Informed Consent

Laser Skin Resurfacing Procedures

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INSTRUCTIONS

This is an informed consent document to help you learn about laser skin resurfacing procedures. It will outline the risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Lasers have been a common surgical tool for many years. Laser energy can be used to cut, vaporize, or selectively remove skin and deeper tissues. There are many ways lasers can be used in medical treatments and surgeries. Wrinkles, sun-damaged skin, scars, and some types of skin wounds or disorders may be treated with a laser. In some cases, laser treatments may be done at the same time as other medical procedures.

Other skin treatments may be used before and after laser skin treatments in order to get better results.

OTHER TREATMENTS

There are other types of treatment you can choose. You can also choose to not have any treatment at all. You can go in for a chemical peel. You can also choose to have a surgery like skin resurfacing or excisional surgery (surgery to remove moles, cysts, growths). In some cases, using a laser may be better than other forms of treatment. In other cases, a different option might be better for you. Every procedure has its own risks and possible problems.

RISKS OF LASER SKIN RESURFACING PROCEDURES

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of a laser resurfacing procedure.

SPECIFIC RISKS OF LASER RESURFACING PROCEDURES OF SKIN

Infection:

Although it is rare, you may get a bacterial, fungal, or viral infection after laser skin resurfacing. You might develop a herpes simplex virus skin infection. This can happen even if you do not have a history of herpes infection or cold sores around your mouth. You may need to take prescription medications before and after the laser treatment procedure to control this virus.

It's important to tell your doctor about any other infections or wounds you might have, even if they're minor. You must tell your doctor about ingrown toenails, insect bites, tooth problems, or urinary infections. Having an infection in another part of your body may lead to an infection in the area you're having lasered.

If you get an infection, you may need more treatment, like antibiotics, hospitalization, or even surgery.

Burns:

Laser energy can cause burns that may lead to scarring. You may be injured in an area near the place you're being treated. The laser beam may also damage your eyes. These injuries may be permanent. Burns are rare, but they can happen because of the heat produced by the laser energy. You may need more treatment for laser burns if they happen.

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Color Change:
Laser resurfacing can change the natural color of your skin. You may see some redness. This usually goes away after a few days or weeks. This depends on your skin type and treatment. Redness can last for 6 months or more in some cases. Talk to your doctor about how long the redness may last. You may also see color variations on your skin. Your skin may be lighter or darker. You may see a line between your normal skin and the areas that have been treated with a laser.

Accutane® (Isotretinoin):
Accutane® is a prescription medication used to treat certain skin diseases. If you have ever taken Accutane®, you should tell your doctor. This drug can make it harder for your skin to heal after some treatments. This can happen even if you haven't taken the drug for a while. If you've taken Accutane®, you should wait until your doctor says it's okay to go in for skin treatments.

Skin Tissue Pathology:
If you use a laser on a skin wound, it could vaporize the wound. This means that the tissue can't be examined in a lab to know if there are any problems with that area.

Visible Skin Patterns:
Laser resurfacing may cause visible patterns on your skin. It can also change the color of your skin. It's impossible to predict if this will happen. These patterns or marks may or may not go away. You may need more treatment like creams, lasers, peels, or surgery to fix this.

Change in Anatomic Features:
Laser skin resurfacing can change how your eyelids, mouth, and other features look. It's impossible to predict if this will happen to you. If your features do change, you may need more treatment, including surgery.

Damaged Skin:
Previous treatments can affect how you heal. This can include chemical peels, skin resurfacing, and electrolysis (hair removal treatments). You may also heal differently if you've had burns or radiation therapy. If you've ever had any of these procedures, you should talk about it with your doctor. It's impossible to predict if you'll have trouble healing after your procedure. If you do, you may need more treatment.

Skin Sensitivity:
You may have itchiness, tenderness, or sensitivity to hot or cold temperatures after your treatment. This usually goes away as you heal. In some cases, it may continue for a long time.

Pain:
You will have pain after your procedure. How much pain you have and how long it will last may vary. You may have chronic pain in rare cases.

Allergic Reactions:
In rare cases, you may have allergies to tape, chemicals, or drugs used in the procedure. You may have a serious reaction including shock (anaphylaxis) as a result of drugs used during surgery. If you have an allergic reaction, you may need more treatment. Tell your doctor about any allergic reactions you've had in the past.

Drug Reactions:
You may have an unexpected drug allergy, or an illness caused by a prescribed drug. You may also not respond correctly to medication. Tell your doctor about any problems you've had with any medication in the past. Discuss any medication or supplements you're taking, whether they're prescription, over the counter, or a natural remedy or supplement.

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Asymmetry:

You may not have a perfectly even (symmetrical) body after your procedure. It's normal for the left and right sides of your body to be slightly different. This may be because of your skin tone, fat deposits, bone structure, and muscle tone. Most patients have visible differences between the right and left side of their bodies even before surgery. Reducing these differences may need more treatment.

Poor Results:

Although most people have good results from laser procedures, there is no guarantee for the results. No person's body is symmetrical. Almost everyone has some unevenness, which you may not see before your procedure. One side of the face may be slightly larger, one side may sag more. The more realistic your expectations are, the better your results will be. Some patients never get the results they want. This is not the fault of the surgeon or the procedure. You may not be happy with the results of the treatment. Results that you don't like may NOT improve with more treatment.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **laser skin resurfacing.**
2. I got the information sheet on **laser skin resurfacing.**
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
    b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
    c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

Witness_____Date/Time_____

_____ Patient Initials

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