



Kybella® & LipoDissolve: Patient Consent for Treatment

A. Purpose and Background

- KYBELLA® is an FDA-approved injectable treatment for the permanent spot reduction of submental fat. Deoxycholic acid, the main ingredient of Kybella is a naturally-occurring molecule in the body that aids in the breakdown and absorption of fat. The procedure involves multiple injections into the subcutaneous fatty layer below the surface of the skin. KYBELLA is safe and effective treatment for reducing pockets of subcutaneous fat in other areas but not FDA approved as such. If you have chosen the alternative, Lipo Dissolve, please note that this compounded medication is not FDA approved.

B. Procedure

- KYBELLA® injected with a tiny needle into the subcutaneous layer of fat to specifically target the treatment area and the desired fat target. The entire procedure takes about 30 minutes and the treatment is repeated at 6 week intervals. Most patients will require 2-6 treatments for the reduction of submental fat.

C. Risks/Discomfort

- Common injection-related reactions will likely occur and include: swelling, redness, hardness, itching, irritation, discomfort, tenderness, and bruising. In extreme cases Kybella injected close to a nerve can lead to short term nerve dysfunction. To reduce the chance of bruising, avoid aspirin or anti-inflammatory medications and all blood-thinning supplements for 1 week prior to treatment. Rare but reported risks include infection and allergic reaction.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction.

D. Benefits

- KYBELLA® is an FDA-approved prescription medicine used in adults to improve the appearance and profile of moderate to severe fat below the chin (submental fat), also called “double chin”. KYBELLA® can also be used on most areas of the body to reduce fat. KYBELLA® is a non-surgical procedure, but permanently destroys the fat in the treatment area. Over time, the treated area will sculpted and more youthful.

E. Alternatives

- KYBELLA® is a strictly voluntary cosmetic procedure; no treatment is necessary or required.

F. Photography

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

G. Consent to Procedure

- The results of KYBELLA® have been shown to be effective, however, like any cosmetic procedure; there is no guarantee that you will be satisfied. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that fat will disappear, or that you will not require additional treatments to achieve the results you seek. The number of KYBELLA® sessions required and the results of treatment vary per patient and may be affected by the following factors, including but not limited to: amount of fat in treatment area, degree of skin looseness, weight gain or loss, your age, medical conditions, thyroid dysfunction, medications, exercise, and lifestyle choices such as diet and smoking.
- I have provided my complete medical history, including active medical problems, and current medications.
- I understand that a skin infection at the treatment area is a contraindication for treatment with KYBELLA® and I verify that I do not currently nor have I recently had a skin infection in the treatment area.
- I understand that pregnancy and nursing is a contraindication for treatment. I am not currently pregnant or nursing. I will notify my provider if I think I could be pregnant during the course of treatment.
- I release VanderVeer Center from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I understand that I may terminate treatment at any time.
- If I have any concerns regarding my KYBELLA® treatment, I agree I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.
- 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 elect to proceed with KYBELLA® treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____