

## **INFORMED CONSENT - KYBELLA® Injection**

KYBELLA (deoxycholic acid) is an FDA approved injection indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat, also called “double chin,” in adults. KYBELLA is injected into the fat under the chin. KYBELLA destroys the fat cells that accumulate in the neck. The body then naturally eliminates the fat slowly over a few weeks. Once these cells are destroyed, they can no longer store or accumulate fat.

The results of KYBELLA are not immediate. Our aesthetic nurse specialist will create a tailored treatment plan based on your chin profile and will decide the appropriate number of treatment sessions and the amount of KYBELLA you will need at each session. At your first treatment visit you will receive a series of injections in the submental area. At the time of injection and for several days following the injections you will have swelling in the submental area. The treatment takes about 15 – 20 minutes. Patients may feel a burning sensation while the solution is being injected. Most patients require two (2) – four (4) treatments. Some patients require up to six (6) treatments depending on the amount of fat or until the desired effect is achieved. Some patients experience visible results in 2 to 4 KYBELLA treatments. Final improvement is assessed twelve (12) weeks after the final treatment.

### **Contraindications**

KYBELLA treatments should not be performed on anyone who has an infection in the treatment area, women who are pregnant, trying to become pregnant, or breast feeding. KYBELLA treatments are not recommended for those with medical conditions in the neck area including, but not limited to, difficulty swallowing, those that are planning to have cosmetic surgical treatments in the neck or face area such as a facelift or neck lift, those with an enlarged thyroid gland (thyromegaly), or those with a bleeding disorder, taking blood thinners, or any medications that prevent the clotting of the blood.

### **Side Effects**

Side effects of KYBELLA may include, bruising, swelling, numbness, induration, marginal mandibular nerve injury, dysphagia (difficulty swallowing), bleeding, tenderness or discomfort, tissue necrosis, hyperpigmentation, redness, or alopecia at the site of injection. Alopecia: KYBELLA injections could cause small patches of alopecia in the treatment area.

### **Alternatives**

As explained not all submental fullness will respond to KYBELLA. Other alternative treatments are liposuction to the area, a neck lift and/or platysmoplasty procedures.

### **Pre-Instructions**

The morning of your treatment you should take ibuprofen if you are able to tolerate this medication. Please be sure to tell your healthcare professional if you take any blood thinners or aspirin or have a history of any issue with lidocaine or other topical anesthetics.

### Post-Care Instructions

- Ice packs may be used to the treated area during the first 12 hours – ice for 15 minutes on every hour.
- Do not massage the injection site
- If you are able to tolerate ibuprofen take 200mg three times daily beginning the day of your treatment and for the following four days.
- Avoid heavy exercise the day of your treatment.
- Notify Malisse Skin Bar if any significant, swelling, bleeding, pain, dusky discoloration, difficulty swallowing or smiling, or fever occurs.

I certify that I have completed my medical history truthfully and agree to immediately notify Malisse Skin Bar if there are any changes in my medical history.

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Patient Initials

I agree to follow all aftercare instructions as they are crucial to do so for good healing and to minimize the risk of complications.

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Patient Initials

I understand two (2) to six (6) treatments may be required depending on the amount of fat or until the desired effect is achieved.

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Patient Initials

I acknowledge the fees charged for this procedure do not include any potential future costs for additional treatments.

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Patient Initials

I acknowledge the fees charged for this procedure do not include any potential future costs for additional treatments.

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Patient Initials

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment of each treatment.

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Patient Initials

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment of each treatment.

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Patient Initials

### Acknowledgment and Certification

I recognize that during the course of the procedure and medical treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above provider and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my provider at the time the procedure is begun. I acknowledge that I have been informed about the risks and consequences and accept responsibility for the clinical decisions that are made along with the financial costs of all current and future treatments.

I acknowledge this consent form is valid for all future KYBELLA Injections and agree to alert my aesthetic nurse specialist at Malisse Skin Bar If there are any future changes to my medical history.

I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not and understand what my aesthetic nurse specialist can and cannot do

I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. I have been given the full opportunity to ask any and all questions which I might have, and that all of my questions have been answered to my full and total satisfaction.

I declare there are no warranties or guarantees of any kind, implied or specific about the final outcome and acknowledge that no guarantee or representation has been given by anyone as to the outcome.

I consent to be photographed before, during, and after the procedure(s) to document the results and authorize the use of these "before & after" photographs and videos of me for education, promotion, marketing, or advertising purposes provided my identity is not revealed.

I declare I have read this Informed Consent (or it has been read to me), I understand the information contained in it including the fee structure and acknowledge I will not receive any refunds or credits for any injection(s) or pre-paid injection packages.

I hereby release Malisse Skin Bar, its aesthetic nurse specialists and medical director, officers, members, and employees from ) from any and all claims, demands, liabilities, judgments, costs and expenses arising out of any claims relating to the injection of KYBELLA and all subsequent treatments authorized herein.

I have no further questions and give my consent to proceed.

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Patient's Signature

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Date

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Patient's Name (Please Print)

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Malisse Skin Bar's Aesthetic Nurse Specialist