

Laser Consent

PURPOSE AND BACKGROUND

This is an informed consent document that to help inform you about laser procedures of skin, the risks, and alternative treatments. This consent provides information pertaining to the use of the Sciton® Profile™ laser system and includes the following procedures: MicroLaserPeel™, ProFractional™, Broad Band Light and Skin Tyte. Conditions such as wrinkles, age spots, sun-damaged skin, scars, and certain types of skin lesions/disorders may be treated with this laser device.

RISKS AND COMPLICATIONS

There are potential risks and complications associated with all laser procedures. Although the majority of patients do not experience these complications, you should discuss each of them with your doctor or laser operator to make sure you understand the risks, potential complications, and consequences of laser skin treatment.

Infections (bacterial, fungal, and viral) following laser treatments are unusual but can occur. The most common infection is Herpes Simplex Virus (HSV) infection (cold sores) around the mouth or other areas of the face following a laser treatment. This applies to both individuals with a past history of cold sores and to individuals with no known history of cold sores. Valacyclovir (Valtrex) may be prescribed and taken both prior to and following the laser procedure in order to suppress infection from this virus. You should inform your doctor or laser operator if you have any history of cold sores. Should any type of skin infection occur, additional treatments including oral antibiotics might be necessary.

Normal healing after the procedure is expected, however, abnormal and unpredictable scars can occur. In rare cases, keloid scars may result. Scars may be unattractive and of different color and texture than the surrounding skin. Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally following treatment by lasers or other surgical techniques. The occurrence of this is not predictable and further treatments may be needed to address scarring.

Accutane (isotretinoin) is a prescription medication used to treat acne. This drug may impair the ability of skin to heal. Laser surgery should not be performed if an individual has been on isotretinoin within the past 12 months. Individuals who are taking or have ever taken the drug must inform their doctor or laser operator.

Laser energy can produce burns. Adjacent structures, including the eyes, may be injured or permanently damaged by the laser beam. Appropriate eye protection must be worn during the entire procedure to avoid damage to the eye. Burns are rare yet can occur and may require additional procedures to treat.

Laser treatments may potentially change the natural color of your skin. Skin redness usually lasts two weeks to three months, but may last longer following laser skin treatment. There is also the possibility of irregular color variation either lighter (hypopigmentation) or darker (hyperpigmentation), occurring within the skin. A line of demarcation between normal skin and skin treated with lasers can also occur. Laser treatment procedures may produce visible patterns within the skin. The occurrence of this is rare although not predictable.

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.



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Minor oozing following laser resurfacing is common and prolonged bleeding is rare. However, should significant bleeding occur, additional treatment might be necessary to control the bleeding.

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

Patient follow through following a laser skin treatment procedure is important. Post-operative instructions concerning the appropriate restriction of activity, use of dressings, and use of sun protection need to be followed in order to avoid potential complications, increased pain, and unsatisfactory results. Strict adherence to post-procedure instructions is imperative.

Laser skin treatments can produce distortion of the appearance of the eyelids, mouth and other visible anatomic landmarks. While rare, the occurrence of this is not predictable. Should this occur, additional treatment including surgery may be necessary.

There is the possibility of an unsatisfactory result from these procedures. Laser may result in unacceptable visible deformities, loss of function, and permanent color changes in the skin. You may be disappointed with the final result from the treatments.

The sensation of the light can be uncomfortable and may feel like a pinprick or burst of heat. Very infrequently chronic pain may occur after laser skin treatment procedures.

In rare cases, allergic reactions occur to topical anesthetics or other topical preparations used in laser surgery or post-operatively. Allergic reactions may require additional treatment. Rarely, severe allergic reactions to local and topical anesthetics have resulted in anaphylaxis and death.

Laser or other treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. In many instances, optimal results are achieved only with multiple treatments.

There is the possibility that additional risks of laser skin treatments may be discovered.

There are many variable conditions that 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.

ALTERNATIVE TREATMENTS

Alternative forms of treatment include other lasers, chemical peels, microdermabrasion, dermabrasion, surgical excision, Botox, dermal fillers, or not undergoing any treatment. In certain situations, the laser may offer a specific therapeutic advantage over other forms of treatment. Alternatively, laser treatment procedures in some situations may not represent a better alternative to other forms of surgery or skin treatments. Risks and potential complications are also associated with the alternative forms of treatments.



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COST

Laser surgery requires payment at the time of service which is before the full extent of improvement may be determined. Most uses of laser are considered cosmetic and they are generally not reimbursable by government or private healthcare insurers.

PHOTOGRAPHS

Photographs may be taken during the course of laser treatments in order to monitor therapy progression. I consent to the usage of such photographs provided the pictures do not reveal my identity.

CONSENT:

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 doctor may provide you with additional or different information that is based on all the facts in your particular case and the 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.

I certify that I have read and understand this consent and all of my questions have been answered to my satisfaction. I hereby authorize Dr. Mann and/or such assistants as may be selected, to perform one of the following treatments: Broad Band Light, Skin Tyte, MicroLaserPeel™ (MLP) and/or ProFractional™ (PF) laser skin surgery.



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