

WEST COUNTY

PLASTIC SURGEONS
of Washington University



Skin Care / Peel Consent

Prior to scheduling your facial, you must refrain from using any topical prescription for the treatment of your skin for 3-4 days. This includes prescription: retinols & Retin-A, Renova, Differern, and the like. These products can increase your sensitivity to the various chemicals & wax used during treatment.

Post treatment you should again discontinue use of topical prescription products for 3 days (unless otherwise directed) following your peel as this may interrupt with results and healing.

We may also ask you to:

- Refrain from high intensity exercise for 24 hours
- Avoid direct sunlight
- Call us immediately following what you may think is an adverse reaction
- Not to wash for a number of hours

INFORMED CONSENT - CHEMICAL SKIN PEELS and TREATMENTS ©2005 American Society of Plastic Surgeons (edited down)

GENERAL INFORMATION

Chemical skin peels and other skin treatments have been performed for many years to treat a variety of skin disorders. Conditions such as sun damage, wrinkling, and uneven pigmentation may be treated with these non-invasive techniques. There are many different techniques and regimens for the application of chemical-peeling and skin treatment medications. Chemical skin peels and other skin treatment procedures are not an alternative to skin tightening surgery when indicated.

RISKS OF CHEMICAL SKIN PEELS / SKIN TREATMENTS

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of chemical skin-peeling and other forms of skin treatment.

Skin Discoloration / Swelling- Some swelling normally occurs following a chemical skin peel. The skin in or near the procedure site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods and, in rare situations, may be permanent.

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur. Usually this resolves within 48 hours.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. Post peel instructions concerning appropriate restriction of activity, and use of sun protection must be followed in order to avoid potential complications, increased pain, and unsatisfactory result. Your physician may recommend that you utilize a long-term skin care program to enhance healing following a chemical skin peel. Physical activity that increases your pulse or heart rate may cause bruising, swelling. It is wise to refrain from intimate physical activities 24 hours after treatment. It is important that you participate in follow-up care, return for aftercare, and promote healthy skincare through a maintenance program advised specifically for you. If you should experience any of the above risk, you will notify your skin care professional.

1. I hereby authorize Dr. Myckatyn & Dr. Tenenbaum and such assistants as may be selected to perform the following: CHEMICAL SKIN PEELS and TREATMENT

I have received the following information sheet:

INFORMED CONSENT - CHEMICAL SKIN PEELS and TREATMENT

2. I have disclosed any conditions that may effect this treatment such as:

- a. Pregnancy
- b. Use of Retin-A, Accutane, or other prescription drugs indicated for skin conditions
- c. Cold sore or fever blister history

3. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

4. I will follow the advised skincare program designed for me without changing or adding any products without consulting my skin care professional.

5. I consent to be photographed before, during, and after the treatment to be performed, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. I realize that not having the treatment is an option.

7. I have read and understand the contents of this consent.

I CONSENT TO THE TREATMENT AND THE ABOVE LISTED ITEMS (1-7). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Patient Signature: _____ D.O.B.: _____ Today's Date: _____

Provider Signature: _____ Kristin Green/ Kristi Reasons-Look

Date _____ Witness _____

