AMERICAN SOCIETY OF PLASTIC SURGEONS®

Informed Consent

Permanent Lash Liner

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INSTRUCTIONS

This document is about informed consent. It will tell you about **permanent lash liner**, 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

Permanent makeup uses a natural iron oxide pigment. It is made for facial application. In micro pigmentation, pigment is added to the skin to give a natural-looking color. This treatment cannot be undone. It is permanent. The results may fade over time, and you may need touch-up treatments. However, it may not be possible to remove the pigment. Laser treatments may change the pigment color.

OTHER TREATMENTS

Other forms of treatment include using eyeliner. All treatments have their own risks and potential problems.

RISKS OF PERMANENT LASH LINER

Every procedure has risks. It is important that you understand the risks and possible problems that come with this procedure. Every procedure has limits. Choosing to have a procedure 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 permanent lash liner.

SPECIFIC RISKS OF PERMANENT LASH LINER

Bruising:

You may see bruising after the procedure. It should not last more than a day or two.

Infection:

It is rare, but you can get an infection after the procedure. If you do, you may need more treatment. This could include antibiotics, time in the hospital, or surgery. You need to tell your permanent lash liner technician about any infection like toenails that grow inward, insect bites, tooth problems, or urinary infections. An infection in another part of your body can lead to an infection in the treated area.

Skin Discoloration/Swelling:

You may see swelling after the treatment. The skin at or near the treatment site can look lighter or darker than the skin around it. It is rare but swelling and skin discoloration can last a long time. In rare cases, it may be permanent.

Poor Results:

You can expect good results. However, there is no guarantee for the results. A person's body is not symmetrical. Almost everyone has some level of unevenness. It may not be visible before the treatment. For example, one side of a face may be a little larger or one side of the face may sag. If you have realistic ideas about the treatment, the results will look better. Some patients do not reach their goals.
It is not the fault of the technician or the treatment. Poor results may NOT improve with more treatment.

Scarring:

All procedures that involve cutting skin can leave scars. Some are easier to see than others. You can expect your wound to heal after receiving the permanent lash liner, but you may get visible scars that are permanent. Scars may look bad and be a different color than your other skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have

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"hypertrophic" or "keloid" scars, which means you can clearly see and feel them. They may be red, and do not go away. You may need more treatments, like medication and/or surgery.

Touch-Up Treatments:
The permanent lash liner technician will do everything possible to ensure a good outcome. However, unexpected events can occur that may need more treatments.

Skin Sensitivity:
Your skin may be itchy, tender, or very sensitive to hot or cold temperatures after the procedure. This usually goes away during healing. In rare cases, it may last a long time.

Damage to Eye Structures:
It is very unlikely, but there is a risk of injury to the eye and the area around it. Injuries to this area may be temporary or permanent.

Pain:
You may feel pain after your procedure.

Allergic Reactions:
In rare cases, you may have allergic reactions to the pigment, medication, or injected agents. Serious systemic reactions like shock (anaphylaxis) may come from drugs used during surgery and prescription medicines. Allergic reactions may require more treatment. You should tell your doctor about any allergic reactions you have had.

Drug Reactions:
You may have unexpected drug allergies. You may not respond to medication or you may fall ill from the prescribed drugs. You should inform your doctor of any problems you have had with any medication or allergies to medication, prescribed or over the counter. You should tell your doctor about the medications you take regularly. Give your surgeon a list of your current medications and supplements.

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.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Permanent Lash Liner.**
2. I got the information sheet on permanent lash liner.
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 permanent lash liner 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 PROCEDURE AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Allowed to Sign for Patient Date/Time

_____

Witness Date/Time

_____ **Patient Initials**

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