

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."

Neurotoxin Injection (Botox, Dysport, Daxxify)

Definition:

This is a nerve toxin that functions to temporarily paralyze muscles of the face and neck that may cause unwanted lines and wrinkles.

Purpose of Procedure:

The procedure is performed to temporarily weaken or paralyze the facial muscles to decrease the appearance of unwanted lines and wrinkles.

Preparation:

Taking medications that interfere with blood-clotting may increase the risk of bruising. The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). We will review all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure:

This procedure involves the injection of the neurotoxin into the muscles of facial expression. This may cause temporary pain and discomfort to the area. Topical numbing creams and/or ice may be used to decrease the pain of injection. Bruising may occur, but will usually resolve within 2-3 days. Rarely, bruising may persist for 1-2 weeks. Being on blood thinners may increase the risk of bleeding. The treatment will usually take 1 week to notice an effect on the muscles and 2 weeks to achieve maximal effect. The effects of the injection normally last for 3-4 months.

Post Procedure:

Following injection, you should not lay flat, have a facial, or perform strenuous exercise for 4 hours. Pressure and ice to the affected areas may decrease the risk of bruising.

Off Label Use:

Botox is FDA approved for the crow's feet (lateral canthal lines) and the glabellar lines (between the eyebrows), and forehead lines. Dysport and Daxxify are FDA approved for the glabellar lines. Some injection sites (such as the chin, bunny lines, platysmal bands) may not be FDA-approved.

Possible Complications of the Procedure:

This is a safe procedure, however, there may be uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Muscle weakness
- Bruising
- Bleeding
- Discomfort at the injection site
- Headache
- Dry Mouth
- Neck Pain
- Drooping of the eyelid (ptosis)

Do you have a history of cold sores?

- Double Vision
- Blurred Vision
- Decreased Eyesight
- Dry Eyes
- Swelling
- Infection
- Cosmetic change

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure / surgery and the points in this handout have been covered in our face-to-face consultation(s).

<mark>Prepro</mark>	o <mark>cedural Checklist</mark> (Please Complete):			
-	Is there a chance you may be pregnant? YES/NO			
-	Are you breastfeeding? YES/NO			
-	- Are you currently taking antibiotics for an infection? YES/NO			
-	Are you currently suffering from an infection? YES/NO			

Are you currently taking and medications that may increase bleeding? YES/NO: _____

YES/NO

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 bee	n fully explained	to me/us, and I/we unders	tand its contents.
I/We understand every effort	will be made to p	provide a positive outcome,	but there are no guarantees.
Physician/Nurse Practitioner	Date	Witness	Date
Patient/Guardian	Date		