

### Consent for Dermal Filler Treatments

Dermal fillers are used for the treatment of facial creases, wrinkles, folds, contour defects, depression scars, facial lipoatrophy (loss of fat), and enhancement purposes. These treatments involve multiple injections of filler into or below the skin to fill wrinkles and restore volume. The effects of dermal fillers are temporary, and no guarantees can be made regarding how long correction will last in a specific patient. Alternatives to temporary fillers include, but are not limited to permanent dermal fillers, laser resurfacing and skin tightening, surgical face-lift, or no treatment at all. Possible risks, side effects, and complications with dermal fillers include, but are not limited to:

- ❖ Bruising, redness, and swelling
- ❖ Visible raised areas or bumpiness at/around the treated site
- ❖ Asymmetry, overcorrection, or under correction
- ❖ Unpredictable persistence of filler, either shorter or longer than anticipated
- ❖ Prolonged discoloration of the skin such as brown, grayish, bluish, or reddish coloration
- ❖ Filler material may be extruded from the skin in rare cases
- ❖ Prolonged or severe swelling
- ❖ Infection
- ❖ Rarely granulomas or firm nodules may form
- ❖ Benign tumor formation (keratoacanthomas)
- ❖ Allergic reaction with itchiness, redness, and in extremely rare cases generalized
- ❖ Allergic response such as whole body swelling, respiratory problems, and shock
- ❖ Scarring is extremely rare
- ❖ Skin breakdown or ulceration
- ❖ Blindness

A remote and rare risk is that of filler injection into a blood vessel (blood vessel occlusion) or overfilling tissue that can block blood flow to the treated area or to distant areas, causing tissue damage and tissue death (necrosis), which can be seen as skin breakdown or ulceration. Blood vessel occlusion near the eye can result in blindness.

The administration of anesthetics may be necessary or advisable in association with dermal filler treatments to reduce pain. This includes but is not limited to local anesthetic such as anesthetic injections with lidocaine 1–2% with or without epinephrine; and/or topical anesthetics such as benzocaine/lidocaine/tetracaine; and/or topical oral benzocaine preparations. Complications of these anesthetics include but are not limited to skin irritation (itching or redness), lightheadedness, rapid heart rate, visual disturbance, tongue numbness, and seizure.

My signature below certifies that I have fully read this consent form and understand the written information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including: the potential benefits, risks, limitations, and alternative treatments, and I have had all questions and concerns answered to my satisfaction.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_