



Informed Consent

Chemical Skin Peels and Treatments

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about chemical skin peels and skin treatment procedures, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent form for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Chemical skin peels and other skin treatments have been performed for many years to treat a variety of skin disorders. Conditions such as sun damage, wrinkling, and uneven pigmentation may be treated with these non-invasive techniques. There are many different techniques and regimens for the application of chemical peeling and skin treatment medications. In some situations, chemical peels may be performed at the same time as other surgical procedures.

Chemical skin peels and other skin treatment procedures are not an alternative to skin tightening surgery when indicated.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin with chemical peeling agents or other medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments, such as dermabrasion, laser treatment, or surgery, to tighten loose skin. Alternative forms of treatment are associated with certain risks and potential complications.

INHERENT RISKS OF CHEMICAL SKIN PEELS AND TREATMENTS

Every medical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a procedure should be based on a comparison between the risks and the potential benefits. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of chemical skin peels and skin treatment procedures.

SPECIFIC RISKS OF CHEMICAL SKIN PEELS AND TREATMENTS

Infection:

Although infection following chemical skin peels is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur/reoccur following a chemical peel. It is important that you tell your surgeon about any past cold sores or herpes infections around your mouth before treatment is started. This applies to both individuals with a 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 procedure in order to suppress an infection from this virus. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenails, insect bites, or urinary tract infections. Remote infections, infections in other parts of the body, may lead to an infection in the operated area.

Scarring:

Although good wound healing after a procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. In some cases, scars may require treatment, with medication, lasers, or surgical procedures. Although unlikely, an unsightly scar may be permanent.

Color Change:

Chemical peeling agents can permanently lighten the natural color of your skin. There is a possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of the skin has occurred after chemical peels. A line of demarcation between normal skin and skin treated with chemical peeling agent can occur. Redness after a chemical peel may persist for unacceptably long periods of time.

Accutane® (Isotretinoin):

Accutane® is a prescription medication used to treat certain skin diseases. If you have ever taken Accutane®, you should discuss this with your surgeon. This drug may impair the ability of your skin to heal following treatment or surgery for a variable amount of time even after the patient has ceased taking it. Individuals who have taken this drug are advised to allow their skin adequate time to recover from Accutane® before undergoing skin treatment procedures.

Allergic Reactions:

In rare cases, there have been reports of allergies to drugs and agents used for chemical peeling or skin treatments, tape, suture materials and glues, blood products, topical preparations, and preservatives used in cosmetics. Serious systemic reactions to drugs used during surgery and prescription medications such as shock (anaphylaxis) may occur. Allergic reactions may require additional treatment.

Lack of Permanent Results:

Chemical peel or other skin treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical peel procedure.

Heart Problems:

Chemical peeling preparations containing phenol have been reported to produce abnormal heartbeats that may require medical treatment should they occur during the procedure. This potentially serious problem may lead to hospitalization and possibly death.

Skin Discoloration/Swelling:

Some swelling normally occurs following a chemical skin peel. The skin in or near the procedure site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods and, in rare situations, may be permanent.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur. Usually this resolves during healing, but on rare occasions, it may be chronic.

Damaged Skin:

Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatment), or radiation therapy may heal abnormally or slowly following chemical peels. The occurrence of this is not predictable. Additional treatment may be necessary. If you have ever had such treatments, you should inform your surgeon.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

Pain:

You may experience pain after your treatment. Pain of varying intensity and duration may occur and persist after surgery. Very infrequently, chronic pain may occur after chemical peel procedures.

Unknown Risks:

There is a possibility that additional risk factors of chemical skin peels and skin treatments may be discovered.

Sun Tanning:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage. If you have a recent tan, your procedure(s) may be cancelled or delayed.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medications may delay or interfere with healing. Patients with massive weight loss may experience a delay in healing that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery period due to the length of the surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may be involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerves involved in scar tissue formation. Often, massage therapy and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain the accumulated blood or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to an increased risk of bleeding and additional surgery. It is important to follow post-operative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is a risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can cause bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infections/pneumonia, ingrown toenails, insect bites, tooth abscesses, or urinary tract infections. Infections in other parts of the body, may lead to an infection

in the operated area. Post-operative infections often result in more extensive scarring and predispose to revision surgery.

Ileus:

The return of bowel function following surgery is important. An ileus is a disruption in the bowel function caused by the failure of peristalsis or hypomobility of your bowels/gut resulting in a lack of defecation, and possibly repeated vomiting. Anesthetics and medications like pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications and possibly hospitalization. Repeated vomiting could result in aspiration pneumonia and respiratory failure. It is essential to have regular bowel function after your surgery.

Scarring:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scarring may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is also a possibility of visible marks in the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but on rare occasions, it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures:

Most surgical techniques use deep sutures. These sutures may be noticeable after your surgery. Sutures may spontaneously poke through the skin, become visible, or cause irritation that requires suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involve risk. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient in regular contact with a Pain Therapy Practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the post-operative period. On rare occasions, chronic pain may occur from nerves becoming trapped in scar tissue or due to tissue stretching.

Certain nerve endings may become involved in healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage therapy and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondary to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots migrating to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk associated with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins. A personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you currently take regularly. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

In rare cases, fat particles or air can enter the vascular system and can travel to the heart, lungs, or brain. This can result in significant complications including death.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, regarding the results that may be obtained. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of treatment. It may be necessary to perform additional treatments to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

Travel Plans:

Any procedure holds a risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that the procedure can be timed accordingly. There are no guarantees that you will be able to resume all activities in the desired timeframe.

Long-term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your procedure.

Body Piercing:

Individuals who currently wear body jewelry in the procedure region are advised that an infection could develop from this activity. Body jewelry should be removed prior to your procedure.

Jewelry:

Jewelry should not be brought with you during your procedure. Items, such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Pregnancy and Breastfeeding:

Certain types of chemical peels should NOT be performed during pregnancy. Let your surgeon know if you are, recently were, or plan to become pregnant. The chemicals in some of the peels may pose a risk to the fetus, and the hormonal changes during pregnancy may affect the healing and appearance of your skin.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, meaning there may be a risk of unplanned conception and pregnancy.

Mental Health Disorders and Elective Procedures:

It is important that all patients seeking to undergo elective procedures have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional procedures, and are often stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

PATIENT COMPLIANCE:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time

of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need to return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk of significant complications, such as skin loss and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significantly negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your current status regarding the items below:

___ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

___ I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

___ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

___ I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

It is important to refrain from smoking for at least 6 weeks before your procedure and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and I understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine or blood test just before surgery may be done to assess the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose your smoking habits with your surgeon.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communication include telephone, text, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there will be a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

___ Telephone
 ___ Home (- -)
 ___ Work (- -)
 ___ Cell (- -)
___ Text

____ Pager – Answering Service if available
____ Email – with up to date email address (_____ @ _____)
____ Regular Mail and Delivery

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including a decision not to proceed with surgery. This document is based on a thorough evaluation of scientific literature and relevant clinical practices to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. James Anthony and assistants that may be selected to perform **Chemical Skin Peels and Treatments**.

I have received the following information sheet: **Chemical Skin Peels and Treatments**.

2. I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such procedures that are in the exercise of his or her professional judgment and deemed necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific regarding my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to being photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the procedure room.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
8. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
9. I realize that not having the procedure is an option. I opt out of having this procedure _____.
10. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date/Time _____ Witness _____