**IADVL- Academy**

**SIG (Special Interest Group) Aesthetics 2020-21**

**CONSENT FORM FOR INJECTION LIPOLYSIS**

(Please acknowledge the source when using this consent form)

Mr/Mrs./Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the PROCEDURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**Procedure Details:**

**I HAVE BEEN INFORMED IN THE LANGUAGE I BEST UNDERSTAND THAT**

Injection lipolysis is a non-invasive procedure that is intended to change the appearance of the treatment area by injecting a solution (deoxycholic acid and/ or phosphatidyl choline) in the given area to improve fullness/fat in the area.

The treatment is indicated for improvement in the appearance of moderate to severe fullness associated with submental fat, also called “double chin,” in adults. Injections are given in to the fat under the chin as well as other areas of superficial fat for fat removal. Multiple treatments are usually required and will be given at least 1 month apart.

I understand that medicine is not an exact science and that absolute and definitive perfection cannot be guaranteed. Patients with small fat deposits will respond better than those who are overweight, and hence, more than one treatment session in the same area is typically required to achieve optimal outcomes.

**I AM ALSO INFORMED THAT**

While injection lipolysis is a generally safe procedure, one may experience the following during or post the procedure

* Common potential side effects like swelling, bruising, pain, numbness, redness and areas of hardness in the treatment area. Injections can also cause tingling, nodules, itching, skin tightness and headache. These side effects typically resolve by themselves without treatment.
* Less common potential side effects like nerve injury – Injection lipolysis can rarely result in causing nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. Typically as per data, these injuries resolve without treatment. Temporary difficulty in swallowing (due to neck swelling), superficial skin erosions and small patches of hair loss in the beard area may rarely occur.
* There is a possibility of an unsatisfactory result. The procedure may also result in more noticeable platysma bands ( these are usually seen as vertical bands across the neck when you say “Eee”), unacceptable visible deformities or asymmetry in the treatment area.
* Some patients may experience a delayed onset of the aforementioned mentioned symptoms and other unknown adverse events may also occur.
* Pre and post procedure photographs will be taken which may be used for academic or scientific purposes.

**COST AND PAYMENT**

I have been informed about the fees and the number of sessions / package. I shall abide by the same

**Consent Letter:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her /his designated staff to perform procedure of Injection Lipolysis. Further, my signature below indicates my consent for the treatment described and my agreement to comply with the requirements placed on me by this consent form.

I have explained the medical team about all of my medical conditions, including any infection in the treatment area; any previous or planned surgery on the face, neck or chin; previous cosmetic treatments on the face, neck or chin. I do not have any trouble in swallowing, any bleeding problems I am not pregnant or lactating, and not taking blood thinners.

My questions regarding the procedure have been answered satisfactorily.

I hereby release Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her/his designated staff from any liability associated with above procedure. The payment and fee structure have been informed to me and I agree to abide by the same.

I also agree to comply with the recommended aftercare instructions.

**SIGNATURE OF PATIENT/ AUTHORIZED REPRESENTATIVE (in case of minor)**

**Name:**

**SIGNATURE OF WITNESS SIGNATURE OF OPERATING DOCTOR**

**Name: Name:**

**Date: Time: Place:**

**Was Translation to the Patient’s language required: Yes/ No**

**SIGNATURE OF THE TRANSLATOR**

**(Name and Relationship with the patient, if any)**

**POST PROCEDURE CARE:**

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* Do not massage or manipulate injected areas for 24 hours after injections.  Washing your face and applying make-up is fine.
* Do not receive facial/ laser treatments or microdermabrasion after injection lipolysis for at least 10 days.
* Refrain from aerobic exercise that increases your heart rate significantly (running, swimming, bicycling) for 24 hours following injections. Walking or other low impact forms of exercise are fine
* Refrain from using ibuprofen, aspirin, fish oil supplements, or vitamin E for 24 hours following injection
* If bruising appears, apply ice to the area for 15 minutes every hour to decrease bruising