**IADVL- Academy**

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

**CONSENT FORM FOR DERMAL THREADS**

(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:

TYPE OF THREADS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Threads used: Left\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Right\_\_\_\_\_\_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Batch number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedure Details:**

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

The dermal thread insertion or lifting procedure is a minimally invasive procedure performed under local anesthesia. The material of the threads is polydioxanone, poly L-lactic acid or polycaprolactone, which are absorbable over 6, 18 and 24 months respectively, and are biologically inert. Threads or sutures are inserted under the skin in the subcutaneous plane either directly with the thread attached to a needle or after making an entry point for a blunt

cannula that delivers the thread. Threads are of different sizes and the doctor decides the size of the thread to be used according the indication and area to be treated. The number of threads used also varies from patient-to-patient, the indication, the age and skin firmness of the patient and the area being treated. The treating doctor is the best judge of this. Lifting sutures are different from those used to rejuvenate the skin and the doctor decides which types to use.

Few threads may be inserted without any numbing of the skin. If the patient’s threshold of pain is less, a topical numbing cream may be applied. Lifting threads may need injectable topical anesthesia at the point of entry of the thread, along the tract or tumescent anesthesia, depending upon the doctor’s comfort. Threads initiate collagen production and increase the elasticity and firmness of the skin of the treated area. It takes up to 3 weeks for the results to show.

**I AM ALSO INFORMED THAT**

Alternate forms of treatment to lifting threads include a face lift surgery which is almost permanent. Rejuvenation using threads can be substituted with LASERS, radiofrequency devices, botulinum toxin, fillers, skin boosters or chemical peels. Each procedure is associated with inherent risks. Combination aesthetic treatments work best. These alternatives may be discussed with the treating doctor and an informed decision taken.

**Possible risks, Side effects and Complications:**

1. Discomfort and pain during and after the procedure is common.
2. Swelling, redness and bruising may be present post-procedure for a week.
3. Bleeding may occur during the procedure and a hematoma or blood clot may form, which may need drainage or take up to 2 weeks to resolve depending on its size. Hematoma formation is a rare complication.
4. Allergic reactions are rare as the dermal threads used are of inert material. Allergic reaction may occur to the topical or injectable anesthesia.
5. Asymmetry is a possible complication.
6. Damage to deeper structures is rare but a possible complication. Nerve injury is a potential complication. It may be temporary or permanent. This depends upon the area of the body being treated.
7. Suboptimal results which warrant additional threads may occur.
8. Thread visibility, extrusion or breakage may occur.

**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 Thread Lifting. 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 informed the doctor about my medical history regarding herpes, allergy, acne, keloids, diabetes, and autoimmune disease, treatment with anticoagulants, NSAIDS, blood thinners or corticosteroids etc. I am not pregnant or breast-feeding. In spite of this, I am aware that I may develop any allergy at any point. I give my consent to the doctor to take the necessary measures to treat my allergic reaction, if any develops. Before each treatment, I will inform the doctor if I have taken any new medications since my last treatment.

I have been informed about the other alternative methods as well as their benefits and disadvantages.

I understand the effect of the treatment with this product................................. can last for months/years. However the duration may be variable depending on the area treated, skin type, and the technique used. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am also aware that follow-up treatments may be necessary for desired results. I understand the procedure, the risks, complications and after care.

I agree that any pictures taken of my treatment site may be used for publication or teaching purposes; however, my name or identity will not be disclosed, and complete confidentiality will be maintained.

My questions regarding the procedure have been answered satisfactorily.

I hereby release Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her/his designated staff from any liability and side effects 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:**

1. Do not use make up for the next 48 hours
2. Do not massage or put excessive pressure on the treated area for the next week
3. Do not exercise the area for the next week
4. Use adequate UV protective sunscreen as advised by the doctor.
5. Avoid any NSAIDs for pain; acetaminophen is the drug of choice for pain
6. Use a vitamin K cream as advised if there is a bruise
7. Take prescription medicines if any like antibiotics as advised
8. Report SOS to the doctor in case of any untoward reactions noticed/any extrusion of thread/numbness felt