

# *P a t i e n t*

## Dermal Filler Restylane®/Juvederm®

### **PURPOSE AND BACKGROUND**

You have requested the administration of Restylane®/Juvederm® a stabilized hyaluronic acid used in the correction of moderate to severe facial wrinkles and creases. You are aware that medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to inform you about the nature of this procedure and its risks in advance, so that you are able to make an informed decision regarding treatment with Restylane®/Juvederm®.

### **A. PROCEDURE**

1. The physician administers product via a syringe, or injection, into selected areas of the face to eliminate or reduce wrinkles and creases.

2. Your physician may use an anesthetic, depending upon the site(s) treated and patient sensitivity.

3. We cleanse the treatment site with antiseptic solution.

4. Restylane®/Juvederm® a clear transparent gel, is then injected into the superficial skin (the upper dermis). A thin 30-gauge needle is used to minimize discomfort.

5. The depth of the injection(s) will depend on the depth of the wrinkles and their location.

6. Following each injection, the doctor or aesthetician will gently massage the area to facilitate smooth incorporation of Restylane®/Juvederm® into your skin.

7. Some redness and swelling is to be expected after the treatment, usually lasting 1-3 days. Apply icepack for a short time after the injection to alleviate swelling or discomfort.

8. Subsequent to your first injection, additional treatments of Restylane®/Juvederm® be necessary to achieve the desired level of correction.

9. Periodic touch-up injections will help sustain the desired level of correction.

### **B. RISKS/DISCOMFORT**

1. Although a very thin needle is used, injection-related reactions could occur. These may include: swelling, pain, itching, discoloration, bruising, or tenderness. The use of substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs (such as Advil) may increase the risk of bruising at the treatment site.

2. These reactions generally lessen or disappear within a few days, but in rare cases may last a week or longer.

3. As with all injections, Restylane®/Juvederm® treatment is associated with a risk of infection.

4. Visible lumps may occur temporarily following the injection.

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5. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules or pimples might form. This is treated with oral antibiotics. .

6. We will not treat patients who have had an allergic reaction in the past to either Restylane®/Juvederm®, or to patients who have inflammations or visible wounds.

7. Restylane®/Juvederm® is approved for use in regions on the face.

8. Please notify the physician if you recently had a peel, laser treatment, or any other cosmetic procedure on the treated area.

9. Most patients are very pleased with the results of Restylane®/Juvederm®. However, there is no guarantee that you will be completely satisfied. We cannot guarantee that wrinkles and folds will disappear completely – in fact, there are some folds or creases that may not respond. You may require additional injections to achieve the results you seek. While the effects of Restylane®/Juvederm® can last longer than other comparable treatments, the effects are still temporary, and future injections will often be required to maintain the effect.

10. Avoid exposure to UV radiation, sunlight, or excess heat until redness and swelling have disappeared.

### **D. BENEFITS**

Restylane®/Juvederm® has been shown to be safe and effective when compared to collagen implants and related products to fill in wrinkles, lines, and creases of the facial skin. Its effects, once the optimal location and pattern of injection is established, can last 6 months or longer without the need for re-administration.

Restylane®/Juvederm® will improve the appearance of the skin though it may not completely erase wrinkles, folds, or creases.

### **E. ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. Treatment is not medically necessary or required. Alternative treatments include: animal-derived collagen filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants, or bacterial toxin (Botox) which will paralyze muscles causing some types of wrinkles.

### **F. COST/PAYMENT**

We collect all charges from patient on day of procedure. The use of Restylane®/Juvederm® is cosmetic and not reimbursed by government or private health care insurers. Please pay for procedure at time of service. .

### **G. QUESTIONS**

If you have any other questions about this procedure or product, you may call our office and speak with your physician.

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# *C o n s e n t*

Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent, you hereby grant authority to your physician to perform Facial Augmentation and Filler Therapy/Injections using Restylane®/Juvederm® and/or to administer any related treatment as deemed necessary or advisable for your condition.

We trust the nature and purpose of this procedure explained to your satisfaction. We made no guarantees as to the results of this treatment, though we will strive for the best possible results for you.

### **Restylane®/Juvederm® Consent**

*I, \_\_\_\_\_ read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information from my physician and feel that I am sufficiently informed to consent to this procedure.*

PATIENT SIGNATURE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_