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**Hyaluronidase (Hyalase®) Consent form**

Hyaluronidase is an enzyme that breaks down dermal fillers made of hyaluronic acid into small sugars which easily disperse.

**Risks of the procedure include but may not be limited to:**

Allergic reaction including anaphylactic shock which has a mortality rate 0.3 to 5% depending on the study. An allergy test can often identify this risk prior to full exposure. Local reactions are the most common, occurring about 1/100 Signs include oedema, erythema, pain and itching, urticaria and angioedema.

Hyaluronidase dissolves hyaluronic acid including molecules made by your body and previous treatments that you may wish to preserve could also me dissolved. You therefore could notice a reduction in skin elasticity and volume and associated asymmetry which typically would last a few days.

It is common to cause bleeding, bruising, some swelling or oedema and redness near the injection site. It is possible that the procedure will fail to remedy the problem ad there often HA is not the sole cause of lumps, bumps or reactions.

There is a small risk of introducing an infection, and a theoretical risk that pre-existing infection could spread further if hyaluronidase is injected into the area.

I confirm I do not have any known allergies to hyaluronidase, and to your knowledge you do not have any active cancers in the area injected and you are not pregnant or breastfeeding.

**Your Decision**

By signing this form, you agree that you have weighed up the side effects and risks and are aware of the contraindications of the treatment listed above. You have discussed the details important to you with your clinician. You agree that the balance of the benefits and risks to you overall favour the use of hyaluronidase.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Text, letter

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Signature: