



# Renaissance Clinique

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## **Informed consent – Hylaform® injection**

### **Instructions**

This informed-consent document has been prepared to help inform you about Hylaform® (*animal-origin, stabilized hyaluronic acid, INAMED*) tissue-filler injection therapy, its risks, and alternative treatments.

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 for this procedure as proposed by your plastic surgeon and agreed upon by you.

### **General information**

Hyaluronic acid is a naturally occurring sugar that is found within all mammals. It is a material that is contained in various soft tissues. Hyaluronic acid can be synthetically produced from animal tissues, chemically stabilized, and purified for use as an injectable soft tissue filler (*animal-origin, stabilized hyaluronic acid, INAMED*). Hylaform® has been FDA approved to treat areas of facial wrinkling and soft tissue depressions.

Hylaform® injections are customized for every patient, depending on his or her particular needs. Hylaform® cannot stop the process of aging. It can however, temporarily diminish the appearance of wrinkles and soft tissue depressions. Hylaform® injections may be performed as a singular procedure, in combination with other treatments such as BOTOX®, or as an adjunct to a surgical procedure. Hylaform® injections require regional nerve blocks or local anesthetic injections to diminish discomfort. Soft tissue fillers, including Hylaform®, produce temporary swelling, redness, and needle marks, which resolve after a few days time. Continuing treatments are necessary in order to maintain the effect of Hylaform® over time. Hylaform® once injected will be slowly absorbed by the body. The length of effect for Hylaform® injections is variable.

### **Alternative treatments**

Alternative forms of management include not treating the skin wrinkles or soft tissue depressions by any means. Improvement of skin wrinkles and soft tissue depressions may be accomplished by other treatments: laser treatments, chemical skin-peels, other skin procedures, or dermabrasion, alternative types of tissue fillers, or surgery such as a blepharoplasty, face or brow lift when indicated. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

### **Risks of hylaform® injections**

Every procedure to inject soft tissue filler materials 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, you should discuss each of them with your physician to make sure you understand the risks, potential complications, limitations, and consequences of Hylaform® injections.



# Renaissance Clinique

*Beauty through Art, Science & Technology*

Problems associated with the use of tissue fillers can relate to normal occurrences following tissue filler injections, or potential complications following tissue filler injections, including Hylaform®. Additional advisory information should be reviewed by patients considering tissue filler treatments that involve Hylaform®.

## **Normal occurrences during tissue filler injections, including hylaform®**

**Bleeding and Bruising-** It is possible, though unusual, to have a bleeding episode from a Hylaform® injection or local anesthesia used during the procedure. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other “herbs/homeopathic remedies” may contribute to a greater risk of a bleeding problem. Do not take any of these for seven days before or after Hylaform® injections.

**Swelling-** Swelling (edema) is a normal occurrence following the injections. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary.

**Erythema (Skin Redness)-** Erythema in the skin occurs after injections. It can be present for a few days after the procedure.

**Needle Marks-** Visible needle marks from the injections occur normally and resolve in a few days.

**Acne-Like Skin Eruptions-** Acneiform skin eruptions can occur following the injection of tissue fillers. This generally resolves within a few days.

**Skin Lumpiness-** Lumpiness can occur following the injection of Hylaform®. This tends to smooth out over time. In some situations, it may be possible to feel the injected tissue filler material for long periods of time.

**Visible Tissue Filler Material-** It may be possible to see any type of tissue filler material that was injected in areas where the skin is thin.

**Asymmetry-** The human face and eyelid region is normally asymmetrical in its appearance and anatomy. It may not be possible to achieve or maintain exact symmetry with tissue filler injections. There can be a variation from one side to the other in terms of the response to Hylaform® injections. This may require additional injections.

**Pain-** Discomfort associated with Hylaform® injections is normal and usually of a short duration.

**Skin Sensitivity-** Skin rash, itching, tenderness and swelling may occur following Hylaform injections. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away. If you are considering laser treatment, chemical skin peeling or any other procedure based on a skin response



# Renaissance Clinique

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after Hylaform treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the implant site.

## **Risks of hylaform® injections**

**Infection-** Although infection following injection of tissue fillers is unusual, bacterial, fungal, and viral infections can occur. **Herpes simplex virus** infections around the mouth can occur following a tissue filler treatment. This applies to both individuals with a past 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 treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

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

**Skin Necrosis-** It is very unusual to experience death of skin and deeper soft tissues after Hylaform® injections. Skin necrosis can produce unacceptable scarring. Should this rare complication occur, additional treatments, or surgery may be necessary.

**Granulomas-** Painful masses in the skin and deeper tissues after a Hylaform® injection are extremely rare. Should these occur, additional treatments including surgery may be necessary.

**Allergic Reactions and Hypersensitivity-** As with all biologic products, allergic reactions and systemic anaphylactic reactions may occur. Hylaform® is extracted from chicken tissues. Hylaform® should not be used in individuals with a history of allergic reactions to chicken (avian protein) materials as local and systemic reactions can occur. Allergic reactions may require additional treatment.

**Scarring-** Hylaform should not be used in patients with known susceptibility to keloid formation, hypertrophic scarring or pigmentation disorders.

**Granulomas-** Painful masses in the skin and deeper tissues after a Hylaform injection are extremely rare. Should these occur, additional treatments including surgery may be necessary.

**Skin Disorders-** Hylaform must not be injected into areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).

**Antibodies to Hylaform®** - Presence of antibodies to hyaluronic acid tissue fillers may reduce the effectiveness of this material or produce a reaction in subsequent injections. The health significance of antibodies to hyaluronic acid tissue fillers is unknown.



# Renaissance Clinique

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**Accidental Intra-Arterial Injection-** It is extremely rare that during the course of injection, Hylaform® could be accidentally injected into arterial structures and produce a blockage of blood flow. This may produce skin necrosis in facial structures or damage blood flow to the eye, resulting in loss of vision. The risk and consequences of accidental intravascular injection of Hylaform® is unknown and not predictable.

**Under / Over Correction-** The injection of soft tissue fillers including Hylaform® to correct wrinkles and soft tissue contour deficiencies may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of injection of tissue fillers due to factors attributable to each patient's situation. If under correction occurs, you may be advised to consider additional injections of tissue filler materials.

**Migration of Hylaform® -** Hylaform® may migrate from its original injection site and produce visible fullness in adjacent tissue or other unintended effects.

**Drug and Local Anesthetic Reactions-** There is the possibility that a systemic reaction could occur from either the local anesthetic or epinephrine used for sensory nerve block anesthesia when tissue filler injections are performed. This would include the possibility of light-headedness, rapid heart beat (tachycardia), and fainting. Medical treatment of these conditions may be necessary.

#### **Additional advisories**

**Unsatisfactory Result-** Hylaform® injections alone may not produce an outcome that meets your expectations for improvement in wrinkles or soft tissue depressions. There is the possibility of a poor or inadequate response from Hylaform® injection(s). Additional Hylaform® injections may be necessary. Surgical procedures or other treatments may be recommended in addition to Hylaform® treatments.

**Unknown Risks-** There is the possibility that additional risks and complications attributable to the use of Hylaform® as a soft tissue filler material may be discovered.

**Combination of Procedures-** In some situations, BOTOX® injections or other types of tissue filler materials may be used in addition to Hylaform® in order to specifically treat areas of the face or to enhance the outcome from tissue filler therapy. The effect of other forms of external skin treatments (laser and other light therapies, microdermabrasion, dermabrasion, or chemical peels) on skin that has been treated with Hylaform® is unknown.

**Pregnancy and Nursing Mothers-** Animal reproduction studies have not been performed to determine if Hylaform® could produce fetal harm. It is not known if Hylaform® or its breakdown products can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive Hylaform® treatments.

**Drug Interactions-** It is not known if Hylaform® reacts with other drugs within the body.



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**Long-Term Effects-** Hylaform® injections should not be considered as a permanent treatment for the correction of wrinkles and soft tissue depressions. Over time, the Hylaform® material is slowly absorbed by the body and wrinkles or soft tissue depressions will reappear. Continuing Hylaform® treatment (injections) are necessary in order to maintain the effect of Hylaform®.

Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss of gain, sun exposure, or other circumstances not related to Hylaform® injections. Future surgery or other treatments may be necessary. Hylaform® injection does not arrest the aging process or produce permanent tightening of the skin or improvement in wrinkles.

## **Financial responsibilities**

At the Renaissance Clinique we offer many different options to our patients in order to make it easy to decide how to finance their cosmetic procedure. The price we quote you at the time of your consultation includes all costs and does not contain any hidden fees for operating room or other such fees that other practices may not disclose until the last minute.

### **Cash**

Paying in cash is always the simplest and easiest way to make a payment.

### **Money Order & Cashiers Check**

We accept money orders and cashiers checks for any amount.

### **Credit Card**

We accept all major credit cards including:

- Master Card
- Visa
- American Express

### **Financing**

It's no longer necessary to delay a surgical procedure that you really want, nor worry about the inability to pay for treatment. We work together with Connect Capital. This option will allow you to make low monthly payments over an extended period of time. Of course, you are always welcome to go through your own bank, financial institution or credit company to secure a loan as well. The choice is yours. Look at our website to download the application form.

### **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). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different



# Renaissance Clinique

*Beauty through Art, Science & Technology*

information which is based on all of the facts pertaining to 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 of your questions answered before signing the consent on the next page.**

## **Consent for surgery / procedure or treatment**

1. I hereby authorize Dr. Montroyal and such assistants as may be selected to perform the following procedure or treatment:

**HYLAFORM® INJECTION** (list the anatomic areas where injected)

I have received the following information sheet:

## **INFORMED CONSENT – HYLAFORM® INJECTION**

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 other procedures that are in the exercise of his or her professional judgment 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 acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

5. I consent to be 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 treatment room.

7. I authorize the release of my personal 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.



# Renaissance Clinique

*Beauty through Art, Science & Technology*

9. I realize that not having the procedure is an option.

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
- d. THAT I ACCEPT RESPONSIBILITY FOR THE CLINICAL DECISIONS MADE ALONG WITH THE FINANCIAL COSTS OF ALL FUTURE TREATMENTS TO REVISE, OPTIMIZE OR IMPROVE OUTCOMES.

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 \_\_\_\_\_

\_\_\_\_\_  
Witness