



Endovascular Vein Ablation Procedure Treatment Form

1. Pre Procedure Vitals: ___/___ BP ___ HR ___ RR ___ TEMP

2. Vein Preparation

Limb selected for treatment () Right () Left

Have the following procedural aspects been reviewed? YES NO
Strict Aseptic precautions were followed: () ()
Vein pathway marked on skin surface () ()
Within the length to be treated, have any segments been
Identified which lie within .5 – 1.0 cm of the skin surface () ()

If Yes, are precautions taken, such as infiltration or tumescence,
To protect these segments? () ()

If Yes, has ultrasound been used to verify that these segments
Are >1.0 cm from the surface before the treatment? () ()

Type of anesthesia: () Local () General () Spinal Block () Tumescence

If Local, indicate the type of sedation: Approx volume cc: _____

If Tumescence, indicate the Approx volume cc: _____

3. Access

Access site: () Groin () Knee () Ankle () Other: _____

Type of access: () Percutaneous with ultrasound guidance
() Percutaneous without ultrasound guidance
() Incision – Length of incision at the access site: mm

Time needed for access: _____ minutes

3. Treatment

Technique used for catheter positioning: ___ Duplex ___ Palpation ___ Fluoroscopy

Placement of the catheter tip for beginning treatment – distance from SFJ: ___ CM

Catheter tip position is ___ Distal ___ Proximal from the Epigastric venous tributary

Total pullback time: _____ minutes, _____ seconds

Length of segment treated: _____ cm

Laser Safety parameters were strictly followed: Yes ___ No ___

Vein Segment Treated:

___ Great Saphenous Vein, above knee
___ Great Saphenous Vein, below knee
___ Entire Saphenous Vein
___ Small Saphenous Vein
___ Antero-lateral Saphenous Vein
___ Other (duplicate Saphenous Vein)

Laser Details:

Laser fiber diameter _____ microns
Power _____ watts
Total Laser Energy _____ joules
Total Laser Time _____ seconds
Total Procedure Time _____ minutes

4. Complications:

___ perforation ___ hemorrhage ___ hematoma ___ vasospasm ___ phlebitis ___ paresthesia
___ Other: _____

Was it difficult to advance the catheter to the SFJ? ___ Yes ___ No

Procedural difficulties: _____

5. Immediate Post Treatment:

FSJ is DVT free: ___ Yes ___ No

Pressure gradient stockings applied _____ mmHg ___ Yes ___ No

Indicate access site, vein length and approximate location: _____

Post Procedure instruction were given: ___ Yes ___ No

Medication Prescribed: ___ Yes ___ No If Yes: _____

Pictures Taken: ___ Yes ___ No

6. Additional Notes:

7. Post Procedure Vitals: ___ / ___ BP ___ HR ___ RR ___ TEMP

8. Follow Up Visit: ___ Days ___ Weeks

Physician Signature

Date and Time