

CONSENT FOR CHEMICAL FACE PEEL

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Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

I have been informed that I have the following condition(s): _____

The procedure(s) to treat my condition(s) has/have been described as: _____

- _____ 1. Chemical face peel is a process by which certain chemicals are applied to the skin of the face in an attempt to improve the appearance of lines, wrinkles, skin blemishes and certain other localized cosmetic skin conditions.
- _____ 2. During the face peeling process I will experience some discomfort and swelling, and my face will be covered with a crust which will usually separate within one to two weeks.
- _____ 3. My skin may have a reddish appearance which may persist for several weeks or longer, and at the junction of treated and untreated areas there may be a different color or blotching of the pigmentation and changed texture of the skin may persist.
- _____ 4. Scarring can occur which may result in permanent disfigurement.
- _____ 5. Chemical face peel will not stop the aging process, and further treatment may be necessary, depending upon aesthetic and cosmetic conditions.
- _____ 6. Other: _____
- _____ 7. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
- _____ 8. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my doctor and have provided full information. I recognize that withholding information may jeopardize the planned goals of surgery.
- _____ 9. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that my lack of cooperation can result in a less-than-optimal result.

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- _____ 10. If any unforeseen condition should arise during surgery that may call for additional or different treatment from that planned, I authorize my doctor to use surgical judgement to provide appropriate care.

- _____ 11. I consent to the taking of photographs, video or audio recordings and agree to be interviewed for medical, scientific, or education purposes. Filming or photographing an operation may include my face and may reveal my identity.

INFORMATION FOR FEMALE PATIENTS

- _____ 1. I have informed my doctor about my use of birth control pills. I have been advised that antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of birth control pills.

CONSENT

I certify that I have had an opportunity to fully read this consent, and that all blanks were filled in before my signing. I also certify that I speak, read, and write English. I also agree to the taking of photographs for scientific or educational purposes. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date

Chemical Peel Instructions

Position: Elevate the head of the bed using several pillows for the first 1-3 days after the procedure. This will enable gravity to assist in the reduction of swelling.

Ice: Use ice (frozen peas work well) and apply to the treated areas during the first 3 days. This will reduce swelling and comfort the pain. The skin must always be separated from the ice and should be applied 20 minutes on the area, 20 minutes of the area as desired.

Activity:

- A.) During the first 24 hours, you should be encouraged to walk to get drinks or to the bathroom. You may need assistance during this time. Sleep when tired, but do not remain in bed. This increases the risks of complications.
- B.) No lifting heavier than 10 pounds for 4 days. Heavy exertion has been associated with vessel rupture, increased bruising and increased pain.
- C.) Avoid contact with the area until instructed by your physician.
- D.) You should avoid exercise for 8-10 days.

Hair Care: You may shower as desired. Blot the skin dry. **Never ever** rub the area treated except with moisturizing lotion.

Cosmetics: You may apply cosmetics once the skin stops weeping, usually in 8-10 days after surgery. **Do not apply until your physician gives approval.**

Sun Exposure: **Absolutely no purposeful sun** (tanning beds, laying out, etc.) **exposure** for 3 weeks. After that time and for all future, sun protection factor (SPF) of 25 should be used at all times when exposed to the sun. This should be a daily ritual of application.

Medications: Continue the antiviral medication until all are finished. Take the pain medication every 4-6 hours as required for pain. **Aquaphor** ointment should be applied 2 times a day or as desired to maintain comfort. This is especially important during the first 4 days or until the skin falls away. After the skin falls away use, use **Cetaphil** lotion as often as possible to keep skin well moisturized during healing.

In case of emergency:
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