

Ablative Er:Yag 2940nm Laser Skin Resurfacing Informed Consent

Microlaser Peel/ Artic Peel / Medium and Deep Laser Peel

The Er:Yag 2940nm laser is used for skin rejuvenation. This ablative laser will vaporize the surface of the skin to different degrees of depth as determined by the treating physician. This treatment is used to improve sun damage including wrinkles, pigmentation, and superficial benign lesions. During the treatment, thermal injury occurs to the deeper portions of the skin which results in continued skin remodeling and improvement over 4-6 months. The degree of thermal effect is proportional to the depth of treatment. More superficial treatment will heal very quickly with minimal thermal effect while deeper treatment will require additional time for recovery but will also result in more significant changes. As with all procedures in cosmetic medicine, some individuals show a dramatic improvement, while others do not. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. Multiple treatments may be required in order to obtain optimal results.

Contraindications For This Treatment Include:

1. Pregnancy/Lactating
2. UV light exposure, recently acquired tan, or recent sun exposure may effect the treatment outcome
3. Self-tanning products 2 weeks prior to treatment (may cause streaking)
4. Clients must be off photosensitizing medications such as Tetracycline and St. John's Wart
5. Aspirin, Ibuprofen, or anti-inflammatory medications such as arthritis medications one week prior to treatment and two weeks post-treatment.
6. Auto-Immune Disorders. If you do have any auto-immune disorders please notify the clinical director. In some cases the plasma can trigger some disorders into becoming active, causing the healing process to take longer.
7. Accutane (Isotretinoin). Accutane is a prescription medication used to treat certain skin disorders. This drug may impair the ability of skin to heal following treatments or surgery. You must be off Accutane for at least 6-12 months prior.
8. Systemic Tretinoin in the past 6-12 months.
9. Topical Retinoic Acid, Tretinoin, Retin A or microdermabrasion in the past 2 weeks.
10. Dermal fillers in the past 2 weeks may degrade prematurely, and fillers cannot be done for 6 weeks following Portrait.
11. Botox one week prior is fine.
12. Permanent filler over area to be treated, particularly silicone (silicone is an insulator)
13. Internal or external cardiac pacemakers or other active implants or ICDs and monitoring equipment.
14. Known or suspected carcinoma/melanoma.
15. Active skin infection including acne and/or any inflammatory condition of the skin.
16. Psoriasis (unable to predict response)
17. A compromised immune system.
18. Clients with a history of keloid scarring.
19. Clients that have undergone dermabrasion and phenol peels in the past 12 months.
20. Clients that have undergone light to moderately aggressive peels in the past 3-6 months.
21. Skin types V-VI.

I am aware of the following risks and potential side effects:

1. **Unsatisfactory Result.** There is the possibility of unsatisfactory results from these procedures. Laser treatment procedures may result in unacceptable visible deformities, skin slough, milia, and permanent color changes in the skin. You may be disappointed with the final result from plasma treatments.
2. **Herpes Simplex** (cold sores or fever blisters). Herpes simplex virus infections around the mouth or other areas of the face can occur following a plasma 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 may be prescribed and taken both prior to and following the plasma treatment procedure in order to suppress and/or prevent an infection from this virus.
3. **Infection.** Although unusual, bacterial, fungal, and viral infections can occur. Your practitioner may prescribe an antibiotic prior to treatment. Should any type of skin infection occur, additional treatment, including additional antibiotics, may be necessary.
4. **Scarring.** Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin.
5. **Burns.** Laser energy can produce burns. Adjacent structures including the eyes, lashes, and brows may be injured or permanently damaged by the laser energy. Burns are rare yet represent the effect of heat produced within the tissues by plasma energy.
6. **Color Change.** Laser treatments may potentially change the natural color of your skin. Skin redness usually lasts weeks to months following plasma skin treatment. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. A line of demarcation between normal skin and skin treated with plasmas can occur, although it is extremely rare.

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7. **Skin Tissue Pathology.** Laser energy directed at skin lesions may potentially destroy the lesion. Laboratory examination of the tissue specimen may not be possible.
8. **Visible Skin Patterns.** Laser treatment procedures may produce visible patterns within the skin. The occurrence of this is not predictable.
9. **Patient Failure to Follow Through.** Post-operative instructions concerning appropriate restriction of activity, use of dressings, and sun protection need to be followed in order to avoid potential complications, increased pain, and unsatisfactory results. Your doctor may recommend that you utilize a long-term skin care program to enhance healing following a plasma skin treatment.
10. **Damaged Skin.** Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following treatment by laser or other surgical techniques. The occurrence of this is not predictable.
11. **Pain.** Very infrequently, chronic pain may occur after plasma skin treatment procedures.
12. **Allergic Reactions.** In rare cases, local allergies to tape and preservatives used in cosmetics or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
13. **Lack of Permanent Results.** Laser or other treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. No technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin.
14. **Delayed Healing.** It may take longer than anticipated for healing to occur after plasma treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a plasma treatment.
15. **Corneal Abrasion.** Protective eye shields may be used during your laser procedure. These are placed directly over the eyes after the surface of the eye is numbed with topical drops. These are placed to protect the eye during treatment near the eyelid margins. These shields can rarely cause injury to the surface of the eye called a corneal abrasion. These will generally heal within 24-48 hours but may require evaluation and treatment by an ophthalmologist. Your doctor will assist with this referral if this problem does occur. Costs associated with this ophthalmologic care are your responsibility and will not be reimbursed by your doctor.

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize Dr. Krieger / Dr. Goldberg to perform one or more Ablative Er:Yag 2940nm laser treatments on me. Alternative means of treatment, such as chemical peels and dermabrasion have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions and regulations during the laser treatment, and to follow post treatment instructions. If applicable, I agree that once I leave the office, my designated driver is responsible for my safety.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my Ablative Er:Yag 2940nm laser treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date