

## INFORMED CONSENT FOR PDO THREAD LIFT PROCEDURE

PATIENT	 	 
DATE OF BIRTH		
DATE	 	 

The PDO (polydiaxonone) Thread Lift and Smoothing procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular condition.

## Possible Risks and Side Effects Associated with PDO Thread Lift Procedure:

**Discomfort:** Some discomfort may be experienced during treatment.

**Scarring**: May cause scarring; sutures are inserted using a small needle, which must heal. A scar a scar at entry point may occur.

**Bruising, Swelling, Infection**: With any minimally invasive procedure, bruising of the treat area may occur along with the potential for swelling and is likely. Infection is rare, but with any injection or incision into the skin, the possibility exists.

**Bleeding**: You may experience some bleeding during the procedure. Hematoma or a small blood clot may occur and may require treatment by drainage. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within the 10 days preceding the procedure.

**Damage to Deeper Structures**: Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. The potential for this to occur varies according to the location on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent.

**Allergic Reaction**: Allergies to tape, suture material or topical preparations have been reported. allergic reactions may require additional treatment.

**Partial Laxity Correction**: PDO Lift may not correct all your facial laxity or sagging. **Delay Healing**: Complications may ensure as a result of smoking, using a straw, or similar motions. Smoking and similar actions are STRONGLY discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or removal of the sutures

ALTERNATIVE PROCEDURES Alternatives to the procedure		red for have been fully explained to me. <b>Initial</b>
PAYMENT I understand that this is an "o time of treatment. Initial		ent is my responsibility and is expected at the
RIGHT TO DISCONTINUE TRE	EATMENT right to discontinue treatment at ar	ny time. <b>Initial</b>
volunteered for. I also understa	and that any treatment performed i	relating to the procedures that I have s between me and the doctor/healthcare e questions or concerns to the treating
PUBLICITY MATERIALS		
both in publications and presen		use for scientific and marketing purposes yalties, fees and to inspect the finished se photographs. <b>Initial</b>
threads for skin rejuvenation, life esthetics. The procedure has be between me and the doctor/he questions or concerns to the trebeen answered satisfactorily. It aguarantees are implied as to the	Ifting of the skin to help establish proceen fully explained to me. I also und althcare provider who is treating metating clinician. I have read the above accept the risks and complications of outcome of the procedure. I also described the second complications of the procedure.	consent to treatment with PDO suture oper lip and smile lines and improved lerstand that any treatment performed is e and I will direct all post-operative we and understand it. My questions have of the procedure and I understand that no certify that if I have any changes in my o treated me immediately. I also state
Patient Name (Print)	Patient Signature	Date

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.								
Injector Name (Print)	Injector Signature							