

Texas Health Care
Center for Aesthetic Surgery

Informed Consent for Botulinum Toxin Type A Injections
Botox® Dysport® Xeomin®

Botulinum therapy is a prescription injection for the temporary improvement in the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults less than 65 years of age. Prescription Botulinum is an injection used to temporarily improve the look of your moderate to severe frown lines without changing the look of your whole face. The untreated facial muscles still work normally, allowing you to freely show facial expressions, such as smiling, in untreated areas.

Botulinum therapy is temporary, meaning it will have to be repeated on a regular basis to remain effective. An average response is 3-4 months of diminished muscle contraction and in some cases efficacy may last longer. After a Botulinum injection, the effect gradually begins over several days and is not complete for two weeks or longer. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. Botulinum therapy may be combined with other cosmetic facial procedures such as photo-rejuvenation, microdermabrasion, and dermal filler injections to enhance the appearance.

For optimal results, it is recommended that after receiving Botulinum therapy you maintain an upright posture for at least 2 hours. During this time, do not vigorously rub or massage the treated area. You should actively contract the treated muscles (for example, frown or grimace) to increase the response of the Botulinum for one hour following the treatment. Avoid physical activity 24 hours after injection.

Contraindications For This Treatment Include:

- Pregnant or lactating women
- Clients with allergies to human albumin (small risk of viral transmission from human albumin used in Type A to provide a larger particle)
- Infection, inflammation, or dermatitis of areas to be injected
- Fever, flu, or cold symptoms
- Facial asymmetry such as Bell's Palsy
- Clients with neurologic disorders including:
 - Amyotrophic Lateral Sclerosis (Lou Gherig's Disease)
 - Myasthenia Gravis
 - Lambert Eaton Disorder
 - Multiple Sclerosis
 - Parkinson's disease
- **Dysport®, a form of Botulinum, contains cow's milk protein and should not be used by patients with a cow's milk allergy.**

PRECAUTIONS:

- Antibiotics may potentiate the effects of Botulinum therapy.
- Clients taking aminoglycosides or medications that interfere with neuromuscular transmission may have a potentiated effect
- Thick sebaceous skin may have very deep wrinkles making them a poor candidate
- A natural eyelid ptosis may be more susceptible to drooping of the eyelid.
- Botulinum therapy does not diffuse over scar tissue (the appearance of scar tissue may diminish following injection of Botulinum into neighboring wrinkles).
- Due to bruising, you should schedule Botulinum injections at least 2 weeks prior to an important event, 3-4 weeks prior is recommended.
- No alcoholic beverages 24 hours prior to Botulinum injections (may increase bruising)
- Avoid blood thinning medications 2 weeks prior to Botulinum injections

Initial after reading this page _____

I am aware of the following risks:

1. **Mild to moderate discomfort or pain.** Many patients describe the sensation as a pin-prick.
2. **Slight redness or swelling** of the skin, usually lasting only a few hours.
3. **Bruising** in the treated area that may last for several days after the injections.
4. **Dry Mouth**

Though rare, I am aware the following may also be considered a risk:

- **Temporary eyebrow or eyelid drooping and/or double vision** may occur if the Botulinum affects the muscles which move the eye and eyelid.
- **Transient muscle twitching**
- **Transient headache**
- **Infection.** Whenever the skin barrier is penetrated infection is possible. Should any type of skin infection occur additional treatment, including antibiotics, may be necessary.

I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize a staff member of THC, who has been trained, to perform Botulinum injections on me. Alternative means of treatment, such as no treatment, topical creams, chemical and laser peels, IPL photorejuvenation, or surgical face, brow, or eyelid lift have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the THC staff has explained the nature of my condition, the nature of the procedure, alternative treatments and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the Botulinum injection and to follow post-Botulinum injection instructions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my Botulinum injections in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Job Title

Date