

MICRONEEDLING WITH PRP

Tele:

Microneedling with PRP

Purpose

Using blood-derived growth factors (platelet-rich plasma (PRP), the Vampire Microneedling Facial Procedure is a safe procedure for renewing the skin of the face and other body areas for correcting texture and color.

Benefits

This treatment is natural in that your own cells are used and microneedled into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material microneedled. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue. This builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes the color more attractive). It may take 5 to 7 days to heal from microneedling and do not pick any of the scabs. Let these scabs naturally fall off so as to not produce any scars. Within 2 to 4 weeks you will see improvement with continue positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The platelet rich plasma (PRP) stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment should last for at least 6 months to one year, but results may vary and the research documenting the longevity of results are ongoing.

Treatment

You may take a pain medication, such as Tylenol. DO NOT take aspirin, Advil, Motrin, Aleve, nonsteroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. A topical anesthetic (numbing) cream (lidocaine, bupivacaine, and tetracaine) is applied to the face and other body areas. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure as platelet rich plasma. This platelet rich plasma is applied to your face and other body areas using a gloved hand. The microneedling drives this platelet rich plasma deep into your skin. The microneedling makes very small holes in your skin with little pain.

Foreseeable Risk and Discomforts

The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. The microneedling may cause pain similar to an intramuscular injection since 6-36 small 33 gauge needles prick your skin during this procedure. There is generally minimal pain because the topical anesthetic numbs the skin and the needles are very, very small. There is a potential for bruising at the injection sites. Pain from bruising could occur. Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block the response of the stem cells. There may be some variation in achieving the results requested as everyone's body type is different and may have a different response. The introduction of the needle(s) into the skin always presents the possibility of infection, scarring, loss of sensation, or change in muscle strength.

ReNew General Guidelines:

In the event you need to cancel or reschedule your appointment, we kindly ask that you notify us at least 24 hours in advance. We understand unforeseen emergencies can pop up. We have this guideline to prevent disruption in workflow. Exceptions will be reviewed on a case by case basis.

For some services we require a deposit, which may not be refunded in the event of a late cancellation or no show.

Late Arrival Guidelines:

I understand that if I arrive more than 15 minutes late for my appointment, I may be required to reschedule in order to avoid disrupting the appointments of other clients.

Photography Guidelines:

I authorize the taking of clinical photographs before, during, and after my procedure as indicated. I understand that photographs are an important part of cosmetic procedure documentation, records, and monitoring of progress. I understand and consent to their use for scientific and teaching purposes. I understand that my identity will be protected.

Payment Guidelines:

I understand that this is a cosmetic procedure. I understand that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

CONSENT:

I have received a thorough explanation of my treatment. I have had the opportunity to ask questions and seek clarifications regarding this procedure and its alternatives, including no treatment, and my questions have been satisfactorily answered.

The benefits and risk of this treatment/procedure have been explained to me. I accept these benefits and risks. I am also aware of and accept the risks of rare and unforeseen complications, which may have not been discussed and which may result from this treatment.

I acknowledge that no guarantee has been given regarding my condition or the percentage of improvement of my condition following the treatment. I understand that no specific results are guaranteed.

Signature: _____ Date: _____