



INFORMED CONSENT for Laser/IPL Treatment

INSTRUCTIONS

This document is to inform you about laser and IPL (Intense Pulsed Light) procedures of the skin including alternative treatments and risks.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for your procedure as proposed by your plastic surgeon.

CARBON DIOXIDE LASER (CO₂) treatment is used for skin resurfacing. Thin layers of skin are vaporized using a high-energy laser beam. This creates a “controlled injury” to the skin. As the skin heals, it produces collagen, which restores your skin’s elasticity. CO₂ laser resurfacing may reduce wrinkles and facial scarring, even out skin tone, and increase skin collagen.

V BEAM LASER treats pigmented lesions and small blood vessels including rosacea.

ND:YAG LASER treatment is used to improve the appearance of aged skin and skin rejuvenation by vaporizing thin layers of skin. It can also be used for tattoo removal and laser hair reduction.

INTENSE PULSED LIGHT (IPL) therapy can lighten, fade, or remove sun-damaged skin such. It is used to reduce wrinkling, enlarged pores, coarse skin texture, pigmented and vascular skin spots.

ALTERNATIVE TREATMENT

Alternative forms of treatment include not undergoing the laser or IPL procedure. Other forms of treatment include chemical peels, dermabrasion, or surgical procedures. In certain situations, the laser may offer a specific advantage over other treatments. Alternatively, laser procedures may not be a better alternative to surgery or other skin treatments. There are risks of complications with all skin treatments and surgical procedures.

CONTRAINDICATIONS INCLUDE active skin cancer, open wounds, soars, keloid scars or irritated skin in treatment areas(s); diseases which may be stimulated by light at wavelengths used, such as history of systemic lupus erythematosus, porphyria and epilepsy; superficial metal or other implants in the treatment area; current use of certain medications, within the last two week, or current use of Accutane or history of Accutane use in the past 6 months; history of eczema, psoriasis and other chronic conditions, history of actinic (solar) keratosis and history of diabetes; any surgical procedure in the treatment area within the three months, treatment over tattoo (except for intended tattoo removal) or permanent makeup; excessively tanned skin from the sun, tanning beds or tanning creams. Not recommended for women who are pregnant or nursing.



RISKS OF LASER RESURFACING/IPL:

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the potential risks to benefits. Although most patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of laser treatments.

INFECTION - Although unusual, bacterial, fungal, and viral infections can occur. Herpes Simplex Virus (HSV) infections can occur following a resurfacing treatment. This applies to both individuals with history of HSV and individuals with no history of HSV infections. For certain laser procedures, you will be given a prescription for Valtrex (antiviral) to be taken before treatment to suppress a potential infection from this virus. Should a skin infection occur, additional treatment including antibiotics may be necessary.

COLD SORES - If you have a history of cold sores, a reactivation is possible. It is important to mention this prior to treatment so an antibiotic can be given.

SCARRING - Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

BURNS - Laser energy can produce burns. Adjacent structures including the eyes may be injured or permanently damaged by the laser beam. Burns are rare; if a burn does occur, additional treatment may be necessary to treat laser burns.

BRUISING - The skin at or near the treatment site may become fragile and bruise. This is normal and will resolve on its own.

BLISTERS - It is common for treated areas to develop blisters. It is important to keep skin clean and moist during this time and to not pick at blistering.

PEELING - It is common for treated areas to peel. Once skin begins to peel it will generally turn dark. Do not pick at skin; It is important to allow skin to heal on its own.

BLEEDING - Depending upon the depth of treatment, pinpoint bleeding is common.

SWELLING - You may experience swelling that is often described as feeling "puffy". This is temporary and should resolve within 3-10 days.

DISCOMFORT - Some discomfort of the treatment area is possible. Let us know if you have significant discomfort that does not improve after taking pain medications.

ALLERGIC REACTIONS - In rare cases, allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Body reactions which are more serious may result from drugs used during the procedure and prescription medicines. Allergic reactions may require additional treatment.

HAIR REDUCTION - There may be less hair in the treated areas.



PIGMENT CHANGE - There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. A line of demarcation between normal skin and treated skin can occur. Hypopigmentation (decreased skin coloration) or hyperpigmentation (increased skin color) is uncommon but may occur. Although rarely permanent, this may last several weeks to months. Avoiding sun exposure before and after treatment reduces the risk of color change. Skin redness usually lasts 1-3 months and occasionally 6 months following laser skin resurfacing.

VISIBLE SKIN PATTERNS - Treatment procedures may produce visible patterns within the skin. The occurrence of this is not predictable.

SKIN TISSUE PATHOLOGY - Laser energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible.

DAMAGED SKIN - Skin that has been previously treated with chemical peels, lasers, or dermabrasion, or damaged by burns, electrolysis, hair removal treatments, or radiation therapy may heal abnormally or slowly following treatment by lasers or other surgical techniques. The occurrence of this is not predictable. Additional treatment may be necessary.

SKIN CANCER/SKIN DISORDERS - Skin resurfacing procedures may not offer protection against developing skin cancer or skin disorders in the future.

DISTORTION OF ANATOMIC FEATURES - Skin treatments can produce distortion of the appearance of the eyelids, mouth, and other visible anatomic landmarks. The occurrence of this is not predictable. Should this occur, additional treatment including surgery may be necessary.

DELAYED HEALING - It may take longer than anticipated for healing to occur after treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a treatment. It is important to follow the post treatment guidelines given to you to ensure optimal healing. Smokers have a greater risk of skin loss and wound healing complications.

ISOTRETINOIN/TRETINOIN – Accutane (Isotretinoin) and prescription tretinoin are prescription medications used to treat certain skin diseases. These drugs may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased using it. Individuals who have taken used these drugs should be discontinued as advised by your surgeon before undergoing skin treatment procedures.

HYDROQUINONE- Hydroquinone is a prescription medication used to lighten the skin, this may be used to pretreat your skin before a laser procedure. This medication may over-sensitize the skin and impair the ability of the skin to heal. It is important to stop using this medication at least one week prior to your procedure.

EYE PROTECTION_– Protective eye wear may be worn throughout the treatment. Unprotected exposure to the light can be harmful to one's vision.

DEATH OR SERIOUS INJURY - In very rare cases, serious complications such as stroke, heart attack or even death have resulted from treatments.



ANESTHESIA - Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

FIRE - Inflammable agents, surgical drapes and tubing, hair, and clothing may be ignited by laser energy. Laser energy used in the presence of supplemental oxygen increases the potential hazard of fire. Some anesthetic gases may support combustion.

LASER SMOKE (PLUME) - Laser smoke is noxious to those who encounter it. This smoke may represent a possible biohazard.

PATIENT FAILURE TO FOLLOW LASER/IPL POST TREATMENT GUIDELINES – Following post treatment guidelines after a procedure is important. Guidelines concerning appropriate restriction of activity, use of dressings, and use of sun protection need to be followed to avoid potential complications, increased pain, and unsatisfactory results. It may be recommended that you utilize a long-term skin care program to enhance healing following a procedure.

UNSATISFACTORY RESULT - There is the possibility of an unsatisfactory result from these procedures. Resurfacing procedures may result in visible deformities, skin slough, loss of function, and permanent color changes in the skin. You may be disappointed with the final result from laser/IPL treatment.

LACK OF PERMANENT RESULTS – Laser/IPL treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. No technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin.

UNKNOWN RISKS - There is the possibility that additional risk factors of laser skin resurfacing may be discovered. The results of performing skin tightening surgery and resurfacing are unknown in terms of the combination effect of the two procedures and potential complications, depending on the area treated. Skin slough, delayed healing and poor surgical outcome may occur.

ADDITIONAL TREATMENT OR SURGERY NECESSARY

There are many variable conditions which influence the long-term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of Laser/IPL treatments involve several charges for the services provided. This may include fees charged by your doctor, the cost of pre and post treatment skin care medications, surgical supplies, equipment and personnel, and possible outpatient hospital charges, depending on where the procedure is performed. It is unlikely that cosmetic surgery costs would be covered by an insurance plan. Even if there is some insurance coverage, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery or treatments would also be your responsibility.

**DISCLAIMER**

Informed consent documents are used to communicate information about the proposed treatment of a 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.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined based on all 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 your questions answered before signing the consent on the next page.



CONSENT FOR PROCEDURE

1. I hereby authorize the doctor, and such assistants as may be selected, to perform Laser/IPL treatment.
I have received and read the following information sheets:
 - CONSENT FOR LASER/IPL TREATMENT
 - PRE-TREATMENT GUIDELINES
 - POST-TREATMENT GUIDELINES
2. I recognize that during the medical treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician(s) and assistants or 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(s) at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risks, and the possibility of complications, or injury.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing and video recording of the operation(s) or procedure(s) to be performed for medical records.
6. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
7. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND THAT:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. RESULTS VARY BETWEEN INDIVIDUALS AND THIS PROCEDURE MAY REQUIRE MORE THAN ONE TREATMENT SESSION
 - c. ALTHOUGH APPROPRIATE MEASURES ARE TAKEN TO REDUCE SIDE EFFECTS, THEY CANNOT BE ELIMINATED IN EVERY CASE
 - d. I AM AGREEING TO ADHERE TO ALL SAFETY PRECAUTIONS AND PRE/POST TREATMENT GUIDELINES
 - e. DIRECT SUN EXPOSURE AND/OR USE OF TANNING BEDS IS PROHIBITED BEFORE AND AFTER TREATMENT AND THE USE OF SUNBLOCK WITH A MINIMUM SPF 30 IS MANDATORY
 - f. I CANNOT HAVE ANOTHER TREATMENT WITHIN 14 DAYS OF THIS TREATMENT, WHETHER IT IS PERFORMED AT THIS LOCATION OR ANOTHER LOCATION
 - g. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED
 - h. I WILL NOTIFY THE OFFICE IF I EXPERIENCE ANY ADVERSE SIDE EFFECTS

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-8). I AM SATISFIED WITH THE EXPLANATION.

Print Patient Name
& Guardian/Parent if less than 18 years old

Signature

Date

Witness (Print Name)

Signature

Date



AUTHORIZATION & CONSENT FOR RELEASE OF MEDICAL IMAGES

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by The Physicians or their representatives.

INTRODUCTION

For your medical records, images (photographs, slides, videos, interviews or any other images of you, or components of your medical record) may be taken before, during, or after a surgical procedure or treatment. These images may be needed to document your medical condition, used as supporting material for authorizing medical coverage and payments, and treatment planning. Consent is required to take, use and release such images. Since The Physicians are also educators of other physicians, researchers, and healthcare providers, your images may be used for other purposes as described below.

1. CONSENT TO TAKE PHOTOGRAPHS, SLIDES, DIGITAL IMAGES, AND VIDEOGRAPHY

I hereby authorize The Physicians and/or their associates to take any images before, during and after my treatments or surgeries.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/ VIDEOGRAPHY

I hereby authorize The Physicians and their associates to use any of these images for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks including the internet, print or visual or broadcast media, for purposes of examination, testing, credentialing and/or certifying purposes for medical education, patient education, lay publication, or during lectures to medical or lay groups, for marketing and advertising, and for use in medical teaching, research or dissemination of medical information to medical and nonmedical audiences, including, but not limited to, journal or book publications, presentations, conferences, and print marketing material (magazine, newspaper, etc.) or electronic media (television, internet, etc.)

3. CONSENT FOR RELEASE TO PROFESSIONAL ORGANIZATIONS

I further authorize The Physicians and their associates to release such images to the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Board of Plastic Surgery (ABPS). I provide this authorization as a voluntary contribution in the interests of public education. The images may be used for publication in print, visual or electronic media, specifically including, but not limited to, medical journals (such as Plastic and Reconstructive Surgery, Annals of Plastic Surgery, Aesthetic Plastic Surgery), textbooks, lay publications, patient education or during lectures for the purpose of informing the medical profession or the general public about plastic surgery methods, medical education or examination material by ASPS, ASAPS and ABPS. I understand that such images shall become the property of ASPS, ASAPS and ABPS and may be retained or released by these organizations for the limited purpose mentioned above. I also grant permission for the use of any of my medical records including illustrations, photographs, video, or other imaging records created in my case, for use in examination, certifying and/or re-certifying purposes by ABPS.

I understand that I will not be identified by name in any release of these materials but in some cases the images may contain features that may make my identity recognizable. I release and discharge The Physicians and all parties acting on their authority from all rights that I may have in these images, and from any claims that I have related their use in the above-mentioned manner.

I also release The Physicians and any employees or agents from all liability, including any claims of libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from the taking and authorized use of these images or recorded interviews.

I understand that I have the right to request cessation of recording or filming at any time. I understand that I will not be entitled to monetary payment or any other consideration as a result of use of these images and /or my interview.

Patient (Print Name)
& Guardian/Parent if less than 18 years old

Signature

Date

Witness (Print Name)

Signature

Date