

# INFORMED CONSENT - DERMAL FILLER INJECTION

(Hyaluronic Acid Filler, Calcium Hydroxylapatite Filler, Poly-L Lactic Filler)

## Introduction

Dermal fillers are injected under the skin's surface in order to temporarily correct wrinkles. They add volume by filling lines, wrinkles and folds from the inside out. After the first treatment, an additional treatment of filler may be needed to achieve the desired level of correction. The need for additional treatments varies from patient to patient. Over time, the filler will gradually break down and be absorbed by your body. As a result, injections will need to be repeated to maintain the desired effect. Depending on the filler type used, results can last from 3 months up to 2 years.

## Alternative Treatments

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative types of surgery such as a blepharoplasty face or brow lift when indicated. Minor skin wrinkling may be improved through chemical skin-peels, lasers, injection of Botox, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

## Risks of Dermal Filler Injections

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of tissue filler injections.

**SWELLING, REDNESS, PAIN, ITCHING, BRUISING, SKIN DISCOLORATION, AND TENDERNESS** may occur but typically resolve within 2-3 days. Hypersensitivity reactions or acne-like reactions may also occur. The results are **NOT PERMANENT**. It may last 4-6 months or longer.

**Bleeding**- It is possible, though unusual, to have a bleeding episode from a tissue filler injection. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for seven days before tissue filler injections, as this may contribute to a greater risk of a bleeding problem.

**Damage to deeper structures**- Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Migration of Tissue Filler**- Tissue fillers may migrate from their original injection site to other areas and produce temporary distortion of other areas or other unintended effects.

**Eye Disorders** – Dry eyes, drooping eyelids (ptosis), double vision, eyelid ectropion (looseness of the lower eyelid) and corneal exposure can occur, as well as other eye disorders, such as functional and irritative disorders. Blindness is extremely rare, however it can be caused by internal bleeding around the eyeball or needle stick injury.

**Asymmetry**-The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to tissue filler injection.

**Skin disorders**- Skin rash and swelling may rarely occur following tissue filler injection.

**Allergic reactions**-As with all biologic products, allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment.

**Unsatisfactory result**-There is the possibility of a poor or inadequate result from tissue filler injection. Additional tissue filler injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

**Infection**- Infection is extremely rare after tissue filler injection. Should an infection occur, additional treatment including antibiotics may be necessary?

**Long-term effects**- Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to tissue filler injections. Tissue filler injection does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary. The long term effect of tissue filler on tissue is unknown. There is the possibility that additional risk factors may be discovered.

**Pregnancy and nursing mothers**- Animal reproduction studies have not been performed to determine if tissue fillers could produce fetal harm.

**Drug Interactions**- The effect of tissue filler may be altered by other drugs that you are taking.

### **Additional Treatments Necessary**

There are many variable conditions in addition to risk and potential complications that may influence the long term result of tissue filler injections. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with tissue filler injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

### **Financial Responsibility**

The cost of tissue filler injections may involve several charges. This includes the professional fee for the injections, follow up visits to monitor the effectiveness of the treatment, and the cost of the tissue filler material itself. Additional costs of medical treatment would be your responsibility should complications develop from tissue filler injections.

---

### **Informed Consent**

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 Texas Healthcare 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 filler injection and to follow post-injection instructions.

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

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name/Job Title

\_\_\_\_\_  
Date