Dermal Filler Informed Consent

Patient Name: _____Date: _____

This is an informed-consent document which has been prepared to help inform you concerning dermal tissue filler injection therapy, its risks, and alternative treatments. It is important that you read this information carefully and completely. The filler products that are used are stabilized hyaluronic acid used to smooth moderate to severe facial wrinkles and folds around the nose and mouth or shape facial contours. The fillers used have been FDA approved for the cosmetic treatment of moderate to severe facial wrinkles and soft tissue depressions.

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished by other treatments: laser treatments, chemical skin-peels, dermabrasion, or other skin procedures, alternative types of tissue fillers, or surgery such as blepharoplasty, face or brow lift when indicated. Risks and potential complications are associated with alternative forms of medicals or surgical treatment.

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following, you should discuss each of them to make sure you understand the risks, potential complications, limitations, and consequences of dermal filler injections. Problems associated with the use of tissue fillers can relate to normal occurrences following tissue filler injections, or potential complications following tissue filler injections. Additional advisory information should be reviewed by patients considering tissue filler treatments that involve both the Juvederm and Restylane family of products.

Normal occurrences during tissue filler injections: bleeding and bruising, swelling, skin redness, needle marks, acne-like skin eruptions, skin lumpiness, visible tissue filler material, asymmetry, pain, and skin sensitivity.

Risks of dermal filler injections: damage to deeper structures, infection, skin necrosis, allergic reactions and hypersensitivity, scarring, granulomas, skin disorders, antibodies to the filler product, accidental intra-arterial injection, nerve injury, numbness, tingling, blindness, under/over correction, migration of filler product, unsatisfactory result, unknown risks, combination of procedures, pregnancy and nursing mothers, drug interactions, and long-term effects. In rare cases, injection of dissolving agent may be necessary to improve or correct complications.

Some additional advisories pertaining to dermal fillers include: female patient information, mental health disorders and elective surgery, off-label FDA issues, additional treatment, and financial responsibilities.

Disclaimer: Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the current state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice

patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the consent.

I hereby authorize the following procedure or treatment: dermal filler injection.

I recognize that during the course of the procedure and medical treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the physician/assistants/designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

I understand what my medical provider can and cannot do, and I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic are which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

I realize that not having the procedure is an option.

It has been explained to me in a way that I understand: The above treatment or procedure to be undertaken, there may be alternative procedures or methods of treatment, and there are risks to the procedure or treatment proposed.

Your consent and authorization for the procedure is strictly voluntary. By signing this informed consent, you hereby grant authority to your provider to perform facial augmentation and filler therapy injections using dermal fillers and to administer any related treatment as may be deemed necessary or advisable in the treatment of your condition. The nature and purpose of this procedure with possible alternative methods of treatment as well as complications have been fully explained to your satisfaction. I have read this informed consent and certify that I understand its contents in full. I hereby give my consent to this procedure.

The practice of medicine and surgery is not an exact science. Although good results are expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. There are variable conditions, risks and potential complications that may influence the long-term results from light/and or laser treatment. Your provider may provide you with additional or different information that is based on all the facts in your particular case or state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Patient's Name (printed): _____

Patient's Signature: _____

Provider's Initials: _____ Date: _____

NOUVEAU
COSMETIC CENTER

Dermal Filler Post-Treatment Guidelines

Bruising: Bruising is the most commonly reported post-treatment concern. Bruising can be unpredictable and can be very slight to very noticeable. Bruising can last for 2-14 days. Treatment for bruising includes the following:

- Ice for the first 24 hours. 20 minutes on and then off.
- Warm compresses after 24 hours. 20 minutes on and then off.
- Arnica- Arnica is an oral and topical homeopathic medication. Oral medication is to be taken as directed. Topical can be applies 3 times daily, or as needed to the injected area. Arnica cream is for bruising and prevention of long-term bruising or staining. It is highly recommended for tear trough injection or any person that may bruise easily.

Swelling: Swelling occurs commonly and the treatment for swelling is as follows:

- Ice for 20 minutes on and then off until the swelling is improved, usually within 2-3 days for lower face injections. Tear trough injection usually have 2-14 days of swelling.

Cold Sores: If you are having injection of the lips and have a history of cold sores, you need to take an anti-viral medication to prevent an outbreak. A prescription can be obtained from our office. It is recommended this be started 24 hours prior to treatment. Please make your provider aware at the time of your consult.

Thickness in Area: Bulkiness of thickness of the area of injection is common. You may be able to feel the product placement for 2-4 weeks. No treatment is necessary.

Lumps: Distinct lumps are uncommon. If you have an area of pearl-like lumpiness, please call our office to discuss. This will often not be addressed until 2 weeks post injection as bruising/swelling can mimic lumpiness.

Discomfort/Pain: Advil or Tylenol can be taken for any soreness after injection which is common. **If you notice any grayness of the skin or a dramatic increase in pain, please call the office immediately at (302) 355-1123.**

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