Hyaluron Pen Filler

Status: active Form type: default Company: Acme Inc

DISCLAIMER

PATIENT CONSENT: This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of Hyaluron Pen. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment. It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process. Hyaluron Pen is also known as no needle filler, it is a pen device that generates pressure to push hyaluronic acid into the dermis of the skin without requiring a needle for injection delivery. The aim is to improve the cosmetic appearance of the tissues, common uses of Hyaluron pen are to add volume to lips and to ease fine lines and wrinkles. Most dermal fillers are based on Hyaluronic acid but they may also contain lidocaine a local anaesthetic to help with pain control. I am aware that results vary between clients and results are dependent on many individual factors. I am aware that there is no guarantee that I will achieve desired results and that more than one treatment may to be needed to achieve or maintain desired results. The effects of Hyaluron Pen are more subtle than traditionally injected dermal filler. Hyaluron Pen filler should last 6 months but results may last for longer or shorter time periods. I understand that several appointments may be necessary to produce optimal results and I will be notified, in advance of each session of treatment, about the location where the next treatment session is going to take place and the identity of who is going to be involved in my care at each stage. I also understand that I will be kept informed of progress and that I can change my mind at any point. RISKS AND COMPLICATIONS Understanding the risks of Hyaluron Pen is essential to make an informed decision about your treatment. No procedure is completely risk-free, and all potential risks must be explained before going ahead with treatment. Below are the relevant risks and complications associated with Hyaluron Pen, they are the same as for conventional dermal filler injections. Common complications These include pain, bleeding and bruising at the time of treatment. After treatment, the area may feel tender but should not be actively painful. If you experience significant pain following treatment, then you must contact your practitioner as soon as possible for review. Bruising is a common problem; the degree of bruising is dependent on several factors. Most of the time bruising is mild but occasionally can be more significant. Bruising can take up to 2 weeks to fully resolve but should be much improved after 1 week. More uncommonly severe bruising can lead to haematoma formation, a collection of clotted blood. In this case the swollen collection of blood will need at least 2 weeks to resolve naturally and your practitioner will give you the appropriate after care advice. Swelling is another common side effect following Hyaluron Pen, this is usually mild to moderate but occasionally swelling can be more severe. Swelling is often worse on days 2-3 after treatment, it should resolve by 2 weeks but should be significantly improved after 5 days. Uncommon complications include- skin infection associated with Hyaluron pen. Infection presents as hot, red, shiny skin and you may also be generally unwell. In the case of suspected infection, you should contact your practitioner but also seek medical assessment as soon as possible as you will likely need antibiotics. Occasionally infection can form a swollen collection called an abscess. In this case you again must seek urgent medical attention. If you suffer from cold sores (a herpes virus infection of the lip) these can sometimes be reactivated following a lip filler. Hyaluron Pen can lead to lumps or nodules and sometimes there may be unevenness or poor cosmetic result. You may not achieve the results you desire, especially with one treatment. Filler can occasionally migrate over time and lead to a poor cosmetic appearance. In the event of this it may require filler dissolving injections to remove it. Occasionally people can develop an unwanted inflammatory reaction to hyaluronic acid and this can lead to nodule formation called granuloma. These often present as a delayed complication several months after the treatment. Several treatment options are available for granuloma formation and you may require medical assessment. Dermal filler can sometimes cause skin discolouration (Tyndall effect) if accidentally deposited too superficially. If this occurs then you will likely require dissolving injections to remove the filler causing the discolouration. Rare complications include allergic reaction to the hyaluronic acid or lidocaine anaesthetic if this is a component of the product. Very rarely clients may develop an anaphylactic reaction which would require emergency medical assistance and transfer to hospital. Rarely dermal filler from the Hyaluron Pen can be pushed into an artery blocking the flow of blood to the tissue being treated. This is known as vascular occlusion, if untreated it is serious because it can lead to death of tissue (necrosis) which may require reconstructive surgery to correct. In the rare event of vascular occlusion, it would be treated with emergency injections of a filler dissolving drug called Hyaluronidase. This is an enzyme that removes the filler occluding the blood vessel and can usually fully reverse the vascular occlusion leading to no long-term harmful effects. Your practitioner will be trained in how to use Hyaluronidase in an emergency, however if treatment with Hyaluronidase is not successful then you would require urgent medical assessment or assessment by a doctor who is a specialist in aesthetic medicine. 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.

QUESTIONS

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 LambertEaton 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.