Dermal Fillers: Patient Consent for Treatment

A. Purpose and Background

- Dermal Fillers (DF) are approved by the FDA and are indicated to correct moderate to severe facial wrinkles and folds. DF may also be used to restore volume to the face and body, lip augmentation, and hand rejuvenation.

Soft Tissue Fillers

Injectable soft tissue fillers include but are not limited to Juvéderm®, Juvéderm Voluma®, Restylane Silk®, Restylane Lyft®, Beloterro®, Restylane®, Radiesse®, Artecoll®, Hylaform®, and Sculptra®. Soft tissue fillers typically slowly absorb over time, but some are longer lasting than others. They will not stop the process of aging. They may be used alone or in combinations with other surgical and non-surgical treatments. Typically, a series of treatments are needed to obtain the optimal results.

B. Procedure

- DF is injected into the lips, dermis and subcutaneous tissue to restore structure and volume underneath the skin. Your provider will determine exactly where to place these injections to achieve the best results. DF results are instant and last approximately 6-24+ months for hyaluronic acid, and 9-12+ months for calcium hydroxyapatite. At that time, the procedure can be repeated if desired.

C. Risks/Discomfort

- I understand that topical anesthesia may be used to reduce discomfort during this procedure. Common injection-related reactions lasting up to 2 weeks can occur, including: swelling, pain, discoloration, bruising, and/or lumps at the injection site. Adverse reactions to DF are rare but can include:

1. **Bleeding and Bruising-** May occur at the injection site and will typically heal like a regular bruise. Avoid aspirin and/or anti-inflammatory medications (i.e. ibuprofen) for 1-week pre and post treatment.
2. **Migration-** DF products may move from the place of injection with certain movements or activities. Follow post care instructions carefully.
3. **Infection-** Infections are rare but may require antibiotics as determined by your provider.
4. **Nodules/Palpable Material-** Small lumps may form under the skin due to material collecting in 1 area. Follow post care instructions for warm compresses and/or massage if appropriate.
5. **Unsatisfactory Result-** Satisfaction with DF is very high. However, patients may experience temporary visible irregularities, prolonged bruising, swelling, tenderness at the injection site, and/or disappointment with the procedure.

D. Benefits

- DF have been shown to be safe and effective way to fill wrinkles and folds in the skin, results are immediate and last 6-24 months on average, based on the product used.

E. Alternatives

- DF is strictly a voluntary procedure; no treatment is necessary or required. Alternative option for this surgery is to have surgical skin tightening procedures, fat transfers, or skin resurfacing procedures such as a laser or dermabrasion treatment.

F. Photography

- I understand that clinical photographs are an essential component of my medical record. Clinical photography is required by Vander Veer Center, before, during, and after treatments.

G. Consent to Procedure

- The results of DF are usually instant and can be dramatic. However, as with cosmetic procedure, there cannot be any guarantee or warranty, expressed or implied that wrinkles and folds will disappear completely, or what you will not require additional treatments to achieve the results you seek. The effects of DF are temporary; additional treatments will be required to maintain the appearance and effect of

treatment. The amount of DF required, and the results of treatment vary per patient, and may be affected by the following factors, including but not limited to; degree of skin irregularity, patient age, and skin conditions.

- I understand that certain DF have specific on-label approvals. I fi choose to receive DF in an area not clinically indicated there is the potential for adverse events including, but not limited to prolonged edema and in extreme and rare cases- retinal artery/venous occlusion leading to blindness.
- I have provided my complete medical history and current medications.
- I understand that pregnancy and breastfeeding are contradictions for treatment. I am not currently pregnant or nursing.
- I have no known allergy to lidocaine.
- I understand that DF may be accidentally injected into a blood vessel, which may block the vessel and cause local tissue damage, resulting in caring or permanent tissue loss.
- I understand that it is important to follow post-care instructions to maximize treatment results and to minimize the chance of an adverse reaction.
- I understand that I should minimize exposure of the treated area to the sun or heat for approximately 48 hours after treatment or wait until initial swelling and/or redness goes away.
- I understand the specific material used will be determined in consultation with my doctor.
- I understand that I must not be on blood thinners including natural blood thinners such as fish oil, turmeric, and vitamin E.
- **It has been recommended that there be no dental procedures at least 2 weeks prior and 2 weeks after the treatment, I understand this guideline.**
- **It has been recommended there be no flying 2 weeks after DF treatment, I understand this guideline.**
- I understand there may be mild pain during the injections, but small needles are used. Some sensitive areas are treated with topical numbing cream or nerve blocks prior to injections.
- I will avoid exercise or strenuous activity for the first 24 hours after the injection to reduce the risk of bruising
- I understand that asymmetry, or differences in shape, between my sides of the face can occur after filler injection. This might require additional injection.
- I understand that skin discolorations such as darkening or lightening of the skin in the area of the injection can occur. Treatment with lasers or skin lightening creams might be recommended.
- I understand that skin sensitivity may occur after soft tissue injections. If sensitivity occurs, a steroid cream or laser treatment may be indicated. Patients with rosacea are at higher risk of prolonged erythema following filler injection.
- I release all Vander Veer center staff for liability associated with this procedure, except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.
- I agree that if I have any concerns regarding my DF treatment, I will contact Vander Veer Center promptly to make arrangements to be evaluated by medical provider.

I elect to proceed with Dermal Filler treatment.

Patient Name:_____**Date:**_____

Patient Signature:_____