Hyaluronic Acid (HA) Filler: Patient Consent for Treatment

Thank you for choosing Honolulu MedSpa! In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this consent form and ask all questions necessary to help you fully understand it.

A. Purpose and Background: The dermal fillers used in our practice (Juvéderm®, Voluma®, and Restylane®) are FDA-approved, biocompatible Non-Animal Stabilized Hylauronic Acid (NASHA) substances. They are synthetically produced, purified, chemically stabilized, and suspended in a clear gel formation for use as an injectable soft tissue filler. Hyaluronic Acid (HA) is a naturally occurring complex sugar found in the human body and is an important component of various soft and connective tissues. The role of HA in the skin is to deliver nutrients, hydrate the skin by holding in water, and to act as a cushioning agent. As we age, there is less HA present in our skin, which contributes to the appearance of aging. Dermal fillers cannot stop the process of aging; however, they can temporarily diminish the appearance of aging. Once injected into specific areas underneath the skin, HA fillers attract and bind water to hydrate the skin and provide more volume, thereby temporarily filling, smoothing, and lifting lines, wrinkles and folds from the inside out. Dermal fillers are also commonly used to shape facial contours, improve the size and shape of the lips, and to soften the tear troughs (hollowing under eyes). HA fillers provide correction for an average of 6-24 months. Continuing treatments are necessary to maintain the effect of fillers over time because, once injected, they gradually break down and are absorbed by the body.

B. Procedure: HA filler is injected under specific areas of the skin where there are unwanted facial lines, folds, wrinkles, and volume loss. At the time of each treatment, your medical provider will determine exactly which HA fillers to use, where to inject, and how much to inject in order to achieve the best result for you based on your specific concerns and desires. While an immediate result is visible following treatment, swelling is common, and therefore the full result may not be seen for 2 weeks. After the initial treatment, a touch-up treatment may be needed a few weeks to a few months later to fine tune the result and to achieve the level of correction you desire.

C. Discomfort & Risks: Most patients experience minimal discomfort during the HA filler treatment. The filler is infused with lidocaine and topical anesthetic cream may also be applied to the skin in the treatment area for enhanced comfort. I understand that treatment side effects are generally temporary and can include but are not limited to:

a. Lidocaine Allergy – HA filler should not be used in patients with a history of allergies to lidocaine; I certify that I do not have any known allergies or sensitivities to lidocaine.
b. Redness - May be covered with makeup immediately following treatment if desired.
c. Needle Marks- Visible needle marks from the injections occur normally and resolve in a few days.
d. Firmness –Should subside 1-2 weeks following treatment, but may last longer in some patients.
e. Swelling – An ice pack may be placed over the area until swelling subsides.
f. Itching - Temporary and generally intermittent.
g. Bruising – Bruising is always a possibility with any skin injection and may develop immediately or up to 24 hours following treatment. To reduce the risk of bruising, avoid aspirin, anti-inflammatory medications, and herbal supplements, including vitamins, for one week prior to and after your treatment. If you experience bruising, it will generally heal within 7-14 days and may be covered with makeup if desired.
h. Pain/Tenderness – May last up to 2 weeks. Tylenol may be taken to reduce discomfort if desired.
i. Lumps/Bumps – Will generally subside/diffuse within approximately 2 weeks after treatment. Because the tissue underlying the wrinkles and folds is undulating (uneven), some lumps/bumps may be needed underneath the surface of the skin in order to produce the desired result on the surface. In general, feeling lumps/bumps is normal, but if you are seeing lumps/bumps then a follow up visit may be required.
j. Migration of Product – HA filler may migrate from its original injection site and produce visible fullness in adjacent tissue or other unintended effects.
k. Asymmetry - The human face is normally asymmetrical in its appearance and anatomy. It may not be possible to achieve or maintain exact symmetry with dermal filler injections. There can be variation from one side of the face to the other in terms of the response to dermal filler, which may require additional treatment.
l. Infection – Infections are extremely rare but may require treatment including antibiotics if necessary.
m. Skin Necrosis- It is very unusual to experience death of skin and deeper soft tissues after dermal filler.
n. Unsatisfactory Result – Some patients may have an unsatisfactory result that includes: temporary visible irregularities, prolonged bruising, swelling, tenderness, and/or disappointment in the result. In a small number of individuals dermal fillers do not last as long as usual. Dermal filler alone may not produce an outcome that meets your expectations for improvement in wrinkles or soft tissue depressions.

D. Alternatives: HA filler treatment is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include, but are not limited to: facial creams, other dermal fillers, chemical peels, laser resurfacing, cosmetic surgery, or no treatment.

E. Clinical Photography: I understand that clinical photographs may be taken at each appointment and are considered a confidential and essential component of my medical record. The photographs will not be used for or disclosed for any media purposes without my signed permission on a separate media consent form.

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F. Results Not Guaranteed: I understand that although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that I will be completely satisfied by the outcome, that my wrinkles and folds will disappear completely or that I will not require additional treatment and/or ongoing treatment to achieve the result I seek. The effect of HA fillers are temporary and vary per patient, usually lasting 6-24 months. The amount of HA filler required and the length of effect varies per patient and may be affected by the following factors including but not limited to: the type of HA filler used, the areas of injection, the amount injected, severity of wrinkles, folds, or volume loss, patient age, personal medical profile, basic metabolic rate, previous surgical procedures, history of trauma to the treated area, and individual lifestyle choices. A touch-up procedure a few weeks to a few months after the first treatment may help increase the longevity of the filler and optimize results. I understand and acknowledge that payment for the above procedure is non-refundable and that if more correction is desired I will be responsible for purchasing additional treatment.

G. Complete Medical History: I have truthfully and accurately disclosed all personal medical history information including but not limited to: all previous aesthetic procedures; invasive medical procedures; my use of all medications, drugs, herbs, vitamins, or other supplements of any kind; and all known allergic reactions. I understand that failure to do so may negatively affect my treatment outcome. I further understand that elective aesthetic procedures should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that the providers at Honolulu MedSpa are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of each treatment should be construed as such. Because treatments should not be performed under certain medical conditions, I affirm that I have disclosed all my known medical conditions and all medications I am currently taking. I agree to keep Honolulu MedSpa updated as to any changes in my medical profile and understand that there shall be no liability on Honolulu MedSpa’s part should I fail to do so.

H. Topical & Oral Medications: I understand that prior to each treatment it is imperative that I report any topical or oral medications (prescription and non-prescription) that I am currently using or have used in the last 90 days. Should I begin using any new medications during the course of my treatments, I will inform my provider. I release Honolulu MedSpa of any and all responsibilities relating to adverse reactions due to non-disclosure.

I. Pre & Post Care Compliance: I acknowledge that Honolulu MedSpa has provided me with a copy of the “Pre and Post Care” instructions for this procedure. I understand it is important to follow these instructions to maximize treatment results and to minimize the chance of an adverse reaction. I accept all responsibilities of adverse reactions due to noncompliance with pre and post treatment care guidelines.

J. Questions & Concerns: I agree if I have any questions, prospective adverse reactions, or concerns regarding my treatment, I will contact Honolulu MedSpa within 2 weeks from the time of treatment to make arrangements to be evaluated. I understand that if I do not contact Honolulu MedSpa within 2 weeks from the time of treatment then Honolulu MedSpa may not be able to accurately determine whether my question or concern is directly related to the procedure. If I choose to consult my own physician or seek any other medical attention it is at my own expense.

K. Pregnancy (female patients only): Even though there is no evidence of complications, we will not perform this treatment if you are pregnant. I certify that I am not currently pregnant. I agree that if I become pregnant at any time during the course of my treatments I will inform Honolulu MedSpa.

L. Release of Liability: I release all Honolulu MedSpa staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Hawaii.

M. Binding Arbitration Agreement: In the case of any dispute, I agree to make a good faith effort to resolve the matter directly with Honolulu MedSpa. If the matter cannot be resolved directly with Honolulu MedSpa I agree to forego litigation and submit to binding arbitration in the state of Hawaii.

N. Certification of Consent to Proceed with Treatment: I understand that this treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. I understand that if I am not willing to accept all risks associated with this procedure then I should not have the procedure. I certify that all my questions have been addressed and answered to my satisfaction, that I have read this entire consent, and that I understand and agree to the information herein. I understand that to receive HA filler at Honolulu MedSpa, I must comply with all stipulations outlined in this consent form; if I do not agree then I will not be able to proceed with treatment. I freely and voluntarily accept all risks associated with HA filler and elect to proceed with treatment today as well as future and ongoing treatments.

Patient Name (print)  
Patient/ Guardian Signature  
Date

Provider Name (print)  
Provider Signature  
Date