

## INFORMED CONSENT FOR FACIAL BOTULINUM TOXIN TREATMENT

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask Dr Alexandridis prior to signing the consent form.*

### THE TREATMENT

Botulinum toxin (Botox® and similar agents) is a neurotoxin produced by the bacterium *Clostridium botulina*. Botulinum toxin can relax the muscles on areas of the face and neck which can cause wrinkles associated with facial expressions or facial pain. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable since those muscles will be temporarily paralyzed. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles. Botox® is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes 15-30 minutes and the results can last up to 3 months. With repeated treatments, the results may tend to last longer. The injections are customized for every patient, depending on their needs. Botox may also be used to treat axillary hyperhidrosis, or excessive underarm sweating.

Initial \_\_\_\_

### RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure. No procedure is completely risk-free. The following adverse events may occur, but there may be unforeseen risks and/or risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization, and/or extended outpatient therapy to permit adequate treatment.

In this specific instance, such risks include, but are not limited to,

1. Post treatment discomfort, swelling, redness, and bruising,
2. Double vision,
3. A weakened tear duct,
4. Post treatment bacterial, and/or fungal infection requiring further treatment,
5. Allergic reaction,
6. Ptosis, or minor temporary drooping of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks,
7. Occasional numbness of the forehead lasting up to 2-3 weeks,
8. Transient headache, and
9. Flu-like symptoms may occur.

In addition, it is possible to experience an incomplete block where more injections are required to achieve the cosmetic goal. Asymmetry may become more pronounced and there may be variation between the treatment effects on either side. Migration of the neurotoxin may produce unintentional facial muscle paralysis. Patients with dry eyes may find that injection around the eyes may exacerbate this condition.

Initial \_\_\_\_

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### ALLERGIES, NEUROLOGIC DISEASE, & PREGNANCY

I do not have any significant neurologic disease including but not limited to Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton syndrome, amyotrophic lateral sclerosis (ALS), or Parkinson’s Disease.

I do not have any allergies to the toxin ingredients, or to human albumin.

If I am a female, I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). Initial \_\_\_\_

### ALTERNATIVE PROCEDURES

Alternatives to the procedures (including not treating skin wrinkles, or by using chemical peels, topical agents, or injectable fillers) and options that I have volunteered for have been fully explained to me. Initial \_\_\_\_

### POST-PROCEDURE INSTRUCTIONS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 – 10 days and usually lasts up to 3 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before while the injection is effective but that this will reverse after a period of months at which time re-treatment may be appropriate.

*I understand that in order to prevent significant complications related to migration of the neurotoxin, I must stay in an erect posture (i.e. I will not lie down or bend forward) and that I must not manipulate or rub the areas of the injections for 4 hours.* Initial \_\_\_\_

The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify the doctor who treated me immediately. I also state that I read and write in English.

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Patient Name (Print)

Patient Signature

Date

*I am the treating physician. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.*

Alexis Alexandridis MD FACS

Doctor’s Signature

Date