

Aquamid

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DISCLAIMER

Aquamid® is a non-resorbable injectable soft volume filler composed of 97.5% water and 2.5% cross-linked polyacrylamide hydrogel. It is designed for long-term correction of facial volume loss, contour enhancement, and the treatment of deep wrinkles. Due to its permanent nature, Aquamid® integrates with the tissue and maintains shape without degradation over time. The treatment involves precise injection into the desired area using a fine needle or cannula. It offers immediate results, with outcomes that can last many years. As a permanent filler, the decision to proceed must be considered carefully.

Medical Considerations and Contraindications Aquamid® is not suitable for individuals who are pregnant, breastfeeding, under the age of 18, or have active skin infections or inflammatory skin conditions in the treatment area. It must not be used in clients with compromised immune systems, bleeding disorders, autoimmune disease, or known hypersensitivity to any component of the product. Clients who have had prior permanent fillers in the same area must disclose this before treatment, as mixing products may increase the risk of complications. Full disclosure of medical history, past aesthetic procedures, and current medications is essential.

Possible Side Effects and Risks Common and temporary side effects include swelling, redness, bruising, tenderness, or itching at the injection site, usually resolving within several days. More significant but uncommon side effects include the formation of nodules, granulomas, or long-term inflammation. As Aquamid® is a permanent filler, complications may require medical management, drainage, or even surgical removal. Infection risk is present with any injectable procedure and may require antibiotic treatment. You must report any signs of persistent pain, skin discoloration, delayed swelling, or unusual symptoms immediately. Vascular occlusion, while rare, is a serious complication requiring urgent care.

Aftercare Advice Do not apply makeup for 24 hours following treatment. Avoid touching or massaging the treated area unless instructed otherwise. Refrain from strenuous exercise, sunbeds, steam rooms, and alcohol for at least 48 hours. You should not undergo any additional facial treatments (e.g., laser, microneedling, peels) in the treated area for a minimum of four weeks. Adhere strictly to all aftercare instructions provided to reduce the risk of complications.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: - the aims/motivations for having the procedure and the desired outcome - the risks inherent in the procedure - the risks inherent in refusing the procedure - the risks specific to me - the expected benefits of the treatment - the potential disadvantages of the treatment - alternative procedures and their pros and cons - including the option of no treatment at all - any uncertainties about and the likelihood of success of the procedure - any follow-up treatment that may be required

CLINICAL PHOTOS AND VIDEOS: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

Yes No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes No

Has your consent been freely given?

Yes No

Do you have any medical conditions?

Yes No

Are you pregnant or breastfeeding?

Yes No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes No

Do you have an autoimmune disease?

Yes No

Do you have any skin conditions?

Yes No

Do you have any known allergies or have ever had anaphylaxis?

Yes No

Do you have any active infection at the intended site of procedure?

Yes No

Are you taking antibiotics or other prescription medications?

Yes No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.