

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."

Hyaluronidase Consent

I understand that dermal fillers made from hyaluronic acid may be dissolved by hyaluronidase if my condition warrants. Use of hyaluronidase carries some risk. I understand that hyaluronidase is an enzyme that breaks down hyaluronic acid fillers, but it can also break down naturally occurring hyaluronic acid present in the body, so the results may be unpredictable. There may be loss of volume and some skin laxity. Some of these effects may be immediate, but it can take up to 14 days for the final results to be seen. The treatment may need to be repeated. Allergic reactions may occur, although this is very rare (0.05% - 0.69% of cases), and they may require immediate medical attention.

Possible filler treatment consequences

I understand that, along with certain risks associated with hyaluronidase treatment, there are additional unknown risks and potential consequences of filler treatment, which may include, but are not limited to, the following:

- **Erythema (skin redness):** Erythema occurs in the skin after injections. It can be present for a few days after the procedure.
- **Needle marks:** Visible needle marks from injections occur normally and resolve in a few days.
- **Skin lumpiness:** Lumpiness can occur following the injection of dermal fillers and hyaluronidase. This tends to smooth out over time.
- **Asymmetry:** The human face is normally asymmetrical in its appearance and structure. It may not be possible to achieve or maintain exact symmetry with tissue filler injections. When attempting to dissolve the filler with hyaluronidase, there can be variations from one side to the other that may require additional injections.
- **Pain:** Discomfort associated with injections of hyaluronidase is normal and usually of short duration.
- **Skin sensitivity:** Skin rash, itching, tenderness, and swelling may occur following injections of hyaluronidase. After treatment, you should avoid exposing the treated area to excessive sun, ultraviolet lamps, and extremely hot or cold temperatures until any initial swelling or redness has subsided.

- **Damage to deeper structures:** Deeper structures, such as nerves and blood vessels, may be damaged during injections of dermal fillers. Injury to deeper structures may be temporary or permanent.
- **Infection:** Bacterial, fungal, and viral infections can occur following injection hyaluronidase. The reactivation of the herpes simplex virus, commonly referred to as a cold sore, is one such infection. This can occur both in individuals who have had prior cold sores and in those who have not. Please ask your provider for a Valtrex prescription if you plan to have an injection in an area where you have had a prior cold sore. Should any other type of skin infection occur, additional treatment, including antibiotics, may be necessary.
- Allergic reactions and hypersensitivity: As in the case with the use of all biologic products, allergic and anaphylactic reactions may occur as a result of an injection with hyaluronidase. Allergic reactions may require additional treatment.
- **Skin disorders:** In rare instances, granuloma, abscess, localized necrosis, and urticaria have occurred after injections of dermal fillers into areas with active inflammation or infection (e.g. cysts, pimples, rashes, or hives).
- **Anesthetic reactions:** It is possible to have a reaction to the anesthetic applied before injection with hyaluronidase. Such reactions include light-headedness, rapid heart rate (tachycardia), and fainting. Medical treatment of these conditions may be necessary.
- **Unknown risks:** The long-term consequences of injecting dermal fillers are unknown. It is possible that complications may arise from the use of dermal fillers that cannot be predicted.
- **Pregnancy and nursing mothers:** It is not known if dermal fillers or hyaluronidase are safe during pregnancy or if their breakdown products are excreted in human milk. Because the risk is unknown, pregnant women and nursing mothers should not receive injections of dermal fillers injections.
- **Drug interactions:** It is not known if hyaluronidase reacts with other drugs within the body.

I understand and acknowledge that injection of hyaluronidase may not achieve my desired outcome. The amount of correction may be inadequate or excessive. If under-correction occurs, you may be advised to consider additional injections of filler. Dermal fillers may migrate from their original injection site and produce visible fullness in adjacent tissue or other unintended effects. I understand that it is possible that my tissue's response may be poor or inadequate, and that additional injections of dermal fillers, hyaluronidase, or surgery may be necessary to achieve my desired result. I acknowledge that while optimum results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of results of any treatment.

This document is designed to inform you about injections of hyaluronidase and disclose the associated risks and alternative forms of treatment. It should not be regarded as all-inclusive because it does not anticipate all possible risks and alternative forms of treatment. This document is not intended to define or serve as the standard of medical care; standards of medical care are determined on the basis of all 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 have read all the above information carefully and have all of your questions answered before signing this consent form.

I consent to the administration of anesthetics and understand that all forms of anesthesia involve risk, and possible complications include injury and, rarely, death. I am aware that dermal fillers contain lidocaine. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I understand that there are alternative methods of treatment. I understand that there are risks to the proposed treatment. I certify, to the best of my knowledge, that I am not pregnant or breastfeeding at the time of treatment. I certify that I have not consumed alcohol within four hours of the proposed procedure/treatment. I certify that all my questions regarding the proposed procedure/treatment have been answered.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure to be used, and I/we have sufficient information to give this informed consent.

I/We certify this form has been fully explained to me/us, and I/we understand its contents.

I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Physician/Nurse Practitioner	Date
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Witness

Date

Patient

Date