



INFORMED CONSENT FOR PROCEDURE

Patient Name: Nikolai Schlegel DOB: 9/30/1970 Procedure Time: 10:15AM

Surgery Date: 5/5/2023 Facility: BASS 2637 Shadelands

I, Nikolai Schlegel, am fully aware of my diagnosis, described to me as: Venous Insufficiency

I hereby authorize Dr. Rajiv Nagesetty, MD and / or such assistants as may be selected and supervised by him to perform the following operation: R GSV Ablation

I hereby authorize the doctor(s) to do any other procedure that their judgment may dictate to be necessary or advisable should unforeseen circumstances arise during the operation. The details of the operation or procedure have been explained to me in terms that I could understand. Alternative methods of treatment, if any, have been explained to me, including the benefits and disadvantages of each. We have also discussed the risk, if any, of not having the operation or procedure. I am advised that though good results are expected, all complications cannot be anticipated and therefore there can be no guarantee, either expressed or implied, as to the results of the surgery or cure. The doctor has answered all my questions.

The doctor has explained to me the most likely complications problems that might occur in this operation/procedure and during the healing period, and I understand them. These complications include, but are not limited to, bleeding, infection, damage to adjacent tissues or organs, nerve damage, swelling, pain, suture reaction, deep vein thrombosis, delayed healing, scarring, anesthesia or medication reaction, recurrence, additional operations and, in rare instances, paralysis or death.

I understand there is a remote risk of death or serious disability with any procedure.

I authorize and direct the above, named doctor, with his associates or assistants, to provide such additional services as they deem reasonable and necessary including, but not limited to, the administration of any anesthetic agent and the services of the x-ray department and the laboratories.

I further consent to the administration of such anesthetics as may be considered necessary. I recognize that there are always risks to life and health associated with anesthesia and such risks have been fully explained to me. I understand some devices are manufactured with DEHP or sterilized with EtO. Warning: This product contains a chemical known to the State of California to cause cancer and birth defects or other reproductive harm.

Financial Disclosure:

Your physician may choose to refer you to Sequoia Surgical Pavilion, Brentwood Surgery Center, Aspen Surgery Center, or Premier Surgery Center for your medical services. As defined by the Office of the Inspector General for the Department of Health and Human Services according to Section 654.2 of the California Business and Professional Code we are required to notify you that your physician may have a financial interest in one or both of these facilities. Please contact our Corporate Office at 925-932-6330 if you should have any questions.

X N.S. I certify that I have read and understand this consent. (Please initial)

X N. Schlegel
Patient or Legal Representative

5/5/2023

Date/Time

Witness

5/5/2023

Date/Time



VNUS Closure Discharge Instructions

Diet:

- If you take any of the oral medications offered for the procedure, you may want to **avoid heavy or fatty foods for the next 4-6 hours** to prevent upset stomach, and **no alcohol for 24 hours**. If you do not take the oral medications we offer, you can resume eating anything you normally eat after the procedure.

Pain Control:

- For pain and inflammation take **Advil** 200mg tablet, 4 times a day, or **Aleve** 2 tablets twice a day, or any anti-inflammatory discussed with the Dr. beforehand, **for the next 5 days**.
- If any additional prescription for pain has been ordered, then take as needed.
- You may also apply a warm compress to the area as needed, to subside discomfort.

Wound Care:

- The incisions made are covered with a plastic dressing. Leave these on for 5 days. However, if the dressing gets wet, take them off and replace with a band aide. **If the dressing becomes saturated with blood, elevate and apply pressure for 15-20 mins, then replace with a band aide.**
 - **If the bleeding does not stop after 30 mins, give our office a call.** After hours we have someone available for urgent needs, just wait for the prompt.
- Also, the Dr. will inject a local anesthetic several times as high as he treats the vein, to surround the vein before turning on the catheter.
 - **Due to the local anesthetic, for the next 2 days your leg may appear a little swollen and some of it may leak out at the injection sites.** That is normal and will go away in 1 to 2 days.
- **You may SHOWER the day after surgery.**
- You will notice white stripes below the plastic dressing, these will fall off on their own, or can be removed in 1 week.

Compression:

- Continue to wear the compression, both stocking and any additional wrapping, to ensure the vein closes properly. **Please wear the compression throughout the first night only, then every day for at least 1 week**, or until the doctor advises you otherwise. **Re-adjust as needed.**
 - If any additional wrapping is applied, **the pressure of the wrapping should simulate the compression stocking, re-adjust as needed.**

Activity:

- During the post-operative period, **avoid any prolonged standing and when sitting elevate your legs.** Movement is good, however avoid anything that may be strenuous. If your leg becomes bothersome, sit down and elevate your leg for 15-30 mins, then you may resume regular activity. Also, **no swimming**, to reduce any possible infection.

Follow-Up:

- Your follow-up appointment should have been scheduled to have an ultrasound and to **see the doctor within 7-10 days post-op.** **(This may vary per doctor.)**

Questions or Concerns:

- If you have any **questions, concerns or develop any problems** pertaining to this procedure please **call our office at (925) 932-6330.** We have somebody on the line for urgent needs after hours, just wait for the prompt.

Additional Instructions:

Staff Signature: _____

Date: _____

5/5/2023

Patient Signature: X

Nikolai Schlegel

Patient Name: _____

Nikolai Schlegel

DOB: _____

9/30/1970

Nikolai Schlegel
6 ELIZABETH LANE
DANVILLE, CA 94526

5/5/2023

Dear Nikolai Schlegel,

This is a reminder for your upcoming appointment with BASS RESOURCE ULSTECH6.

Date: 5/11/23

Time: 8:45 AM

Department: Bay Area Surgical Specialists
2637 Shadelands Drive
Walnut Creek, CA 94598-2512

Visit Type: ULTRASOUND

Instructions: Bring your insurance card with your photo ID and arrive 15 minutes early for check in process.

If for any reason you are unable to keep this appointment, please contact the office at 925-932-6330 to reschedule.

Sincerely,

Patient Service Specialist for BASS RESOURCE ULSTECH6