CONSENT TO TREATMENT WITH A DERMAL OR SUBDERMAL FILLER

To be signed once patient is happy with all explanations and ready to proceed with treatment.

I,_____ , have been provided with the information brochure relating to Dermal Fillers, supplied to me by this surgery, and understand the risks and benefits of treatment. I will also discuss any queries I have about this treatment with the treating practitioner, and I agree it is my responsibility to inform my practitioner of any matter that may be relevant to my treatment, and to answer all questions both written and verbal truthfully. I am over 18 years of age and I have disclosed all medications I am taking, and any medical condition I have including pregnancy, autoimmune conditions, and tendency to form hypertrophic scars.
I know that if I so wish I may strike out any paragraph in this form that does not apply to me.

I am aware that not everyone is suitable for dermal fillers and that there are times when dermal filler treatment should be delayed, such as in the presence of other active medical conditions, or infection in the area to be injected. The most commonly used type of dermal filler is based on hyaluronic acid, which is a naturally occurring molecule. The fillers are created by polymerizing the hyaluronic acid molecule and cross linking the chains, which can involve a chemical such as BDDE or PEGDE.
Your doctor will advise you if they recommend fillers containing calcium hydroxylapatite and methylcarboxycellulose or polycaprolactone or polyacrylamide.

I acknowledge that there are many types of dermal fillers and that they are registered with the TGA for specific uses. Placement of a dermal filler in a location not listed as an indication with the TGA is considered "off label". Off label use of a product may not have published scientific data attesting to its efficacy provided to the TGA even though the product has been approved for use in Australia. Off label uses include filler to earlobes, noses, foreheads, jawline and many areas that are often treated.

Area of injection that is new or experimental (doctor to insert if applicable) _____

I acknowledge that most of the dermal fillers are temporary in longevity, the results may not be perfect each time, and that their persistence depends on many personal factors.
Dermal fillers are delivered to the skin or subcutaneous tissues via a thin needle or a cannula. In both cases a small hole is made in the skin which usually heals quickly and easily but leaves a temporary portal for infection and the risk of bleeding or bruising. Infection in dermal filler may require treatment with antibiotics or dissolving of the filler.
I acknowledge I may have some swelling or tenderness, firmness of the skin, numbness or itching after the treatment, and occasionally headache, and I am aware that it is very important that the treated area be kept clean and germ free, especially in the first 2 days. Minor side effects resolve usually within days, and bruising clears at the normal rate of healing for the particular person.
Occasionally anxiety about the treatment can cause alterations in heart rate and even fainting, and the perception of pain due to the needle can vary between individuals. Some people sneeze when injected in the upper face and sometimes the sensation of the needle can be felt distant from the insertion site.
The presence of dermal filler in or under the skin can attract infection from within the body and form a biofilm. Often this will require the filler to be dissolved with hyaluronidase, which acts quickly. If antibiotics are used for a biofilm recovery may take many weeks. Granulomas and foreign body reactions have also been reported, which are fibrous lumps that may respond to steroid injections or may require surgical removal. Steroid injections can cause skin atrophy and any surgery risks a scar.
If filler is placed improperly the result may not be as expected and some filler may need to be dissolved with hyaluronidase. The risk of improper placement is minimised with an experienced practitioner. Experienced injectors are generally able to selectively dissolve filler such that filler that is correctly placed is retained.
It is possible for filler to migrate especially if too much filler has been administered. Migrated filler can be dissolved with hyaluronidase. If injected filler blocks an artery the blood supply to the tissues supplied by that artery can be reduced with damage to the tissues. This can be in the form of pain or skin discolouration. Because many of the arteries in the face communicate a blockage from filler injections can cause issues distant from the site of injection so any dusky skin or pain anywhere on the face must be reported to your doctor. Symptoms are often evident immediately but sometimes are not evident for a day or so. This will require treatment with hyaluronidase to dissolve the filler causing the blockage. If the blockage involves the arteries supplying the eye, vision may be affected and there have been cases of blindness reported after dermal filler injections. Recovery from vascular

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occlusion can take a prolonged time and recovery extent and time depends on how successful the treatment is.

I acknowledge that anaesthetic may be used to make the treatment more comfortable. Topical anaesthetics may cause some swelling, resulting in slight under-filling, and nerve blocks may on occasion leave persistent numbness lasting up to days. Should I refuse anaesthetic, I am aware I can use ice to reduce my discomfort, with the risk of an ice burn if I allow the ice to remain on the same area for too long, but that otherwise I may have discomfort or pain during the procedure.

I also acknowledge that even with long lasting fillers, as ageing continues to progress my improvement will not be permanent, due to further tissue changes in my skin. I understand that after each treatment there may be subsidence of swelling with loss of volume, and that more than one treatment may be required. Dermal filling is not an exact science. Although an experienced practitioner is treating me, I understand the practitioner has little control over how long resorbable products will last.

I acknowledge I need to minimise any form of irritation or inflammation to the area in the week after the treatment, including sun or heat exposure, strenuous activity, and alcohol.

Because there is no data to determine if the use of dermal fillers in pregnant women is safe, these products are not used in pregnancy or breast feeding in this clinic. I recognise care should be exercised when using fillers in a patient with a connective tissue disease, diabetes, active acne or other skin disease or multiple allergies.
I am aware that cold sores may be activated by dermal filling and will use preventative treatment if I am prone to cold sores.
I am aware that certain drugs may make my treatment more difficult, such as anticoagulant or anti-inflammatory drugs increasing the risk of bruising, or cortisone increasing the risk of infection, and I may need additional preventative treatment or be advised to choose alternative treatment.

My personal medical or social factors that influence decision making for this treatment are:

My particular concerns about Dermal filling treatment are:

and I am happy with the explanation that has been given to me by the practitioner.

I understand the information provided, including the costs involved, and accept responsibility for the account generated by my treatment including any cost incurred by the provider in collecting payment

I have received/declined a copy of this consent form.

Patient Signature:..... Date:.....

Doctor signature .....

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