic matting
- g) Blisters or folliculitis caused by compression post sclerotherapy

Uncommon problems:

These can occur in less than 5% of patients

- a) Tissue necrosis and cutaneous necrosis
- b) Superficial venous thrombosis
- c) Nerve injury leading to numbness of the affected part

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Rare problems:

These can occur in less than 1% of patients

- a) Large tissue necrosis– inadvertent intra-arterial injection
- b) Systemic allergic reaction and anaphylaxis
- c) Proximal and distal DVT
- d) Pulmonary embolism
- e) Stroke and transient ischemic attack (TIA)
- f) Dry cough and chest tightness

Risks of not having the procedure

Signature: _____

If this condition is not treated it can lead to spread of malformation in the surrounding tissues causing pain and deformity.

General considerations

Signature: _____

- We have been explained in detail regarding the patient’s condition and best treatment options
- Vascular malformation is a congenital disease and hence it may not be possible to remove it completely. Complete cure may not be possible always
- It may require sessions of treatment. Number of sessions will depend on the response
- There is a chance of 5% reoccurrence, despite best treatment performed
- We have been given an option to get treated elsewhere; with however we wish to get treated here
- I acknowledge that the doctor has explained the procedure

I understand,

- a) The risks and complications related to the procedure
- b) That no guarantee has been made that the procedure will improve my condition even though it has been performed with due professional care
- c) If immediate life threatening events occur during or after the procedure, they will be treated based on my discussions with the doctor or my resuscitation team

Signature: _____

After going through all the details mentioned above, we request you to undergo the procedure.

Signature of the patient: _____ Name of the patient: _____

Signature of the relative: _____ Name of the relative: _____

Declaration by the surgeon regarding the procedure

I hereby declare that I have explained in detail regarding the operative procedure and associated risks factors/complications. I have provided detailed explanation to the patient and his/her relatives in the language they could understand and have given them opportunities to ask questions and give them satisfactory answers.

Patient's/Witness's Name: _____ Doctor's Name: _____

Patient's/Witness's Signature: _____ Doctor's Signature: _____

Date & Time: _____ Date & Time: _____



This specific procedural consent is endorsed by the Vascular Society of India and may be used by vascular surgeons practising in India.

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