

Name: _____

DOB: _____

Telephone: _____

Email: _____

This is an informed consent document that has been prepared to help inform you concerning hyaluronidase injections and the risks involved.

Treatment

Hyaluronidase is a prescription only formulation, licensed and commonly used to boost absorption or dispersal of drugs injected into the skin and has an off license use in aesthetic medicine. Hyaluronic Acid (HA) fillers are sterile gels consisting of non-animal stabilised hyaluronic acid for injection into the skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping facial contours. Hyaluronidase is an enzyme which breaks down hyaluronic acid. Hyaluronic acid is the component of dermal fillers, but is also naturally occurring in the skin and soft tissues. Occasionally dermal fillers need to be dissolved when the treatment outcome is unacceptable, when an adverse reaction to the implant has occurred, or there is a possibility of vascular occlusion and/or impending necrosis (tissue death) which could lead to the compromise of healthy tissue.

Initial _____

General Information and Risks

Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. Hyaluronidase is an enzyme which breaks down hyaluronic acid fillers, but it can also break down naturally occurring hyaluronic acid present in the body, the results can be unpredictable and the effect dramatic. There will be loss of volume and there can be some skin laxity which in itself may not provide a good aesthetic result. Although some of the effects can be immediate, it can take up to 14 days for the final results to be seen and the treatment may need to be repeated. **Initial** _____

Allergic Reactions

Administration can result in anaphylaxis, a severe allergic reaction which in itself is life threatening and requires immediate medical attention. Allergic reactions occur at a frequency of 0.05% - 0.69%. **Initial** _____

Hyaluronidase has an off-license use in aesthetic medicine and except in the case of emergency administration requires the patient to undergo a skin patch test at least twenty minutes prior to the procedure being undertaken. The skin patch test is carried out by injecting hyaluronidase into the subcutaneous tissue of the forearm and observed for signs of reaction (i.e. hives or wheals). **Initial** _____

****If a positive patch test result is observed, treatment with hyaluronidase cannot be carried out. Erythema or redness and slight vasodilation may be expected. ****

IF IN AGREEMENT, PLEASE INITIAL THE FOLLOWING:

I understand that there will be loss of volume and there can be some skin laxity which in itself may not provide a good aesthetic result. **Initial** _____

Although some of the effects can be immediate, I understand that it can take up to 14 days for the final results to be seen and the treatment may need to be repeated. **Initial**_____

I understand that hyaluronidase administration can result in anaphylaxis and have been given full counselling and the opportunity to discuss the treatment with hyaluronidase, conservative treatment options or leaving the dermal filler to break down naturally which may take several months dependent on the type of filler used and the area treated.

Initial _____

The use of and the indications for the administration of hyaluronidase have been explained to me by my practitioner and I have had the opportunity to have all questions answered to my satisfaction. **Initial** _____

After the treatment some other common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the injection site. They have generally been described as mild to moderate and typically resolve spontaneously a few days after injection. Bruising may occasionally be more significant.

Initial _____

I acknowledge that I will have to remain at the clinic for thirty minutes after the procedure so that I can be observed by the medical staff and that I will need to return to the clinic 2-3 weeks after treatment to assess if further hyaluronidase is to be administered. **Initial**_____

I hereby voluntarily consent to treatment with Hyaluronidase injected into the recommended treatment area and the procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient Name (Print)

Patient Signature

Date

I discussed the above risks, benefits and alternative treatments, including no treatment, with the patient. The patient had an opportunity to have all questions answers and has voiced concerns, if any.

Sonya Feskiw

Injector Name (Print)

Injector Signature

Date