

#### CONSENT FOR TREATMENT

#### Kybella Injection Procedure

#### PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested Kybella® injection(s). I understand that it will be injected into the fat under my chin. These injections are indicated for improvement in the appearance of moderate to severe fullness under the chin in adults. Treatment of subcutaneous fat outside the chin region has is not recommended. Deoxycholic acid is a bile acid naturally produced by our livers. I understand that multiple treatments are required and will be given at least 1 month apart.

## **PROCEDURE**

The deoxycholic acid will be injected into the fat underneath the chin. I understand that the results of Kybella<sup>TM</sup> are not immediate. At my first treatment visit I will receive a series of injections in the submental (under the chin) area. At the time of injection and for several days following the injections I will have swelling in the submental area. Kybella<sup>TM</sup> will cause the fat cells to diminish gradually over the course of the next month following my injection in the treated area. A series of treatments may be necessary to achieve optimal results and these will occur at no sooner than the one-month interval. Dr. Carter will decide the appropriate number of treatment sessions and the amount of Kybella<sup>TM</sup> I will need at each session.

### **RISKS AND COMPLICATIONS**

Common potential side effects include: swelling, bruising, pain, numbness, redness, and areas of hardness in treatment area. Kybella<sup>TM</sup> injections can also cause tingling, nodules, itching, skin tightness, and headache. These side effects typically resolve without treatment and do not usually result in patients stopping treatment.

Less common potential side effects include: Nerve injury— Kybella<sup>TM</sup> injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In the clinical trials these all resolved without treatment in an average of 6 weeks. Swallowing— Kybella<sup>TM</sup> injections can temporarily cause trouble with swallowing (this is thought to be due to neck swelling). Skin Ulceration— Kybella<sup>TM</sup> injections could cause superficial skin erosions. Hair Loss— Kybella<sup>TM</sup> injections could cause small patches of hair loss in the beard area. Unsatisfactory results: There is a possibility of unsatisfactory results. The procedure may also result in more noticeable platysmal bands, unacceptable visible deformities or asymmetry in the treatment area.

## **BENEFITS**

Reduction in the appearance of a "double chin."

## **ALTERNA**TIVES

This is strictly a voluntary procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: liposuction to the area, a neck lift and/or platysmoplasty procedures.

#### 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 effect 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 Kybella™ injection therapies and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. I am certifying that I have never had any medical issues

with swallowing, have never had surgery to my neck, chin or jaw, and have not taken any blood thinners in the week before the procedure. 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

### Kybella Injection Procedure

- Consider any upcoming social plans and work commitments following your treatment
- Be aware that **aspirin**, aspirin-containing medications (ie: Motrin), fish oil, flax seed, high doses of Vitamin A or E, Ginko Biloba, or Garlic may cause undue bleeding which may result in bruising. If you wish to minimize the risk of bleeding be advised that we recommend you avoid these substances for a minimum of **three days** prior to injection.
- Begin Arnica 2 days prior to procedure and continue for a total of 5 days (2 days prior to procedure, the day of procedure and two days after). Dissolve 5 tablets on tongue three times a day. This can be purchased at any healthy food store.
- Begin eating 1 cup of fresh pineapple two days prior to the procedure and continue for a total of four days.
- Eat a meal or light snack prior to treatment.
- Come to the office without makeup
- You should not be pregnant or nursing an infant
- It is normal for the injection site to burn for just a few minutes immediately or shortly after the injection.
- Please call to reschedule if you experience flu-like symptoms or a respiratory infection the day prior to treatment. Also call to reschedule if you notice any type of skin condition on the area to be treated.

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



# POST-TREATMENT INSTRUCTIONS

## Kybella Injection Procedure

- 1. Ice packs may be used to the treated area if needed during the first 12 hours ice for 10-15 minutes on the hour.
- 2. Do not massage the injection site.

**Patient Name (please print)** 

- 3. If needed, and are able to tolerate, you may take ibuprofen.
- 4. Avoid heavy exercise the day of your treatment.
- 5. Inform our office immediately if a reaction has occurred. If there is any significant swelling, bleeding, dusky discoloration or muscle weakness, difficulty swallowing or smiling or fever occurs. If immediate care is needed, call Dr. Carter, proceed to the nearest emergency room, or call 911.

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 1 month.	

**Patient Signature** 

**Date**