



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Facial Volume / Filler Injection

INSTRUCTIONS

This is an informed-consent document which has been prepared to help your plastic surgeon inform you about facial volume/filler injections, its risks, and alternative treatments.

This consent covers injection using Juvederm, Vollure, Voluma and Volbella.

There may be new facial volume/injection fillers in the future. Check with your doctor about their FDA approval and safety. Nothing is permanent, so ask about longevity and reasonable expectations about appearance.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Semi-permanent filler injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the face and eyelid region, forehead, and lips. Fillers cannot stop the process of aging. They can however, temporarily diminish the look of wrinkles and soft tissue depressions.

Filler injections may be performed as a singular procedure, in combination with other treatments such as BOTOX®, or as an adjunct to a surgical procedure. Filler injections require regional nerve blocks or local anesthetic injections to diminish discomfort. Soft tissue fillers produce temporary swelling, redness, and needle marks, which resolve after a few days time.

Continuing treatments are necessary in order to maintain the effect of fillers over time. Once injected, fillers will be slowly absorbed by the body. The length of effect for injections is variable.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished by other treatments: laser treatments, chemical skin-peels, dermabrasion, or other skin procedures, alternative types of tissue fillers, or surgery such as a blepharoplasty, face or brow lift when indicated. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

INHERENT RISKS OF FACIAL VOLUME/FILLER INJECTIONS

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following, you should discuss each of them with your physician to make sure you understand the risks, potential complications, limitations, and consequences of facial volume/filler injections.

SPECIFIC RISKS OF FACIAL VOLUME/FILLER INJECTIONS

Bleeding and Bruising:

It is possible, though unusual, to have a bleeding episode from a filler injection or local anesthesia used during the procedure. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other "herbs / homeopathic remedies" may contribute to a greater risk of a bleeding problem. Do not take any of these for seven days before or after filler injections.

Swelling:

Swelling (edema) is a normal occurrence following the injections. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary.

Pain:

Discomfort associated with injections is normal and usually of short duration.

Needle Marks:

Visible needle marks from the injections occur normally and resolve in a few days.

Acne-Like Skin Eruptions:

Acneiform skin eruptions can occur following the injection of tissue fillers. This generally resolves within a few days.

Skin Sensitivity:

Skin rash, itching, tenderness and swelling may occur following injections. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response after filler treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.

Erythema (Skin Redness):

Erythema in the skin occurs after injections. It can be present for a few days after the procedure.

Infection:

Although infection following injection of tissue fillers is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a tissue filler treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Under / Over Correction:

The injection of soft tissue fillers to correct wrinkles and soft tissue contour deficiencies may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of injection of tissue fillers due to factors attributable to each patient's situation. If under correction occurs, you may be advised to consider additional injections of tissue filler materials.

Asymmetry:

The human face is normally asymmetrical in its appearance and anatomy. It may not be possible to achieve or maintain exact symmetry with tissue filler injections. There can be a variation from one side to the other in terms of the response to injection. This may require additional injections.

Damage to Deeper Structures:

Deeper structures such as nerves and blood vessels may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

Skin Lumpiness:

Lumpiness can occur following the injection of fillers. This tends to smooth out over time. In some situations, it may be possible to feel the injected tissue filler material for long periods of time.

Visible Tissue Filler Material:

It may be possible to see any type of tissue filler material that was injected in areas where the skin is thin.

Granulomas:

Painful masses in the skin and deeper tissues after a filler injection are extremely rare. Should these occur, additional treatments including surgery may be necessary. Fillers should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).

Migration of Filler:

The filler substance may migrate from its original injection site and produce visible fullness in adjacent tissue or other unintended effects.

Skin Necrosis:

It is very unusual to experience death of skin and deeper soft tissues after injections. Skin necrosis can produce unacceptable scarring. Should this complication occur, additional treatments, or surgery may be necessary.

Allergic Reactions and Hypersensitivity:

As with all biologic products, allergic and systemic anaphylactic reactions may occur. Fillers should not be used in patients with a history of multiple severe allergies, severe allergies manifested by a history of anaphylaxis, or allergies to gram-positive bacterial proteins. Allergic reactions may require additional treatment.

Drug and Local Anesthetic Reactions:

There is the possibility that a systemic reaction could occur from either the local anesthetic or epinephrine used for sensory nerve block anesthesia when tissue filler injections are performed. This would include the possibility of light-headedness, rapid heartbeat (tachycardia), and fainting. Medical treatment of these conditions may be necessary.

Antibodies to Fillers:

Presence of antibodies to tissue fillers may reduce the effectiveness of this material or produce a reaction in subsequent injections. The health significance of antibodies to tissue fillers is unknown.

Accidental Intra-Arterial Injection:

It is extremely rare that during the course of injection, fillers could be accidentally injected into arterial structures and produce a blockage of blood flow. This may produce skin necrosis in facial structures or damage blood flow to the eye, resulting in loss of vision. The risk and consequences of accidental intravascular injection of fillers is unknown and not predictable.

Scarring:

Fillers should not be used in patients with known susceptibility to keloid formation or hypertrophic scarring. The safety of patients has not been studied.

Unsatisfactory Result:

Filler injections alone may not produce an outcome that meets your expectations for improvement in wrinkles or soft tissue depressions. There is the possibility of a poor or inadequate response from filler injection(s). Additional injections may be necessary. Surgical procedures or other treatments may be recommended along with additional treatments.

Unknown Risks:

The long term effect of tissue fillers beyond one year is unknown. The possibility of additional risk factors or complications attributable to the use of tissue fillers may be discovered.

Combination of Procedures:

In some situations, Botox® injections or other types of tissue filler materials may be used in addition to facial volume/filler injections in order to specifically treat areas of the face or to enhance the outcome from tissue filler therapy. The effect of other forms of external skin treatments (laser and other light therapies, microdermabrasion, dermabrasion, or chemical peels) on skin that has been treated with tissue fillers is unknown.

Pregnancy and Nursing Mothers:

Animal reproduction studies have not been performed to determine if tissue fillers could produce fetal harm. It is not known if tissue fillers or its breakdown products can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive tissue filler treatments.

CONSENT TO COMMERCIAL USE OF PHOTOGRAPHS

I hereby give permission to Dr. Poulter to use Photographic Likeness in all forms and media for purposes of advertising, trade, editorial usage, and any other lawful purposes, including but not limited to a website, social media site, office photographic book, brochures, other internet exposure, or other advertising items. We will take all reasonable precautions to ensure your privacy, but be aware that even secure sites are susceptible to being hacked, and the files, although they do not have your name attached, may contain internal codes the websites plan to “scrub” or delete. We will notify you if there has been a violation from these other sources, and we will protect your privacy to the best of our ability.

PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING - DISCLOSURE OF PROTECTED HEALTH INFORMATION

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed and are paid with a credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow Dr. Poulter to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment.

_____ I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

_____ I agree that this non credit card challenge agreement is irrevocable.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.



CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Poulter and such assistants as may be selected to perform the following procedure or treatment: Filler injection

I have received the following information sheet: Filler injection

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.

8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.

9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

11. I realize that not having the operation is an option.

12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____