

# LASER CONSENT FORM

Tele: \_\_\_\_\_

## Laser Consent

Patient Name: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Please initial all of the following sections confirming that you have read and understand each statement.

### PURPOSE AND BACKGROUND

This is an informed consent document that to help inform you about laser procedures of skin, the risks, and alternative treatments. This consent provides information pertaining to the use of a laser for the following: Conditions such as wrinkles, age spots, sun-damaged skin, scars and certain types of skin lesions/disorders.

Initials: \_\_\_\_\_

### PRIOR TO TREATMENT

Prior to treatment, the area to be treated may be anesthetized with a topical numbing cream.

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### RISKS AND COMPLICATIONS

There are potential risks and complications associated with all laser procedures. Although the majority of patients do not experience these complications, you should discuss each of them with your doctor to make sure you understand the risks, potential complications, and consequences of laser skin treatment. Infections (bacterial, fungal, and viral) following laser treatments are unusual but can occur. The most common infection is Herpes Simplex Virus (HSV) infection (cold sores) around the mouth or other areas of the face following a laser treatment. This applies to both individuals with a past history of cold sores and to individuals with no known history of cold sores. Valacyclovir (Valtrex) may be prescribed and taken both prior to and following the laser procedure in order to suppress infection from this virus. You should inform your doctor if you have any history of cold sores. Should any type of skin infection occur, additional treatments including oral antibiotics might be necessary. Normal healing after the procedure is expected, however, abnormal and unpredictable scars can occur. In rare cases, keloid scars may result. Scars may be unattractive and of different color and texture than the surrounding 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 following treatment by laser or other surgical techniques. The occurrence of this is not predictable and further treatments may be needed to address scarring.

Accutane (isotretinoin) is a prescription medication used to treat acne. This drug may impair the ability of skin to heal. Laser surgery should not be performed if an individual has been on isotretinoin within the past 12 months. Individuals who are taking or have ever taken the drug must inform their doctor. Laser energy can produce burns.

Adjacent structures, including the eyes, may be injured or permanently damaged by the laser beam. Appropriate eye protection must be worn during the entire procedure to avoid damage to the eye. Burns are rare yet can occur and may require additional procedures to treat. Laser treatments may potentially change the natural color of your skin. Skin redness usually lasts two weeks to three months but may last longer following laser skin treatment. There is also the possibility of irregular color variation either lighter (hypopigmentation) or darker (hyperpigmentation), occurring within the skin. A line of demarcation between normal skin and skin treated with lasers can also occur. Laser treatment procedures may produce visible patterns within the skin. The occurrence of this is rare although not predictable. Inflammable agents, surgical drapes and tubing, hair, and clothing may be ignited by laser energy.

Laser treatment may cause swelling, which will usually go away in one week or less. Although extremely rare, the treated area may heal with increased pigmentation (increased skin coloring). This occurs most often with darker colored skin and after exposure of the area to sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 4 weeks after treatment) to minimize the changes of too much pigmentation (increased skin coloring). However, in some subjects, increased skin coloring may occur even if the area has been protected from the sun. These spots usually fade in three to six months. In some cases, the pigment change is permanent. During pregnancy, areas of increased pigmentation frequently appear spontaneously. For this reason, laser therapy is not recommended during pregnancy. In some subjects who experience pigment alteration, the treated area loses pigmentation and becomes a lighter color than the surrounding skin. This type of reaction tends to gradually fade away and return to normal over a period of three to six months.

There is a small chance of skin scarring, including abnormal raised scars. Scarring is a possibility because of the disruption of the skin's surface. Compliance with aftercare is crucial for the prevention of scarring. The red color will darken to purple and purple-yellow and will disappear in one to two weeks. The laser procedure may produce heating in the upper layers of the skin resulting in blister formation. The blisters will go away within two to four days. A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin. If a blister or bleeding is present, an infection of the wound is possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. An infection could last seven to ten days and could lead to scarring. It is important to follow all post-treatment instructions carefully. Laser energy used in the presence of supplemental oxygen increases the potential hazard of fire. Laser Consent Minor oozing following laser resurfacing is common and prolonged bleeding is rare. However, should significant bleeding occur, additional treatment might be necessary to control the bleeding. Laser energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Laser skin treatments can produce distortion of the appearance of the eyelids, mouth and other visible anatomic landmarks. While rare, the occurrence of this is not predictable. Should this occur, additional treatment including surgery may be necessary.

There is the possibility of an unsatisfactory result from these procedures. Laser may result in unacceptable visible deformities, loss of function, and permanent color changes in the skin. You may be disappointed with the final result from the treatments. The sensation of the light can be uncomfortable and may feel like a pinprick or burst of heat. Very infrequently chronic pain may occur after laser skin treatment procedures. In rare cases, allergic reactions occur to topical anesthetics or other topical preparations used in laser surgery or post-operatively. Allergic reactions may require additional treatment. Rarely, severe allergic reactions to local and topical anesthetics have resulted in anaphylaxis and death. Laser or other treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. In many instances, optimal results are achieved only with multiple treatments. There is the possibility that additional risks of laser skin treatments may be discovered. There are many variable conditions that influence the long-term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon.

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#### AFTER CARE

After care instructions carefully to minimize the chance of incomplete healing, skin textural changes or scarring. Sun avoidance and /or use of a sun block is recommended. Tanning should be avoided. Discomfort may be treated with the application of cool compresses or topical soothing agents Patient follow through following a laser skin treatment procedure is important. Post-operative instructions concerning the appropriate restriction of activity, use of dressings, and use of sun protection need to be followed in order to avoid potential complications, increased pain, and unsatisfactory results. Strict adherence to post-procedure instructions is imperative.

Initials: \_\_\_\_\_

#### NOT FOR PREGNANT PATIENTS

I am not pregnant (female patients). I have been given the opportunity to ask questions about the procedure.

Initials: \_\_\_\_\_

NO GUARANTEES

I have been informed that the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

Initials: \_\_\_\_\_

ALTERNATIVE TREATMENTS

Alternative forms of treatment include other lasers, chemical peels, microdermabrasion, dermabrasion, surgical excision, Botox, dermal fillers, or not undergoing any treatment. In certain situations, the laser may offer a specific therapeutic advantage over other forms of treatment. Alternatively, laser treatment procedures in some situations may not represent a better alternative to other forms of surgery or skin treatments. Risks and potential complications are also associated with the alternative forms of treatments. Laser Consent.

Initials: \_\_\_\_\_

COST

Laser surgery requires payment at the time of service which is before the full extent of improvement may be determined. Most uses of laser are considered cosmetic and they are generally not reimbursable by government or private healthcare insurers.

Initials: \_\_\_\_\_

PHOTOGRAPHS

Photographs may be taken during the course of laser treatments in order to monitor therapy progression. I consent to the usage of such photographs provided the pictures do not reveal my identity.

Initials: \_\_\_\_\_

CONSENT

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). 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 doctor may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge.

I certify that I have read and understand this consent and all of my questions have been answered to my satisfaction.

I hereby authorize \_\_\_\_\_ to perform laser skin therapy.

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_