



INFORMED CONSENT FOR BOTOX/ DYSPORT (BOTULINUM) INJECTIONS)

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning Botox/ Dysport injections, its risks, alternatives treatments(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your Provider.

INTRODUCTION

BOTOX/ DYSPORT injections involve a series of small injections in order to weaken the chosen muscles for example on the brow or below the eyes. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3 month intervals may reduce the efficacy of the injections.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin consist of Collagen treatment, laser brasion and brow lift. Risks and potential complications are associated with alternative forms of treatment.

RISKS OF BOTOX INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do no experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of BOTOX/ DYSPORT injections.

- ❖ **Bleeding** It is possible, though unusual, to experience a bleeding episode during or after the procedure. Do not take any aspirin or anti-inflammatory medications for ten days prior to your BOTOX / DYSPORT injection appointment.

- ❖ **Bruising** Following this procedure, it is not uncommon to bruise at the injection site.

- ❖ **Infection** Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.

- ❖ **Unsatisfactory Results** There is a possibility of an unsatisfactory result from the procedure.

The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation. You may be disappointed with the results of the procedure.

Allergic reactions – In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drooping of the eyelids (Ptosis) – This is rare but transient complication occurring in 1-2% of patients. The incidence can be minimized by positioning post injections.

- ❖ **Additional Surgery Necessary** In some situations, it may not be possible to achieve Surgery optimal results with a single procedure. Should complications occur, other treatments may be necessary, Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with BOTOX/ DYSPORT injections. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

- ❖ **Disclaimer** Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all- inclusive in defining other methods of care and risks encountered. Your Doctor may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing this consent.

I have read a copy of the foregoing consent for the procedure, understand it, accept these facts, and hereby authorize Dr. Leslie O'Connell M.D., to perform the procedure of BOTOX/ DYSPORT injections.

PATIENT'S NAME (Please Print) _____

PATIENT'S SIGNATURE _____

DATE _____

WITNESS' NAME (Please Print) _____

WITNESS' SIGNATURE _____

DATE _____

IF THE PATIENT IS A MINOR, COMPLETE THE FOLLOWING

The patient is a minor of _____ years of age; and I/we, the undersigned, am/are the parent(s) or legal guardian of the patient and do hereby consent for the patient.

PATIENT'S NAME (Please Print) _____

PATIENT'S PARENT/GUARDIAN _____

(Please Print)

PATIENT'S PARENT/GUARDIAN _____

SIGNATURE _____

DATE _____

WITNESS' NAME (Please Print) _____

WITNESS' SIGNATURE _____

DATE _____