



## **Injectable Neurotoxins: Patient Consent for Treatment**

### **A. Purpose and Background**

Injectable neurotoxins have been used for decades to improve spasm of the muscles around the eyes and for numerous neurological uses. Neurotoxins, including BOTOX® Cosmetic and Dysport®, are FDA approved for the temporary treatment of moderate to severe frown lines between the brows. Botox® has been approved for the treatment of Hyperhidrosis.

### **B. Procedure**

Neurotoxin is injected into specific muscles. While results may be seen immediately, full benefits should develop over the next 10-14 days. Your provider will determine exactly where to administer neurotoxin to achieve the best results for you. Neurotoxin results last from 2-10 months, with the average longevity of treatment being 3-4 months. The procedure should be repeated regularly if continued results and wrinkle reduction is desired.

### **C. Risks/Discomfort**

Discomfort, if any, is minimal and brief. No anesthesia is required. I understand the adverse reactions to neurotoxins are extremely rare, but can include:

- 1. Bleeding and Bruising** - May occur at the injection site and will heal like regular bruise. If possible, avoid aspirin or anti-inflammatory medications for one week prior to and after your treatment.
- 2. Infection** - infections are rare but may require treatment including antibiotics if necessary.
- 3. Unsatisfactory Result** - there is 97% national patient satisfaction rate with neurotoxins; however, approximately 1-3% of patients may have an unsatisfactory result that includes: temporary visible irregularities, complete muscle relaxation, and/or disappointment in the procedure.
- 4. Drooping of the Eyelid (Ptosis)** - is a rare, but temporary, complication occurring in 1-2% of patients who elect to have treatment with neurotoxin near their eyes. Ptosis is temporary, and if it occurs, Vander Veer Center may prescribe eye medication to help alleviate this effect.

### **D. Benefits**

Neurotoxin treatment is a minimally invasive procedure; no recovery time is needed.

### **E. Alternatives**

Neurotoxin treatment is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include, but are not limited to: dermal fillers, medical exfoliation, laser resurfacing, or no 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 for Procedure**

The results of neurotoxins can be dramatic, however, like any cosmetic procedure; there is no guarantee that you will be completely satisfied. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that wrinkles and lines will disappear completely or that you will not require additional treatment and ongoing injections to achieve the results you seek. While the effects of neurotoxins can last longer than other treatments, the procedure is still temporary. Additional injections with neurotoxins will be required periodically, generally within 3-4 months, for the desired effect to continue. The amount of neurotoxin required and the results of treatment vary by patient and may be affected by the following factors, including but not limited to; severity of wrinkles, patient age, medical history, and lifestyle choices such as smoking and exercising. Your basic metabolic rate; previous surgical procedures or history of trauma to the treated area may affect your outcome.

- I have provided my complete medical history and medications.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction.
- I release all Vander Veer Center staff from liability associated with this procedure except for 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 if I have any concerns regarding my neurotoxin treatment, I will contact VanderVeer center promptly to make arrangements to be evaluated by a VVC medical provider.

**I elect to proceed with injectable neurotoxin treatment.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Patient Signature:*** \_\_\_\_\_