



PLATELET RICH PLASMA Treatment Consent

Platelet Rich Plasma, also known as “PRP” is a treatment whereby a person’s own blood is used. The blood is spun in a centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma, Buffy Coat) and the PRP is collected. Growth Factors from your own blood are applied or injected into specified areas of the face and body, and the body reacts to the PRP as it does to a wound and immediately starts repairing the tissue. This builds the underlying skin and structures with tightening, smoothing, and increased blood flow. You might see improvements immediately; however, the full effect takes 3-5 days. Within 2-4 weeks you should start to see improvement with continued changes for 12 weeks. The results of this treatment vary, and research documenting the longevity and results are ongoing. Generally 3 treatments are advised, however, more may be necessary for some individuals. Touch up treatments may be done after to boost and maintain results after the initial series of treatments. PRP’s safety has been established for over 20 years for its wound healing properties and its proven effectiveness has extended across multiple medical specialties.

1. I understand that:

- a. Swelling, bruising, and mild discomfort usually occur.
- b. No guarantees with respect to final outcome or its longevity can be offered.
- c. Infection is possible.
- d. Delayed wound healing and/or poor scarring may occur.
- e. Repeat treatments may be necessary.
- f. The healing process takes time and the final results will not be readily visible for many months.
- g. Smokers have less response to this treatment because the toxins in smoke block the response of stem cells.

2. PRP is contraindicated in:

- a. Patient with cancer in the area of treatment or a circulating blood cancer
- b. Active acute or chronic infection in the treatment area

Caution will be observed with patients who have the following co-morbidities:

- a. Clotting disorders (reduced platelet coagulation will reduce overall effects)
- b. Unmanaged diabetes
- c. Unmanaged hypertension
- d. History of MRSA
- e. Hypertrophic scarring
- f. HIV, Hepatitis B or C will be noted but not a direct contraindication
- g. Reduced platelets and/or red blood cells
- h. Needle phobia

Procedure:

Prior to the procedure, you may take the pain medication Tylenol, which is not a blood thinner.

A numbing cream is applied to the area of treatment.

A varying small amount of whole blood is drawn from your arm based on the treatment performed

The tubes of blood are centrifuged to separate the component cells. Platelets are separated and used for this procedure.

The PRP is then transferred into a syringe and either injected using a tiny needle, or applied topically to the skin.

Risks:



Some of the potential side effects of PRP include:

- Pain at injection sites
- Potential for bleeding and/or infections
- Injury to nerve and/or muscle, as with any type of injection
- Nausea/vomiting, dizziness, and fainting
- Itching at the injection site
- Temporary blood sugar fluctuations
- Swelling
- Minimal effect from the treatment

Alternatives to PRP When Appropriate:

1. Do nothing/No treatment
2. Surgical intervention
3. Injections with neuromodulators
4. Injections with Dermal Fillers
5. Laser & light-based treatments like Intense Pulsed Light (IPL)
6. Chemical peels

Photographs:

Photographs of the treatment area are required before your 1st treatment (except male patients). I authorize the taking of clinical photographs and their potential for use in scientific and educational publications and presentations. I understand that my identity will be protected should my photographs be used.

Consent:

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent document, I hereby grant authority to the provider to perform Platelet Rich Plasma (PRP) injections or treatments to area(s) discussed during our consultation, for the purpose of aesthetic enhancement and skin/tissue rejuvenation. I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instruction have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand the procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I hereby give my voluntary consent to this PRP procedure and release VanderVeer Center, its medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I agree that if I should have any questions or concerns regarding my treatment/results, I will notify this office at 503-443-2250 and/or the provider immediately so that timely follow-up and intervention can be provided.

Name Printed: _____

Signature: _____ **Date:** _____