

Instructions

This is an informed consent document that has been prepared to help inform you concerning Botulinum toxin injections and the risks involved. 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 at the bottom prior to your treatment.

The Cosmetic Use of Dermal Filler

Facial lines such as crow's feet, glabellar lines at the corners of the mouth start to appear in the thirties, then increase and become really visible in the forties. The deeper, nasio-labial folds (lines running from corner of mouth to outer edge of nostril), start to appear more in the late forties and become more prominent in the fifties, as do vertical lines leading to the upper lip (known as smoker lines). Unfortunately for sun worshipers, all this happens much earlier.

What are dermal fillers?

Dermal fillers are one of the cornerstones of modern facial rejuvenation techniques. By far, they are one of most popular non-surgical treatment among patients who want to combat the signs of ageing. They are injected under the skin to help to restore the firmness and smoothness that is associated with youth.

When can dermal fillers be used?

Dermal fillers come in a variety of viscosities to treat different indications. Thinner fillers can be used to eradicate lines from around the lips, the nasio-labial lines, glabellar lines, smile lines, crow's feet and forehead wrinkles and are injected more superficially than thicker fillers. Thicker fillers can be used to add volume to hollow cheeks and fill out deep acne or other scars and are injected deeper into the dermal layer of the skin, fillers can also be used to enhance lips.

What are dermal fillers made from?

Dermal fillers are made from various kinds of natural and man-made or synthetic materials. There are a variety of fillers available on the market, both permanent and resorbable or non-permanent. Non-permanent fillers such as hyaluronic acid have emerged as the leading choice among both practitioners and patients.

Hyaluronic acid is naturally occurring, found in all living organisms and is therefore highly biocompatible. It plays an important role for both mechanical and transport purposes in the body, giving volume to the skin, shape to the eyes and elasticity to the joints. The use of hyaluronic acid has been well documented in areas such as eye surgery and orthopaedics and is the filler substance of choice because of its high safety record.

How long will dermal fillers last?

The compatibility of these products with the dermis means that no pre-treatment skin test is required. They can last between 6-8 months, but duration differs from person to person and from one area of the face to the other. The only side effect of these fillers is a low grade allergy that amounts to redness/papules lasting for three to four weeks, which can usually be covered up with light make up. Some patients can get swelling for up to a week, but immediate application of ice usually reduces this affect.

Confidential Medical History form

Patients name:.....

Date of birth:.....

If female:

Please tick if you are:

- An expectant mother
- Taking contraceptive pill
- Taking Hormone Replacement Therapy

Please tick if you:

- Are receiving medical treatment at present
- Are taking any medicines, tablets or injections. If yes please list overleaf
- Are you using any complimentary therapies or supplements such as St Johns Wort or Vitamin E. If yes please list overleaf
- Have taken steroids within the past two years
- Have a medical warning card

Please tick if you have or have had:

- Endocarditis, heart valve surgery or pulmonary shunt surgery
- Rheumatic fever, chorea, heart defects, heart murmur or valve disease
- Angina, heart attack or stroke
- A pacemaker or heart surgery
- Raised blood pressure
- Any chest trouble, asthma or TB
- Diabetes or epilepsy
- Fainting attacks
- Hepatitis, jaundice, liver or kidney disease
- An allergic reaction to Penicillin, latex or other substances
- An allergic reaction to local anaesthetic or general anaesthetic
- Any operation or illness treated in hospital
- Any neurologic conditions such as Bell's Palsy, Myasthenia Gravis, Lambert-Eaton Syndrome, Motor Neuron Disease or Multiple Sclerosis

Please tick if:

- Your blood has ever been refused by the blood transfusion service
- You have ever had contact with or been tested for HIV or AIDS
- You have had prolonged bleeding following extraction or surgery
- You suffer from a bleeding disorder
- You bruise easily

- You have been diagnosed with CJD (or any member of your family)
- You received growth hormone treatment before the mid 1980's
- You currently smoke tobacco products or have done in the past
- You drink more than 14 units of alcohol per week

Please tick if you have or have had:

- Eczema or other skin conditions
- Any skin problems such as herpes, infections or cold sores
- Keloid or hypertrophic scarring
- Any previous skin rejuvenation treatments, if so please give details below

Please tick if you have taken any of the following within the last 3 days?

- Aminoglycoside antibiotics (Gentamicin, Neomycin, Netilmicin, Tobramycin or Spectinomycin)
- Penicillamine (anti-rheumatic)
- Quinine (anti-malarial)
- Calcium Channel blockers (Diltazem, Nifedipine or Verapamil)
- Non-depolarising muscle relaxants?

Previous skin rejuvenation treatments

Please list below any previous treatments you have undergone with approximate dates, including laser, chemical peels, implants, dermal fillers, botulinum toxin and cosmetic surgery:

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Are you going abroad in the near future? If yes, what date?

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Please make any additional notes here:

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Patients Signature

Date

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Aftercare Instructions Following Treatment with Dermal Fillers

Immediately after treatment, there may be slight redness, swelling, tenderness and an itching sensation in the treated area. This is a normal result of the injection. The inconvenience is temporary and generally disappears in few days.

Apply an ice pack to the treated area. This will reduce any initial swelling.

If you had lip treatment, the initial swelling may last longer. It can last for about a week and the lips may look uneven during this time. The results directly after treatment should not be seen as the final result.

Avoid touching the treated area for 6 hours following treatment.

Avoid washing the area with soap and water for 6 hours.

Avoid applying make-up to the area for 6 hours. After this, light make-up can be applied and the area can be gently washed with soap and water.

Until the initial swelling and redness have resolved, do not expose the treated area to intense heat (e.g. solarium and sunbathing) or extreme cold.

Avoid laser treatment, chemical peels or similar procedures as they may elicit an inflammatory reaction.

If you have previously suffered from cold sores, there is a risk that the needle punctures could contribute to another eruptions of cold sores.

If you are taking aspirin, anticoagulant therapy, or any similar medication, these may increase the bruising and bleeding at the injection site.

If you have any concerns, please contact the practice 01556 503348.

Dermal Filler Treatment – Consent Form

This treatment uses a dermal filler product that is a clear, sterile, non-permanent, non-animal-based gel. It is injected into the skin to correct facial lines, wrinkles and folds, and to enhance lips and reshape facial contours. The dermal filler conforms to the current safety standards in the UK. It is non-permanent procedure and depending on the area treated, skin type and injection technique, the effect of treatment with the dermal filler can last 6-8 months (lips approximately 7 months). Top up and follow up treatments will be required to maintain the desired degree of correction. Each treatment will be charged for individually, according to the amount of material used.

The areas that we propose to treat, and the product used:

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Risks and side effects

I was explained the use of, and indication for, dermal filler products to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the treatment, some common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the implant site. They typically resolve spontaneously within 1-2 days after injection into the skin and within a week after injection into the lips.

Other types of reactions are rare and small number of patients have experienced localized reactions. These reactions are thought to be a result of hypersensitivity. They have usually consisted of swelling and firmness around the implant site and surrounding tissues. Redness, tenderness and rarely acne-formations have also been reported. These reactions have either started a few days after the injection or after a delay of 2-4 weeks and have been described as mild to moderate and self-limiting, with an average duration of two weeks.

On very rare occasions, prolonged firmness, abscess formation or discoloration at the implant site may occur. These reactions ca appear weeks to months after the treatment but do resolve with time. Very rarely the treated area may form a scab. The scab will drop off but may leave a permanent scar.

Cautions and Contraindications

- Pregnancy/ Breastfeeding
- Infected skin area (e.g. cold sores/ cellulitis ect)
- Anticoagulant use (e.g. Warfarin/Aspirin)
- Known hypersensitivity to hyaluronic acid or any of its excipients (e.g.Lidocaine)

Clinical photography

Photographs will be taken for documentation and will be stored electronically for reference purposes only and will not be passed on to any third party. Staff authorised by Dental Bees

are trained in Data Protection and Clinical Governance and may process the files for storage only.

Consent

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the aftercare instructions following treatment with dermal fillers. Its contents have been explained to me and I will follow the advice given.

Reasonably foreseeable risk and possible consequences involved in the above treatment have been explained to me, I have also had adequate time to consider my decision and have had any questions answered to my satisfaction. I hereby authorise Lina Petrauskyte to administer such treatment to me, and I agree to pay for the treatment. I agree to hold them free and harmless from any claims, or suits for damage for any injury or complications, which may result from this treatment.

Patients Name

Signature

Date

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Practitioner Name

Signature

Date

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Patient Injection Record

Patient Name:.....

Treatment Date:.....



Product use:	Batch Number:	Expiry date:
How many syringes use:		
Areas injected:		