

INFORMED CONSENT DERMABRASION

INSTRUCTION

This is an informed-consent which has been prepared to help your surgeon inform you about dermabrasion, its risks, and alternative treatments. 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 surgeon.

INTRODUCTION

Dermabrasion and other skin treatments have been performed for many years to treat a variety skin disorders. Conditions such as sun damage, wrinkling, and acne scars may be treated with these non-invasive techniques. In some situations, dermabrasion may be performed at the time of other surgical procedures.

ALTERNATIVE TREATMENT

Alternative forms of management include not treating the skin with dermabrasion or the use of medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments such as chemical skin-peeling, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

RISKS OF DERMABRASION/SKIN TREATMENTS

There are both risks and complication associated with dermabrasion. An individual's choice to undergo a procedure is based on the comparison of risks to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of dermabrasion. **Infection** – Infection is unusual. Bacterial and viral infections can occur. If you have a history of **Herpes simplex virus** infections around the mouth, it is possible that an infection could recur following a dermabrasion. Specific medications must be prescribed prior to the dermabrasion procedure in order to suppress and infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary. **Scarring** – Although normal healing after the procedure is expected, abnormal scars may occur both is the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

Page 1 Patient Initial

Risks of Dermabrasion, continued

Color change – There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin can occur after dermabrasion. A line of demarcation between normal skin and skin treated with dermabrasion can occur.

Poor result – There is the possibility of a poor result from the procedure. Dermabrasion treatment may result in unacceptable visible deformities, and permanent color changes in the

skin. You may be disappointed with the final results of dermabrasion or other skin treatments.

Skin lesion recurrence – Skin lesions in some situations can recur after dermabrasion or skin treatments. Additional treatment or secondary surgery may be necessary.

Skin cancer/skin disorders – Dermabrasion may not offer protection against developing skin cancer or skin disorders in the future.

Lack of permanent result – Dermabrasion may not completely improve or prevent future skin wrinkling. It cannot stop skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after dermabrasion.

Delayed healing – It may take longer than anticipated for healing to occur after dermabrasion. This is different from the normal redness in skin after dermabrasion.

Unknown risks – There is the possibility that additional risk factors of dermabrasion may be discovered.

Surgical anesthesia – Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

ADDITIONAL TREATMENT OR SURGERY NECESSARY

There are many variable conditions which influence the long term result of dermabrasion. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

Page 2 Patient Initial

PAYMENT OPTIONS

*** PAYMENT FOR COSMETIC SURGERY IS DUE PRIOR TO YOUR PROCEDURE.**

We provide a number of payment options which may be used individually or combined according to your wishes.

CASH OR CHECK: Cashier's check or cash. If you are bringing cash, please make sure it is the exact amount. Please have cashier's check made out to Sarasota Surgical Arts or Dr. Sessa for the total amount. Call the office for exact figures.

CREDIT CARDS: Visa, Master Card, Discover. **(If paying for surgery with a credit card and the charge amount is over \$3000.00 there will be a 2% processing fee.)**

OPTIONAL FINANCING PLANS: Such as Care Credit and Surgery Loans. We will be happy to assist you with applying for financing should you so desire

All deposits are NON REFUNDABLE.

Patient Signature

Date

Witness Signature

Date

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical 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 surgeon 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.

Page 3 Patient Initial

ADDITIONAL ADVISORIES:

Deep Venous Thrombosis, Cardiac and Pulmonary Complications: Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding.

Individuals who are not exposed to tobacco smoke or nicotine containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco/ nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products. It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Female Patient Information: It is important to inform your surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

Medications: There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for the return to surgery. It is important that you participate in follow up care, return for aftercare, and promote your recovery after surgery.

CONSENT FOR SURGERY / PROCEDURE OF TREATMENT

1. I hereby authorize Alberico J. Sessa, M.D. and such assistants as may be selected to Perform the following procedure or treatment:

I have received the following information sheet:

INFORMED CONSENT for DERMABRASION

2. I recognize that during the course of the operation and medical treatment or anesthesia, Unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician 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 know to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I Understand that all forms of anesthesia involve risk and the possibility of

complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operation(s) or procedure(s) to be Performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.

8. I authorize the release of my identity card number to appropriate agencies for legal Reporting and medical-device registration, if applicable.

9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN

b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT

c. THERE ARE RISKS TO THE PROCEDURE OT TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LIST ITEMS (1-9).

I AM SATISFIED WITH THE EXPLANATION.

Patient or person Authorized to Sign for Patient

Date _____ Witness _____