

**Texas Health Care, PLLC
Center for Aesthetic Surgery**

KYBELLA™ Treatment Consent Form

KYBELLA™ (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat, also called “double chin,” in adults.

KYBELLA™ is injected into the fat under the chin (no more than 50 injections or 10mL under the skin), KYBELLA™ injections will be given at least 1 month apart. Your physician will determine how many treatments are needed.

RISKS OF KYBELLA™ INJECTIONS

Every injection of a drug involves certain amount of risk. Below are risks reported during clinical studies that are specific to the injection of KYBELLA™:

- KYBELLA™ injections commonly cause swelling, bruising, pain, numbness, redness and areas of hardness in the treatment area. KYBELLA™ injections can also cause tingling, nodule, itching, skin tightness, and headache. These side effects typically resolve without treatment.
- Other less common potential side effects include:
 - **Nerve Injury:** KYBELLA™ injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In the clinical trials these all resolved without treatment in an average of 6 weeks.
 - **Swallowing:** KYBELLA™ injections can temporarily cause trouble with swallowing.
 - **Skin Ulceration:** KYBELLA™ injections could cause superficial skin erosions.
 - **Alopecia:** KYBELLA™ injections could cause small patches of alopecia (hair loss) in the treatment area.
 - **Unsatisfactory Results:** There is a possibility of unsatisfactory result from injections of KYBELLA™. The procedure may result in unacceptable visible deformities or asymmetry in the treatment area.

BEFORE RECEIVING KYBELLA™ INJECTIONS

KYBELLA™ should not be injected if there is an infection in the treatment area. Before receiving KYBELLA™, patients should tell their physician about all of their medical conditions, including if they:

- Have had or plan to have surgery on the face, neck, or chin
- Have had cosmetic treatments on the face, neck, or chin
- Have had or have medical conditions in or near the neck area
- Have had or have trouble swallowing
- Have bleeding problems or are taking blood thinners
- Are pregnant, plan to become pregnant, or breastfeeding. It is not known if KYBELLA™ will harm an unborn baby or pass into breastmilk.

I have informed my physician about all the medications I take, including prescription and over-the-counter medicines, vitamins, and herbal supplements, especially those that prevent the clotting of blood (antiplatelet or anticoagulant medicine.)

I agree that I will advise my physician if I develop signs of marginal nerve paresis (e.g. asymmetric smile, facial muscle weakness), difficulty swallowing, or if any existing symptom worsens.

I acknowledge that, as with any cosmetic procedure, results cannot be guaranteed. I understand that several injections are required, 30 days apart to achieve optimal results. The fees of the injection have been explained to me. By signing this document, I give consent for the KYBELLA™ to be administered. This consent form will also cover any future KYBELLA™ injections.

Patient Signature

Date

Witness

Date