

# YOUR DECISION:

## Dermal Fillers (Hyaluronic Acid)

This form is not just a formality- it's a record of your decision to consent to a procedure having considered the risk of both positive and negative outcomes and medical risks listed below, and the impact they may have on your well-being.

**Please initial the boxes you have read, understood and discussed as required with your clinician.**

**What is being injected?** Hyaluronic acid injectables include branded products such as Juvederm, Restylane, Belotero, Profhilo and others improve the appearance of lines, correct volume loss or alter proportions. They include in their makeup mainly water, hyaluronic acid, lidocaine anaesthetic, and stabilising molecules such as BDDE (1,4-Butanediol Diglycidyl Ether).

**Risks of injection:** Trauma during the procedure is caused by needles and cannulas passing through tissue, and includes bleeding, bruising, haematoma (a larger collection of blood in the skin, outside of blood vessels), damage to underlying structures including veins, arteries, nerves, salivary glands, lymph nodes, bone, muscle and other soft tissue structures are possible. In rare cases this could cause continuous problems in appearance, sensation or function and may require medical intervention to treat or may be permanent. Most traumatic injuries heal completely on their own.

**Infection:** Bacterial, viral or fungal infections can occur post procedure. Infections can cause redness and swelling and resolve or progress into abscesses or biofilms which can be slower to recover. Rarely infections occur months later as 'biofilm reactions'. Symptoms include itching, and a lumpy or "thick" feeling at or just under the skin. Injections into the lip area could trigger a recurrence of cold sores (Herpes simplex infections) which may require treatment. These problems may resolve in time, but medical intervention may be required in some cases, and long-term effects may persist in rare cases.

**Reactions:** Reactions rarely occur but can include an immediate reaction causing swelling, and very rarely life threatening anaphylaxis. Delayed reactions localised to the skin can cause nodules, lumps or bumps or very rarely sterile abscesses. These may occur soon after the procedure or months later. They may require treatment and may leave permanent effects on the appearance, sensation and function of the areas affected. The chance of a reaction is reported to be 0.5% or 1 in 200. The chance of delayed reaction increases if you have active autoimmune disease or an active immune system including viral or bacterial infections elsewhere.

**Lumps, Bumps, Swellings-** Unwanted visual side effects may cause dissatisfaction or distress, and include an increase in asymmetry, swelling, lumps, bumps puffiness or surface irregularities. These non-inflamed filler side effects are temporary and treatable with full resolution likely.

**Skin Changes-**Procedures are rarely associated with pigment changes, the formation of thread veins or new capillaries, and other blemishes. These may either recover, require further treatment or be permanent.

**Blood Vessel Blockage:** In rare instances the blood supply can be blocked by filler. This can cause local tissue injury called 'necrosis', which can result in permanent scarring. There are extremely rare cases in which blood supply to the eye or parts of the brain being affected causing blindness and stroke. Seeking help immediately if you suspect blood vessel occlusion is vital to prevent scarring.

**Follow-up:** I understand adjustments requiring more product incur a charge.

**Dissatisfaction:** I understand that with all treatments the precise degree of improvement cannot be guaranteed. The outcome's subjective nature also means dissatisfaction is a possible outcome regardless of effectiveness of treatment. I understand that the effect of all treatments may gradually wear off, additional treatments may be necessary to acquire the desired effect, and further charges will apply if more product is required.

**Agreement:** By signing this form, you agree that you have read this form carefully and considered the side effects, risks and uncertainty of the outcome and decided the treatment is still in your best interests. You have discussed all the details of the treatment plan, past treatments and your medical history with your clinician and shared all the information your clinician may need to plan a treatment. You agree that the balance of the benefits and risks to you overall favour the use of dermal filler. You understand that the initial treatment of side effects and complications is included in the cost of the procedure and therefore no refunds are issued due to any of the above occurring. You understand photographs are taken and stored for 7 years as part of my clinical record:

**Client:** Name: .....Signature: .....Date: .....

**Clinician:** I confirm I have summarised the relevant consent information verbally and checked understanding.

Clinician signature: .....

Date: .....

Additional Notes/Lot Numbers of Products.....

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