

COSMETIC INJECTION PATIENT CONSENT

BEACHWOOD PLASTIC SURGERY & MEDICAL SPA

3609 Park East Drive, Suite 206
Beachwood, OH 44122
216-514-8899

WESTLAKE PLASTIC SURGERY & MEDICAL SPA

226 Crocker Park Blvd., Suite 380
Westlake, OH 44145
440-871-8899

Introduction. This informed consent document outlines most of the common and uncommon risks involving cosmetic injections. Other risks are possible. Once you have read and understood this information, and had the opportunity to ask questions and discuss any concerns with Dr. Goldman or his staff, please sign and date below.

Goals. The underlying goal of injectable treatments is facial rejuvenation: reducing wrinkles, restoring volume, improving facial contours, etc. The specific goals for your treatment should be clarified by discussion with Dr. Goldman or his staff prior to signing this form.

Alternatives to injections include no treatment, skin care, laser resurfacing, chemical peels, facelifts and other surgical therapies, and other modalities.

Risks. Every procedure (surgical or non-surgical) involves risks that can only be completely avoided by foregoing treatment. Determining whether or not a procedure is right for you depends on your evaluation of the risks, benefits, goals, alternatives, and recovery associated with the procedures.

- 1. Bruising.** One of the most common risks of injection is bruising. Bruises generally resolve in 2-3 weeks and can often be concealed by cosmetics in less than a week. Please **avoid aspirin, NSAIDs (e.g., Motrin/Advil/ibuprofen, naproxen), Vitamin E, fish oil, omega-3 fatty acids for 1-2 weeks** prior to injection, since these and other supplements may contribute to bleeding. Please inform us of any supplements or medications you take prior to injection, especially Coumadin, Lovenox, or Plavix.
- 2. Bumpiness (nodularity).** Patients often feel some bumpiness, firmness, or tightness under the skin at the site of filler injections. Usually, this is not visible and resolves in 1 -2 weeks.
- 3. Swelling.** Swelling is common after injections but is usually mild and localized to the site of injection. If it becomes excessive or painful after the injection, please notify Dr. Goldman or his staff.
- 4. Allergic reaction.** True allergic reactions are rare after injectable treatments, but notify us if you develop excess swelling or redness, a rash (especially hives), unusual swelling or airway symptoms.
- 5. Infection.** Infection is rare after cosmetic injection, but please notify us if you develop excess redness, swelling, pain, any drainage, or fever after injection.
- 6. Skin necrosis.** Skin necrosis occurs when a patch of skin dies because of blocked blood flow. The skin typically becomes discolored (pale, bluish, or purple), then scabs over. Affected skin may be painful. Notify Dr. Goldman or his staff if you notice any of these signs; however, these findings are usually noted immediately after an injection. Any affected area will scar. This is a rare complication but can be severe. It is more common with permanent fillers and may be more common with fat injection than synthetic products.

7. **Blindness.** Permanent blindness is a rare complication of any facial injection (cosmetic or medical) but has been documented. This would be noticed immediately upon injection. This may also be more common with permanent fillers.
8. **Ptosis.** This is a risk only for botulinum toxins (e.g., Botox™ and Dysport™). It occurs when the botulinum toxin diffuses into the muscle that elevates the eyelid. This is temporary, usually lasting 2-4 weeks. This occurs less than 1% of the time.
9. **Headache.** Injections occasionally precipitate headaches, usually in patients prone to headache.
10. **Granulomas.** Inflammation around filler material can cause inflamed red bumps to appear in the skin. This is unusual but is more common with permanent fillers. This may present weeks or months after injection.

Other risks are possible. Please ask Dr. Goldman or our staff if you have any questions.

Consent: I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have, and consent to cosmetic injections. I understand that I have the right not to consent to this treatment. I hereby release the doctor, the person performing the injection, and the facility from liability associated with this procedure.

Patient Name

Date

Patient Signature