Informed Consent

Laser Skin Treatment

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INSTRUCTIONS

This document is about informed consent. It will tell you about **laser skin treatment**. It will outline its risks, and other treatment options.

It is important that you read this 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

In laser skin treatments, a technician emits a beam of light into or through the skin. The laser can be used for hair reduction. The light passes through the skin to the hair follicle. The hair absorbs the light energy, and it is transformed into heat. Then, the hair follicle is disabled. For tattoo removal, the laser energy breaks up the tattoo pigment. A laser can reduce solar lentigines ("brown spots"). Lasers can resurface the outer layers of skin to reduce fine wrinkles. The number of treatments you need depends on your skin type. You may need touch up treatments in the future.

OTHER TREATMENTS

Other treatments depend on the laser being used. For hair removal, options include shaving, waxing, depilating, and plucking. For skin resurfacing, options include chemical peels or mechanical skin resurfacing ("dermabrasion"). For sun spots, options include topical skin bleaching creams. All treatments have their own risks and potential issues.

RISKS OF LASER SKIN TREATMENT

All laser procedures have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after the procedure. Every procedure has its limits. Choosing to have a procedure means comparing the risks and benefits. Most patients do not face issues, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of laser skin treatment.

SPECIFIC RISKS OF LASER SKIN TREATMENT

Burns:

Laser energy can produce burns that can scar. Organs near the site of hair reduction may be injured or permanently damaged. That could include the eyes. Burns are rare. They result from the heat produced within the tissues by the laser. You may need more treatment for laser burns.

Infection:

It is rare, but you can get an infection after some laser treatments. In some cases, you can get cold sores or viral infections around the mouth. Tell your surgeon and laser technician if you get cold sores or herpes virus (HSV) outbreaks around the treated area.

Pain:

You may have pain after your treatment. How strong the pain is and how long it lasts can vary. It may last after surgery.

Erythema (Skin Redness):

Your skin may turn red near the treated area after injections. It may stay red for a few days after the procedure.

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Skin Discoloration/Swelling:

You may see swelling after the treatment. The skin at or near the procedure site can look lighter or darker than the skin around it. It is not common but swelling and skin discoloration can last a long time. In rare cases, it may be permanent.

Lasers and Medication Interaction:

Some medications are "photosensitive." That means they may react to the laser treatment. Tell your laser technician about all medications you are taking or have used in the week before EACH laser treatment session.

Tanning, Sun Exposure, and Artificial Tanning:

Do not tan or use any products that darken your skin for 6 weeks before your treatment. Darker skin will make it harder for the laser to treat the hair follicle. You will not get a good result. You may even get a skin burn. It is best to use a broad-spectrum sunscreen daily.

Hair removal methods:

Plucking, waxing, and electrolysis can disturb the hair follicle. Avoid them at least 4 weeks before laser treatment. If not, the treatment may not work.

Poor Results:

You can expect good results. However, there is no guarantee for the results. If you have more realistic ideas about the treatment, the results will look better to you. Some patients do not reach their goals. It is not the fault of the professional skin technician or the treatment. You may not like the results. Unwanted results may NOT improve with another treatment.

DISCLAIMER

Informed consent documents give you information about the procedure you are considering. These documents explain the risks of that procedure. 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.

 _____ **Patient Initials**

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do procedure **Laser skin treatment.**
2. I got the information sheet on Laser skin treatment.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the one listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is 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 realistic. All my questions have been answered. I understand the procedure's built-in 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 get the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes 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 the planned procedure or any other operation that is needed or helpful.
8. I agree to have the right parts of my body photographed or televised 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 TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE PROCEDURE

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

Witness _____Date/Time_____

 _____ **Patient Initials**

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