



Dermal Filler Treatment Information

Benefits

- Softening/eradication of lines
- Smoother skin
- Restoration of volume
- Smoother facial contours
- Plumper lips
- More youthful appearance

Alternatives

- No treatment
- Toxin
- PRP
- Micro Needling
- Thread lift
- Surgery

Reported Risks & Side Effects

Common Risks - 1 in 100 to 1 in 10

- Redness
- Swelling
- Bruising
- Discolouration
- Itching
- Pain

Uncommon Risks - 1 in 1,000 to 1 in 100

- Infection
- Allergic reaction
- Nodules
- Abscess
- Granuloma
- Cyst
- Acne form like lesions
- Unsatisfactory result

Rare Risks - 1 in 10,000 to 1 in 1,000

- Vascular occlusion (blockage in blood vessel)
- Necrosis leading to a permanent scar
- Nerve damage/pain
- Blindness

Aftercare

1. You have undergone a dermal filler treatment where hyaluronic acid has been placed in the skin. You may initially be swollen, red and bruised. This will subside within the next 1 – 10 days.

2. It is advisable that you do not touch the area for 6 hours to avoid infection and do not apply make up for approximately 12 hours unless it is mineral based.

3. Excessive exercise within the first 2-3 days may result in increased discomfort and swelling

4. Avoid exposure to UV and extreme heat i.e. sauna's, sun beds and jacuzzi's etc. for 2 weeks post-treatment, as this may also increase discomfort and swelling. .

5. It is helpful to apply a cool compress to the area to reduce any discomfort or swelling, however avoid extreme cold; this includes ice packs that are directly applied to the skin.

6. Arnica gel can be used to help reduce swelling or bruising

7. Should the rare signs of a blocked blood vessel occur (increasing pain/swelling/numbness, dusky/mottled appearance, coolness to the touch) contact your practitioner urgently.

8. Dermal fillers can feel firm for the first couple of weeks, it is important that you do not massage the area unless you have been advised to do so by your practitioner. If you experience any lumpiness after the swelling has subsided, please contact your practitioner for advice.

9. You should avoid any firm pressure to the area such as facial massages, routine dental work or skin resurfacing, during the first 2 weeks.

10. If you feel unsatisfied with the result, a review appointment can be arranged between 2-3 weeks. Please note that any additional product required will be charged for.

Dermal Filler Treatment Consent

I confirm that I have been informed that:

The dermal filler range of products being used are injected into the dermis or deeper to correct wrinkles, folds and lines of the face and skin, for lip augmentation and to restore volume. You should be aware that the combination of dermal fillers with certain drugs can reduce or inhibit hepatic metabolism (cimetidine, beta-blockers etc.) is inadvisable. You should be made aware that this product contains 0.3% of lidocaine that may produce a positive result in anti-doping tests.

The chance of having a side effect is described by the following categories:

Common - More than 1 out of 100 persons and less than 1 out of 10 persons

Uncommon - More than 1 out of 1,000 persons and less than 1 out of 100 persons

Rare - More than 1 out of 10,000 persons and less than 1 out of 1,000 persons

If any of these symptoms persist for more than one week, or if any other side effects develop please report them to the clinician as soon as possible so that they can advise on the best course of treatment. Whilst rare, such side-effects and their treatment may last several months.

The aesthetic effects of dermal fillers can last for up to 18 months but will vary depending on the condition of the skin, product used, area treated, amount of product injected, injection technique and lifestyle factors such as sun exposure and smoking.

The average life of treatment in the lips is less than in other areas because of the high vascularisation and action of the lip area. A touch-up procedure may be required 2-3 weeks after the injection and helps to optimise the results and maximise the duration of the results.

I confirm that my clinician, has:

- Discussed the risks, benefits and alternatives to this treatment as documented in Dermal Filler Information Sheet, Version 1, of which I have received a copy
- Given me the opportunity to ask all remaining questions I have about the treatment
- Given me time to consider the treatment
- Received an accurate medical history and that I have not withheld any information
- Discussed and issued me with specific aftercare pertaining to this treatment.

I therefore consent to receiving the described treatment by my clinician.

Date:

Patient Name:

Patient Signature:

Clinician Name:

Clinician Signature: