Consent for CO2 Laser Skin Resurfacing

ATLANTIC
Oral Surgery & Facial Reconstruction Centres

I have been informed of the following treatment options, and the risks and benefits of each have been explained:

1. No treatment
2. Use of make up
3. _____

If you have any questions, please ask your doctor before signing.

Section A: General Information

1. CO2 laser skin resurfacing is a process by which laser light is applied to the skin of the face in an attempt to change the appearance of lines, wrinkles, skin blemishes, scars and certain other localized skin conditions.

2. CO2 laser skin resurfacing will neither stop the aging process nor totally eliminate wrinkles. The final result of treatment may not be apparent for several months.

3. Future treatment may be necessary, depending upon the success of this initial treatment. I am aware this treatment will be done at Scotia Surgery Inc., an accredited facility located in Dartmouth.

Section B: CO2 Laser Considerations

1. Treated areas will have a reddish appearance that will persist for several weeks or longer. At the junction between treated and untreated areas, a different skin color or blotching may occur.

2. The texture and color of the skin may be permanently altered. Deep areas of skin wrinkling may be minimized or softened, but not eliminated. Areas of deep skin scarring (usually from acne) may require additional resurfacing treatment.

3. CO2 laser skin resurfacing usually causes some discomfort and swelling. Oozing typically occurs and the area may become covered with a crust that will normally separate within a few weeks.

4. A skin dressing may be applied to aid in healing. If no dressing is used, it will be necessary to clean the resurfaced area 4-5 times daily and to keep the area covered with prescribed medications or ointments. Failure to do so may have negative effects on healing and the final result of laser surgery.

Section C: Risks and Complications

1. The risk of infection is rare, but should it occur, topical and/or systemic antibiotic therapy may be necessary.

2. Hyper pigmentation (the color of the treated areas becomes darker than the surrounding skin) is the most common side effect. Certain medications may be prescribed or recommended to help minimize this effect.

3. Hypo pigmentation (lightening of the skin color) is a rare complication. Both of these pigment complications usually fade in 6-12 months; however, they may be permanent.

4. **Please inform your doctor if you have used Accutane within the past year,** or if you have ever had cold sores or other blister lesions on your face. If you have used Accutane within the last year and have withheld this information **YOU** will be solely responsible for the postoperative complication that can arise and the cost of any secondary treatments that may be required

5. Scarring, although rare, is a possible complication. The scars may be hypertrophic scars that are thickened scars, and/or keloid scars that are abnormal, raised scars that may extend beyond the limits of the original scar.

6. There is a risk of eye injury from laser energy.

7. Pre-existing hypo pigmentation (lighter colored skin) will not be corrected with laser surgery. I am aware that smoking inhibits blood flow to the surgical site, and may interfere with the healing of incisions and increase complications.

Other possible risks are explained in the following:
When using lasers: Hemorrhage/hematoma, infection/hypertrophic, scar, scarring, recurrence/incomplete improvement of defect, potential need for reoperation, acne & milia formation (flare up of acne), hypo pigmentation (lighter skin), hyper pigmentation (darker skin), prolonged redness, asymmetry, nerve damage, skin necrosis.

Section D: Additional Information

This is elective, cosmetic surgery and I understand that results may vary due to individual patient differences. It is possible that my skin condition may worsen and that selective re-treatment may be required. I realize there can be **no guarantee** that the proposed treatment will be curative (healing) or meet all aesthetic (sense of beauty) expectations.

- I agree to avoid direct sunlight for 3 months after treatment and to use sun block of at least SPF 30 for 6-12 months thereafter.

Section E: Anesthesia

I consent to the administration of, _____ Intravenous Sedation, or ____ General Anesthesia, having first had the risks and benefits of each explained to me.

ANESTHETIC RISKS include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis), which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

PATIENT OBLIGATIONS IF IV ANESTHESIA IS USED

1. Because anesthetic medications cause prolonged drowsiness, you MUST be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
2. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
3. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO SO MAY BE LIFE-THREATENING!**
4. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications prescribed by this office, **using only a sip of water.**

Section F: No Guarantee of Treatment Results

1. No guarantee or assurance has been given to me that the proposed treatment will curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.

2. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, also have informed my surgeon of all medication taken, especially any ASA type. I have fully informed my surgeon of all aspects of my health history and recognize **that withholding information may jeopardize the planned goals of surgery.**

3. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result, or **may be life threatening.**

4. If any unforeseen condition should arise during surgery that may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.

5**. I understand that the surgeon's fees are separate** from the anesthesia and facility charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

6. This facility is a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities and as part of the requirements your chart will be retained and may be subject to peer review for quality control by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

Consent

I agree to have both preoperative and postoperative photos taken for my records as well as for use in medical, scientific, educational and promotional purposes. My name will not be used on any such photographs.

I certify that I have had an opportunity to fully read this consent, and that all blanks were filled in before my signing. I also certify that I read, speak and write English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

If you have any questions, please ask your doctor before signing.

Section A: General Information

1. CO2 laser skin resurfacing is a process by which laser light is applied to the skin of the face in an attempt to change the appearance of lines, wrinkles, skin blemishes, scars and certain other localized skin conditions.
2. CO2 laser skin resurfacing will neither stop the aging process nor totally eliminate wrinkles. The final result of treatment may not be apparent for several months.
3. Future treatment may be necessary, depending upon the success of this initial treatment. I am aware this treatment will be done at Scotia Surgery Inc., an accredited facility located in Dartmouth.

Section B: CO2 Laser Considerations

1. Treated areas will have a reddish appearance that will persist for several weeks or longer. At the junction between treated and untreated areas, a different skin color or blotching may occur.
2. The texture and color of the skin may be permanently altered. Deep areas of skin wrinkling may be minimized or softened, but not eliminated. Areas of deep skin scarring (usually from acne) may require additional resurfacing treatment.
3. CO2 laser skin resurfacing usually causes some discomfort and swelling. Oozing typically occurs and the area may become covered with a crust that will normally separate within a few weeks.
4. A skin dressing may be applied to aid in healing. If no dressing is used, it will be necessary to clean the resurfaced area 4-5 times daily and to keep the area covered with prescribed medications or ointments. Failure to do so may have negative effects on healing and the final result of laser surgery.

Section C: Risks and Complications

1. The risk of infection is rare, but should it occur, topical and/or systemic antibiotic therapy may be necessary.
2. Hyper pigmentation (the color of the treated areas becomes darker than the surrounding skin) is the most common side effect. Certain medications may be prescribed or recommended to help minimize this effect.
3. Hypo pigmentation (lightening of the skin color) is a rare complication. Both of these pigment complications usually fade in 6-12 months; however, they may be permanent.
4. Please inform your doctor if you have used Accutane within the past year, or if you have ever had cold sores or other blister lesions on your face.
5. Scarring, although rare, is a possible complication. The scars may be hypertrophic scars that are thickened scars, and/or keloid scars that are abnormal, raised scars that may extend beyond the limits of the original scar.
6. There is a risk of eye injury from laser energy.
7. Pre-existing hypo pigmentation (lighter colored skin) will not be corrected with laser surgery. I am aware that smoking inhibits blood flow to the surgical site, and may interfere with the healing of incisions and increase complications.

Other possible squeals are explained in the following:

When using lasers: Hemorrhage/hematoma, infection/hypertrophic, scar, scarring, recurrence/incomplete improvement of defect, potential need for reoperation, acne & milia formation (flare up of acne), hypo pigmentation (lighter skin), hyper pigmentation (darker skin), prolonged redness, asymmetry, nerve damage, skin necrosis.

Section D: Additional Information

This is elective, cosmetic surgery and I understand that results may vary due to individual patient differences. It is possible that my skin condition may worsen and that selective re-treatment may be required. I realize there can be **no guarantee** that the proposed treatment will be curative (healing) or meet all aesthetic (sense of beauty) expectations.

- I have provided a full and truthful health and social history, including drug, alcohol and tobacco use.
- I understand that withholding information may delay healing and jeopardize the planned goals of surgery.
- I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that lack of cooperation can increase risks and complications.
- If any unforeseen condition should arise during surgery that may call for additional or different treatment from that planned, I authorize my doctor to use professional judgment to provide appropriate care.
- I agree to avoid direct sunlight for 3 months after treatment and to use sun block of at least SPF 30 for 6-12 months thereafter.
- I also agree to decrease alcohol and tobacco use as much as possible, recognizing their negative effect on healing.
- I agree to have both preoperative and postoperative photos taken for my records as well as for use inmedical, scientific, educational and promotional purposes. My name will not be used on any such photographs.

Section E: Sedation

- I understand I am not to operate any vehicle, hazardous devices or drink alcoholic beverages for at least 12 hours or until fully recovered from the anesthetics and/or medication.
- I agree to the use of a local anesthetic, sedation or general anesthesia depending on the judgment of the surgeon involved in the case.
- I have been informed of possible complications of the surgery, anesthesia, other drugs and medications.

Consent

I certify that I have had an opportunity to read this entire consent, that all blanks were filled in before my signing, and that all my questions were answered to my satisfaction. I also agree to the taking of photographs/video for scientific or educational purposes. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the CO2 laser surgery.

This facility is a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities and as part of the requirements your chart will be retained and may be subject to peer review for quality control by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

Date:

Patient's (or Legal Guardian's) Signature

Date:

Witness' Signature