

# COSMETIC LASER AND AESTHETICS CENTER

## CONSENT TO RECEIVE JUVEDERM DERMAL FILLER INJECTION

### A. PURPOSE AND BACKGROUND

You have requested the administration, by Dr. , of Juvederm Dermal Filler, a stabilized hyaluronic acid used in the correction of undesired lines, wrinkles, folds, scars, and volume loss. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure.

### B. Procedure

1. This product is administered via injection with a syringe into the areas of the face or body sought to be filled to eliminate or reduce the lines, wrinkles, folds, scars, and volume loss.
2. Anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used.
3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
4. The dermal filler is injected under the skin into the tissue of your face or body using a thin gauge (27-30 G) needle.
5. The depth of the injection(s) will depend on the depth of the wrinkle(s) or fold(s) and its location.
6. Multiple injections will be made depending on the site, depth and technique used.
7. Following each injection, the site will be massaged to conform to the contour of the surrounding tissues.
8. If the treated area is swollen immediately after the injection, ice may be applied to the site for a short period.
9. After the first treatment, additional implantation of the dermal filler may be necessary to achieve the desired level of correction.
10. Periodic touch-up injections help sustain the desired level of correction.

### C. RISKS/DISCOMFORT

1. Although a very thin needle is used, some injection related reactions could occur. The common ones include: some initial swelling, pain, itching, discoloration, bruising, lumpiness, filler migration and tenderness at the site of injection. These reactions could increase if you are using medicines that reduce blood clotting such as Aspirin or Advil.
2. These reactions lessen or disappear within a few days.
3. As with all injections this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials will be taken.
4. Some temporary lumpiness may occur before the balance of a normal tissue pressure can result from absorption of the dermal filler compound. If this occurs, you should not touch the area.
5. Some patients may experience additional swelling or tenderness at the implant site and rarely pustules might also form (hypersensitivity/allergic reaction). There is also the risk of vascular infarction resulting in tissue necrosis or cystic ulceration. There is also the risk of reoccurrence of cold sores. These reactions may last a few weeks, and some may need to be treated with oral corticosteroids or other therapy. Other rare reported complications are: granulomatous reactions, arterial and venous obstruction and acneiform eruption. All risks can be temporary or permanent.
6. Juvederm Dermal Fillers should not be used in patients who have experienced this hypersensitivity in the past, those with severe allergies, and should not be used in areas of active inflammation or infection (cysts, pimples, rash).
7. You should notify Skin and Dr. immediately if you have any questions or concerns, or notice any of the above described signs of a problem.
8. If you are considering Laser treatment, chemical skin peel or any other procedure based on a skin response after dermal filler treatment, or you have recently had such treatment and the skin had not healed completely, you should notify Dr. as there is a possible risk of an inflammatory reaction at the implant site.

\_\_\_\_\_Initial that you have read and understand this page

9. Most patients are pleased with the result of the dermal filler treatment. However, like any cosmetic procedure, there is no guaranty that you will be completely satisfied. There is no guaranty that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the result you seek. While the effects of the dermal filler can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 3-12 months to maintain the result achieved.

10. After treatment you should minimize exposure of the treated area to excessive sun or UV lamp and extreme cold weather until any initial swelling or redness has subsided.

#### **D. BENEFITS**

Juvederm Dermal Fillers have been shown to be safe and effective when compared to other approved collagen skin implants and related products to fill in wrinkles, lines and folds in the skin of the face. Its effect can last, once the optimal location and pattern of cosmetic use is established, up to 3-12 months or longer.

#### **E. ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. Other alternative treatments which vary in sensitivity, effect and duration include: animal derived collagen filler products, dermal fillers derived from the patient's own fat tissue, synthetic plastic permanent implants, or BOTOX.

#### **F. COST/PAYMENT**

Since most uses of dermal fillers are considered cosmetic, they are not reimbursable by health insurance. The cost of the treatment is your personal responsibility.

#### **G. QUESTIONS**

This procedure has been explained to me by my physician and my questions were answered satisfactorily. If I have any further questions about this product or procedure I may call Dr. at (205) 870-0204 or his cell at (205) 873-2340. You should call immediately if you have any of the warning signs listed in the Risks section.

#### **H. CONSENT**

I have been given a copy of this consent form. I certify that I have read all of the above details and understand all of the information including the risks. My consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to my physician, Dr. , to perform Facial Augmentation and Filler Injection using the Juvederm Dermal Filler and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction. No guarantee has been made by anyone as to results that may be obtained by this treatment. I understand that Juvederm is FDA approved for use in the nasolabial folds. Other areas are considered "off label" but are commonly accepted and treated in the cosmetic community.

**I have read this informed consent and certify that I understand its contents in full. I had enough time to consider the information from my physician and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the physician. I will notify Dr. immediately if any described problems (severe or extended pain, redness, swelling, bruising, lumpiness, sign of infection, blood supply compromise, or other) should occur. These warning signs have been described to me, I understand them, and I know what to look for as evidence of problems.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Juvederm (dermal filler) Pre & Post-Care Instructions**

### **Pre-Care Instructions:**

- Juvederm Dermal fillers should not be used in patients who are pregnant, nursing, trying to get pregnant, have experienced this hypersensitivity in the past, those with severe allergies, and should not be used in areas of active inflammation or infection (cysts, pimples, rash).
- Avoid applying any irritating chemical or irritating soap to area for the week prior. Do not wear make-up to treatment. Discuss with Dr. if you have had any recent procedure (cosmetic, surgery, laser, or other) or any recent illness.

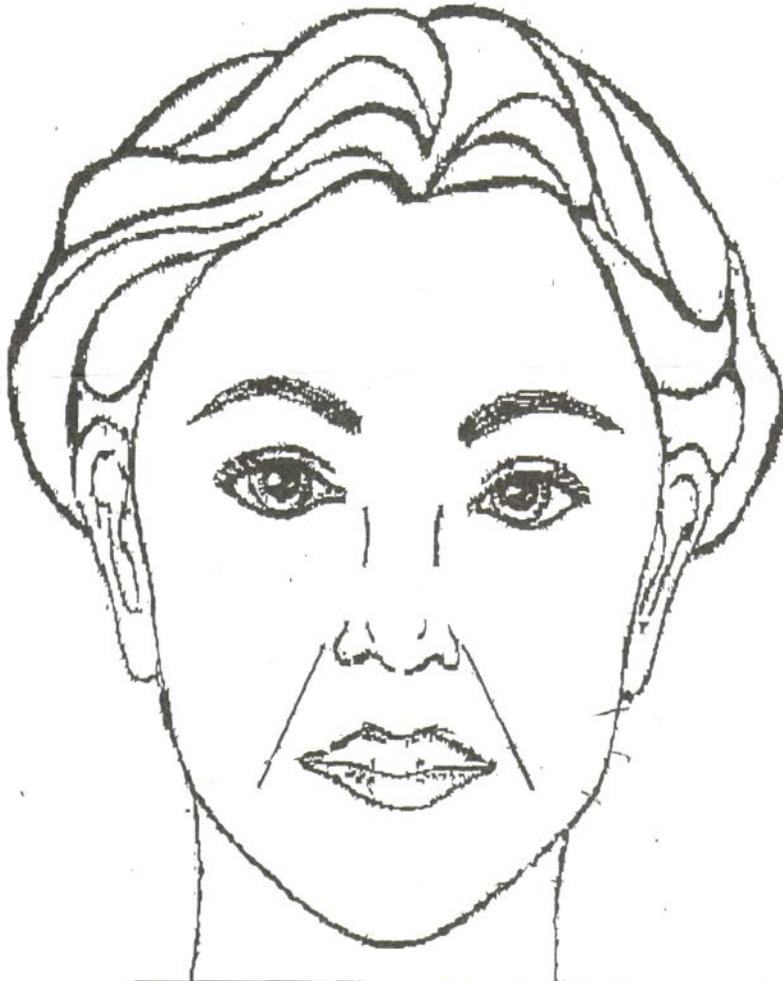
### **Post-Care Instructions:**

- Redness/swelling is normal for a few days to a week. Real results can be expected at 4 weeks (after all swelling has resolved).
- Do not rub the area treated.
- Gently clean the area twice daily with mild soap. Aloe gel can also be used.
- Avoid irritants (glycolics, acid, retinoids, etc.) until all redness/swelling resolves.
- You may apply cool compresses/ice for 15 minutes/hour for comfort.
- Make-up may be used as long as skin is not broken or irritated.
- Avoid sun or hot water for 24 hours or until swelling resolves.
- Avoid use of aspirin, non-steroidal anti-inflammatories (ibuprofen), St. John's Wort, and high doses of vitamin E for one week.
- Avoid strenuous exercise and alcohol for 24 hours after treatment.
- Juvederm works by absorption of water and expansion to give full result. This typically takes 4 weeks to peak. Therefore, Dr. will likely not re-inject or add any Juvederm until that time.
- However, Dr. is happy to see you at any time with any questions or concerns.
- You should immediately notify Skin and Dr. if you have any questions or concerns, or see any signs of problems (severe or extended pain, redness, swelling, bruising, lumpiness, sign of infection, blood supply compromise, or other). Signs of blood supply compromise include blanching or whitening/darkening/blackening of the skin, any discoloration, pain, or skin break/sloughing.

**I have been provided the above instructions verbally and in writing. I understand the instructions and know to call Skin and Dr. immediately if I have any questions or concerns or see any of the above warning signs of problem.**

**INITIAL**\_\_\_\_\_

# Juvederm Dermal Filler Record



Patient Name \_\_\_\_\_

Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_ (see sticker)

Anesthesia used: Topical \_\_\_\_\_

Lidocaine 1% c epi (Oral vol) \_\_\_\_\_

Area Treated (area/vol) \_\_\_\_\_  
\_\_\_\_\_

Post Procedure Assessment:

\_\_\_Erythema \_\_\_Edema Resultant skin condition \_\_\_\_\_

Instructions Given: \_\_\_Verbal \_\_\_Standard Instruction Sheet

Pt understands instructions and knows warning signs of problems to immediately call about YES

Patient Satisfied \_\_\_Yes \_\_\_No

Follow-up: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_