

CONSENT FOR TREATMENT

Hyaluronidase Injection Procedure

PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested hyaluronidase (Hylenex®) injection(s). I understand that these injections are used to dissolve hyaluronic acid filler material. It is used off label to dissolve hyaluronic acid deposits in the skin or the Tyndall effect (blue-ish tint) which can occur if hyaluronic acid fillers are injected too superficially. I understand that this medication can be unpredictable and spread, and may dissolve all the filler that was injected. If the filler was placed by another injector from another facility, I cannot and will not hold Nourished MedSpa and Wellness Center or it's representatives or employees responsible for any adverse outcome from the use of Hylenex® in attempting to dissolve the product at my request.

PROCEDURE

The Hylenex® will be injected into the area of concern. A series of treatments may be necessary to achieve optimal results. Dr. Carter will decide the appropriate number of treatment sessions and the amount of Hylenex® I will need at each session.

RISKS AND COMPLICATIONS

- <u>Bleeding and Bruising:</u> It is possible, though unusual, to have a bleeding episode from an injection. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other "herbs / homeopathic remedies" may contribute to a greater risk of a bleeding problem. I will not take any of these for 7 days before or after injections.
- Itching/Swelling/Pain/Redness: The most common side effect is burning on injection. Itching and swelling is also a normal occurrence following the injections. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary. Discomfort associated with injections is normal and usually of short duration. Redness in the skin occurs after injections. It can be present for a few days after the procedure.
- Infection: Although infection is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following treatment. This applies to both individuals with a past history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary. Hylenex® should not be injected into or around an infected or acutely inflamed area because of the danger of spreading a localized infection.
- <u>Allergic Reactions</u>: In rare cases, adverse reactions to hyaluronidase have been known. The allergic reactions are quite rare, but persons with known allergies to hyaluronidase of bovine or ovine origins should not be treated with hyaluronidase. Allergic reactions may include hives, difficulty breathing, and swelling of the face, lips, tongue, or throat. It may even be serious enough to warrant emergency medical treatment.
- <u>Unknown Risks:</u> The long-term effect of Hylenex® is unknown. The possibility of additional risk factors or complications attributable to the use of Hylenex® may be discovered one day.
- I understand that it is not uncommon for the treated area to look "over-dissolved or pruned." This is due to the reaction of native hyaluronic acid in the skin, which is quickly repleted and hydrated. However, since hyaluronic acid is naturally produced in the skin, dissolving it may cause a dimple or depression in the skin when Hylenex® is used which may or may not improve over time.

<u>BENEFITS</u>

Reducing the amount of hyaluronic acid filler material in soft tissue.

ALTERNATIVES

This is strictly a voluntary procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: plastic surgery for excision.

RESULTS

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and there can be no guarantee as expressed or implied either to the success or other result of treatment. I am aware that the duration of treatment is dependent on many factors including but not limited to: age, sex, tissue condition, my general health and lifestyle conditions. Clinical results will vary per patient.

QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform hyaluronidase injection therapies and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Name (please print)	Patient Signature	Date
Performed by (please print name and title)	Practitioner Signature	Date



PRE-TREATMENT INSTRUCTIONS

Hylenex Injection Procedure

Hylenex® is a prescription injectable medication that dissolves hyaluronic acid fillers. It will not dissolve any other type of filler material. You may experience discomfort and intense burning during injection. Anesthetic is used on the skin and is mixed with the filler to minimize this discomfort. The procedure takes about 30-60 minutes. After having filler dissolved, allow at least 2 weeks before you have replacement filler.

For two weeks before the procedure, AVOID:

Chemical Peels and Laser/IPL treatments

For one week before the procedure, AVOID:

• Any medications that can prolong bleeding, such as aspirin and non-steroidal anti-inflammatories (NSAIDs) order to reduce the risk of bruising and bleeding at the injection site.

If you have previously suffered from facial cold sores, please inform us as there is a risk that the needle punctures could contribute to another eruption of cold sores.

Please contact our office at 903-357-5108 with any questions or concerns.



POST-TREATMENT INSTRUCTIONS

Hylenex Injection Procedure

You should see an immediate improvement in the treatment areas. You may experience pain, tenderness, temporary redness, swelling, bruising, firmness, and bumps at the injection sites. Frequently applying ice to the injection sites to the first 12-24 hours will substantially reduce these symptoms. Any bumps or marks from the extremely small needle sticks will go away within a few hours.

The initial swelling after lip treatment may last longer. Some patients experience swelling for about a week and the lips can look somewhat uneven during that time. This means that the result immediately after the treatment should not be seen as the final result.

After the procedure:

- Wear Sunblock to protect your skin. Sunlight may cause permanent discoloration after bruising.
- You may shower and do most other regular daily activities
- You may apply makeup gently.
- Tylenol should be sufficient to minimize any discomfort

For <u>24 hours</u> after the procedure, you should AVOID:

- Strenuous Exercise
- Sun exposure/heat exposure/tanning beds
- Alcoholic Beverages
- Aspirin and/or non-steroidal anti-inflammatory medications
- Massaging/pressing areas treated
- Extreme cold temperatures

For 48 hours after your procedure AVOID:

• Gingko Biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E or any other essential fatty acids.

If you have changes in your vision, signs of a stroke (including sudden difficulty speaking, numbness or weakness in your face, arms, or legs, difficulty walking, face drooping, severe headache, dizziness, or confusion), white appearance of the skin, or unusual pain during or shortly after treatment, you should notify Dr. Carter immediately.

Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.

Please make an appointment for follow-up and reassessment in 4 weeks.

Patient Name (please print)	Patient Signature	Date	