

# INTERLOCKS™

MEDSPA + WELLNESS

## INFORMED CONSENT FOR IPL LIMELIGHT AND/OR VASCULAR THERAPY

Patient Name: \_\_\_\_\_ Nurse/Aesthetician: \_\_\_\_\_

Treatment site(s): \_\_\_\_\_

The purpose of this procedure is to remove or lighten the appearance of vascular and/or pigmented lesions. The procedure involves using a pulsed light device to coagulate the vessels or vascular lesions and/or treat pigmented lesions, age spots, and sunspots by melanin absorptions. I understand it may take multiple treatments to obtain optimal results. Although these devices are effective in most cases, I may not experience complete clearance, may not respond at all, and that in rare cases some may become worse.

The following problems may occur with Limelight® treatment:

1. Some discomfort and/or pain may be experience during treatment.
2. Short-term effects may include redness, swelling, burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
3. An urticarial (hive-like) reaction may occur with smaller vessels.
4. Purpura (bruising) is a transient phenomenon that usually resolves with time.
5. During the healing process, there is a slight possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent. Avoiding sun exposure before and after treatment reduces risk of color changes.
6. Pigmented lesions may crust as part of the healing process. Epidermal crusting may develop over vascular lesions. It is important not to disturb the crusts. May require medication if sensitivity or redness occurs. Crusts will typically slough 7-14 days after treatment.
7. Hemosiderin staining - when iron leaks into tissue from blood break down - may occur and usually resolves over time, but it may be permanent.
8. Sun exposure may increase risk of side effects and adverse effects.
9. Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. Herpes simplex virus infections around the mouth can occur following a treatment for both individuals with a past history of herpes simplex virus and individuals with no known history of herpes simplex virus. Should any type of skin infection occur, additional treatments or medical antibiotics might be necessary.
10. Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions.
11. Hair reduction may occur at treatment sites. This is usually temporary but may be permanent.
12. Textural changes may occur as a result of heat diffusion and thermal injury to tissue surrounding vessels.
13. Allergic reactions. In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions may result from prescription medications.
14. Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

Compliance with the aftercare guidelines is crucial for healing, prevention of scarring and hyperpigmentation.

### ACKNOWLEDGEMENT:

I acknowledge that the following points have been discussed with me

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Reasonable anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below, I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Nurse informed should I become pregnant during the course of treatment.

I hereby authorize above named Nurse to perform IPL Limelight® and/or Vascular Therapy on me. I acknowledge that I have read and fully understand the contents of this informed consent and that all of my questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release INTERLOCKS from all liabilities associated with the above indicated procedure.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nurse/Aesthetician Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_