

PDO Thread Lift Procedure Consent

The **PDO (Polydioxanone) Thread Lift and Smoothing** procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The PDO Lift procedure is effective in most cases, however there is no guarantee a specific patient will benefit from the procedure. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular condition.

THE PROCEDURE MAY RESULT IN THE FOLLOWING ADVERSE EXPERIENCES OR RISKS:

DISCOMFORT/PAIN - Some discomfort and/or pain may be experienced during treatment. .

BRUISING, SWELLING - With any minimally invasive procedure, bruising of the treatment area may occur along with the potential for swelling and is likely.

BLEEDING - You may experience some bleeding during the procedure. Hematoma or a small blood clot may occur and may require treatment by drainage. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within the 10 days preceding the procedure.

INFECTION - Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office immediately.

Damage to Deeper Structures: Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. The potential for this to occur varies according to the location on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent.

SCARRING - Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is very important that you follow all post-treatment instructions provided by your healthcare staff.

ALLERGIC REACTION: Allergies to tape, suture material or topical preparations have been reported. allergic reactions may require additional treatment.

PARTIAL LAXITY CORRECTION: PDO Lift may not correct all your facial laxity or sagging.

DELAY HEALING: Complications may ensue as a result of smoking, using a straw, or similar motions. Smoking and similar actions are STRONGLY discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or the removal of the sutures

____ I am not aware that I am pregnant. I am not trying to get pregnant. I am not nursing.

____ I do not have or have not had any major illness which would prohibit me from receiving PDO Threads.

____ I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

Additional Procedures May Be Necessary:

In some situations, it may not be possible to achieve optimal results with a single PDO Lift procedure and other procedures may be necessary. Although peak results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

I understand that no warranty or guarantee of specific result has been made to me. I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment, and could result in a delay to one's normal daily activities and thus economic loss.

I understand my practitioner may discover other conditions which require additional or different procedures than planned treatment. I authorize my practitioner and his or her associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand my cheeks/jowls may not achieve the desired improvement anticipated.

I understand sutures may extrude, may have to be trimmed or may have to be removed in the future.

I understand the results may relax over time and additional procedures may be required.

I consent to the taking of photos before, during or after the procedure to document my progress.

The nature of the elective procedure, its risks and potential complications have been fully explained to me along with available alternative treatments and their benefits and risks has been discussed. I understand I have the right to refuse treatment. I have been instructed to and agree to abide by all safety precautions and post treatment instructions and have been given a written copy. I understand no refunds will be given for received treatment and no guarantee(s) have been given regarding the results. I release the facility, medical staff, and other technicians from liability associated with this procedure. This consent is voluntarily executed and shall be binding on my spouse, relative, legal representatives, heirs, administrators, successors and assignees. I also state that I read and write in English.

Full Name in Print: _____

Date signed: _____

Signature