



VASCULAR LASER TREATMENT PATIENT INFORMATION and CONSENT FORM



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Revision Cause:

PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

.....

This form is intended to inform about the application of vascular laser therapy and its possible risks and complications (undesired results). Please read this form carefully. If you have questions or something you did not understand, please consult with your doctor.

Vascular lasers consist of a variety of laser devices that can be used to treat different diseases and conditions of vascular origin. Among these are congenital or vascular spots, capillaries on the leg and face, hemangiomas, erythema conditions. When the laser beam reaches the target tissue, it is aimed to destroy the target tissue without damaging the surrounding tissue as much as possible with the help of regional heating. In general, the target tissue can be reduced or eliminated without any changes to the surrounding tissue. In order to reduce pain during the procedure, local anesthetic cream, cold-blown devices, ice pads can be used.

A.MATTERS YOU HAVE TO BE CAREFUL AFTER THE TREATMENT

The edema that occurs in the application area after the procedure is temporary but is a common side effect. Rarely, bruising may occur after the operation. It is appropriate to take sun protection measures for at least a few weeks after the procedure. Again, effects such as scab, blisters and wound formation may occur less likely. After the laser, temporary maculation and scabs that may last a few weeks in the face and body can be covered with light makeup. Rarely, antibiotic creams may be used when an open wound develops.

B.ADVERSE EFFECTS

1. Tenderness and erythema: Redness similar to bug bite and burning sensation may be observed.



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2. **Oedema:** This side effect, especially in the face area, will heal within a few days. The application of ice at home can relieve the swelling faster.
3. **Pain:** During the procedure, local anesthesia creams, cold-blowing devices, or cold pads can be used to reduce the pain sensation. After the procedure, there may be pain that lasts for several hours.
4. **Skin discoloration:** There is little risk of permanent discoloration, but it can be observed especially in patients with dark skin.
5. **Hyper pigmentation:** This is very rare, but may require the application of some blemish creams and methods.
6. **Scar:** It is very rare, but it can be seen.
7. **Insufficient result:** If a single treatment session is not enough, multiple sessions or different methods may be required to be added to the treatment.

Side effects will be evaluated by the doctors of our center and the treatment (prescription, medical intervention, immediate treatment) will be done by our doctor and our health staff.

I hereby declare by signing my name below that I have read this information and consent form, that my doctors have informed explicitly orally and in writing, that all my questions have been answered and that I have obtained all the information necessary for me, that the application does not guarantee to resolve all my complaints and that I allow my doctors to perform **vascular laser treatment** with my own free will. .

Matters surgeon would like to know about patient:

Medicine used:

Bleeding time:

Other diseases:



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Surgeon's notes about briefing:

.....

Surgeon's stamp and signature:

Place/Date/Time

Please write "I hereby accept that I have understood what I have read and been explained." inside the box with your handwriting.

NOTE: If the patient is not able to give consent, identification information and signature of person who gave consent are obtained.

Both parents (guardians) have to sign this form. If only one of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

Name - Surname:

Address:

I have interpreted the information defined in this "Informed Consent Form" to patient/patient's parent/relative explicitly.

Signature of Patient/Patient's Guardian/Relative

Signature:

Date and Time: