

Consent for Laser Tattoo Removal

Please read this consent form carefully. The form may contain words that are unfamiliar to you. Please ask your doctor, nurse or therapist to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

We cannot guarantee complete and satisfactory removal of all the tattoo pigment. Some pigments prove resistant and we are not always able to predict which pigments will respond in this way. Resistant pigments are usually green, but some reds, oranges, yellows and white pigments can all cause problems.

PROCEDURE

Laser Tattoo Removal Explained

Fractat is a two phase treatment using Fractional Er:YAG and Q-switch Nd:YAG for tattoo removal. Phase 1 involves a fractional handpiece which drills micro holes into the skin close to the tattoo pigment. This allows gas, steam and some pigment to be released through the micro channels without breaking the skin structure or building up excessive pressure.

Phase 2 involves an Nd:yag laser which turns the ink into a solid and then shatters it into smaller particles. These particles can then be scavenged by your immune system and removed through your body's lymphatic system.

Each treatment will only break up a proportion of the pigment. The advantage of the R20 method is that with each pass you do, the ink is shattered into smaller particles meaning more can pass through your lymph nodes.

A minimum of 4 weeks, must be left between treatments, with the exception of the R20 method which needs 8-12 weeks, to allow for the maximum amount of pigment to disperse and for the skin to recover completely.

This treatment is suitable for most skin types. With darker skin types there is an increased risk of hyper and/or hypo pigmentation problems. Tanned skin, from UV light or lotions cannot be treated.

Skin Reactions

Short Term

These reactions can be minimised by avoiding alcohol and aspirin 48 hour pre and post treatment.

Redness and swelling - are common and usually subside within a 24-48 hours.

Blistering - can occur, especially when treating with multiple passes or on darker skins.

Long Term Effects

Hypo and hyperpigmentation – lightening and/or darkening of the skin can occur. This normally returns over time, however can take months or years. Avoid any sun exposure in between treatments and protect using an SPF 50.

Scarring – very low risk although failure to follow aftercare given and advised skincare regime will increase risks.

Hair loss - very unlikely but still possible on areas treated.

Results are extremely variable and depend on a range of factors. Whether the tattoo was done by a professional or amateur, the type and amount of pigment used, the colour of the pigment and anatomical placement which will determine better blood supply and better clearance. Finally the client's own individual response is a key factor. Low immune system, smoking, drinking can all have an effect on your body's lymphatic system.

We use a scale to calculate approximately how many treatments you will need. These are guidelines only; the numbers may be more or less than the above however we cannot predict accurately how many treatments will be required and can only advise on the basis of experience.

PATIENT CONSENT FOR TREATMENT

My signature below constitutes my acknowledgment that I

Client First Name: _____ **Client Last Name:** _____

consent to

Practitioner First Name: _____ **Practitioner First Name:** _____

to perform fractat laser tattoo removal treatment and that I:

- have read and understand the information provided in this form;
- have given my medical history and medication details to my clinician
- have had my procedure adequately explained to me by my clinician;
- have had the opportunity to ask and have all of my questions have been answered to my satisfaction;

- consent to photographs of the treatment area;
- understand all post treatment recommendations and agree to adhere to them;
- freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure;
- have the right to consent to or refuse any proposed procedure at any time prior to its performance;
- must notify the clinician if my medical history changes prior to subsequent treatments;

Signature (Client) *

Date *: _____ dd / mm / yyyy

Signature of Parent/Guardian (for under 18's) *

Date *: _____ dd / mm / yyyy

Signature (Practitioner) *

Date *: _____ dd / mm / yyyy