**(please add your own company logo here)**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area to be treated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dermal Filler (Hyaluronic acid) - Lip Augmentation**

**Information and Consent to Treatment**

This information is to help you make an informed decision about whether to have the proposed treatment with Dermal Filler. The information contained within this consent form relates to reversible filler (**Hyaluronic acid**). The decision with which to have treatment will be taken according to the treatment indication and your wishes and only after a full discussion with the treating clinician.

**Type of Filler**

Dermal fillers bring about a temporary change in tissue.

**Hyaluronic Acid** is a naturally occurring sugar-gel filler which has been synthetically produced to treat facial lines and depressions. Juvederm, Belotero, Teoxane and PerfectHA are all examples of fillers. Hyaluronic acid can be reversed by using a product known as Hyaluronidase, which will break the filler down quickly.

**Used to treat**

* To correct or enhance facial contours; cheeks, temples, jawline, nose, chin.
* To define, correct or enhance lips
* To soften and correct facial wrinkles or folds
* To restore lost volume in hands to reduce appearance of veins and tendons
* To improve the tone, texture and hydration of the skin.

**Results**

All patients respond differently to treatment. Effects can be treatment planned but will vary from each patient. Results vary depending on area treated and product used.

Hyaluronic acid filler longevity (approx):

|  |  |
| --- | --- |
| AREA TO BE TREATED: | Lips |
| APPROXIMATE LENGTH OF RESULT: | 6 - 12 months |

*Not all wrinkles, volume loss and tissue defects respond to dermal filler treatment. Alternatives to dermal filler include chemical peels, laser resurfacing, surgical procedures or Botulinum Toxins (this list is not exhaustive and your alternatives are discussed as part of your treatment options). Your clinician will be able to advise you on the best course of treatment and likely outcomes.*

***FAQ’s: Things to know before your treatment!***

👩🏻‍⚕️It is important to tell your practitioner about any **health problems** or any treatment you may have undergone in the past few months or at present.

💊 You must disclose all **medication** you are currently taking or if you have had a history of bleeding disorders, cosmetic surgical procedures, immuno-suppressive therapies and history of any keloid scarring.

👄 If you have previously been diagnosed with facial herpes simplex (cold sores) please inform your physician as lip filler can result in an outbreak of cold sores. Treatment cannot be administered if there is an active skin infection.

🤱🏼 **Pregnant** women or nursing mothers should **not** undergo Lip Filler treatment

🙅‍♀️ You have the option to simply not have treatment at all - this is an elective procedure.

⏰ Consultation and procedure time is around **30 minutes** and has minimal if any discomfort.

💉 Dermal filler is usually placed in one visit to give the required amount of correction to the tissues. You will be offered **local anaesthetic** to reduce the discomfort during the procedure where appropriate, which may be topical or injected.

✅ The effects are seen straight away. Bruising after treatment should subside within three weeks. Treatment can last anywhere between 6 - 12 months.

📷Clinical **photographs** will be taken before and throughout treatment sessions for diagnostic purposes, documenting and to compare results. You may receive copies of these photographs free of charge.

📋You must follow the **aftercare** given and avoid any skin treatmentssuch as peels or facials, sun exposure and extremes of hot and cold for at least 14 days.

📞 You will be booked in for a **review appointment** 2 weeks later. Please get in touch before then if you have any questions or complications regarding the treatment. Practice number:**(add practice phone number here)**

***Side effects and risks associated with Hyaluronic acid - Lip filler***

|  |  |
| --- | --- |
| Common Side Effects | Uncommon Side Effects/Risks |
| ❌ Bleeding and Bruising - It is important not to take any aspirin, non-steroidal anti-inflammatories or herbal remedies for approximately one week post treatment.  ❌Pain: It is normal to feel some tightness, numbness or itching of the skin during and shortly after the procedure. ❌ Erythema: Redness of the skin is a common occurrence. This subsides from hours to a few days.  ❌Skin lumpiness/product lumps: This can occur after the injection of filler and will be massaged at your review. | ❌Asymmetry: The human face is not symmetrical. In some cases it may be necessary to perform additional injections. ❌Skin discolouration & pigmentation: placement of the product close to the skin may case discolouration of the overlying skin. This can also cause the skin to change pigmentation from darker or lighter ❌Damage to deep structures: There are nerves and blood vessels present which can be damaged upon deep injection of filler. This is rare and damage may be temporary or permanent. ❌Allergic reactions: These are rare. Severe allergic reactions may require immediate medical assistance.  ❌Scarring and Granuloma Formation: Painful lumps in the skin or scars are very rare.  ❌Vascular Occlusion causing necrosis. Necrosis is death of the tissue. This occurs due to compression or blockage of a blood vessel with filler. It is more common in areas of poor blood supply and the highest risk areas for this are forehead (glabella), NOSE, nasolabial fold and chin. Should compression or blockage of the blood vessel occur, swift treatment must be initiated which will include dissolution of the product (in the case of hyaluronic acid) and management. Symptoms include a bruise outside the treatment area, discolouration of the tissue (blue, purple, grey), the skin feeling cold or increasing pain. The risk of this is very low but if you are experiencing any of the above you should get in touch with the treating clinician without delay.  ❌Blindness: injection of any filler into any part of the face can result in permanent vision loss due to blockage of the ocular circulation with filler. This is an extremely rare event for which accurate statistics are not known. |

**AFTERCARE**

***Things to know after your treatment!***

|  |  |
| --- | --- |
| **Aftercare** - Please tick next to each box to acknowledge you have read and understood. | ✅ |
| Cooling: you may wish to cool the treated area in order to reduce bruising. |  |
| Swelling may worsen in the first 24 hours, and then should settle within the first few days. Cold packs can be helpful in reducing swelling. The final result may be judged at 2 weeks. |  |
| No touch: Do not touch the treated area for 24 hours. Keep your hands clean and frequently wash them. Do not apply makeup for 24 hours |  |
| Massage: Do not massage the treated area unless you are specifically told to do so. Any lumps will be massaged at your review appointment 2 weeks later. |  |
| You are advised to avoid alcohol, vigorous exercise, sun bathing, and extremes of heat or cold for 14 days post treatment. These activities have been found to increase and prolong swelling. |  |
| Facial/Skin treatments: You should avoid any skin treatments such as peels and facials, sun exposure and extremes of hot and cold for at least 14 days |  |
| Painkillers: You may take painkillers that you normally would take for a headache. Please refrain from taking Aspirin as this may worsen bruising. If you normally take a cardioprophylactic Aspirin dose, please continue with this. |  |
| Medication: it is not necessary to stop or change any of your medications unless specifically instructed. There are no known reactions with drugs or medications. |  |
| Dental appointments: You must not have any dental treatment for THREE WEEKS after dermal filler treatment. If you require an emergency dental visit, please advise your dentist that you have recently had filler as extra disinfection of the skin and mouth must be carried out prior to any dental intervention within three weeks of filler placement. |  |

⛑ **Vigilance: If you experience any colour, texture or sensory changes or increasing pain from the treatment area, or you are concerned about any aspects after treatment, you must get in touch with (add your practice name and number) The out of hours emergency telephone number is (provide an out of hours number for severe complications)**

I have taken time to read the Lips Dermal Filler information and consent from pages 1 - 4. I understand and consent to the information, risks and treatment outlined on these pages.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Patients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(add Clinician Name)

(add company name)

(add practice contact number)