

Lumina Facial Aesthetics Dr Conrad Costa BChD, MSc

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Dermal Filler Consent Form v1.0

Injectable dermal fillers are a clear Hyaluronic acid gel that is injected into facial tissues to smooth wrinkles and folds. Hyaluronic acid (HA) is a naturally occurring substance found in the body that delivers nutrients, hydrates the skin, acts as a cushioning agent, and provides 'scaffolding' to lift any folds. Dermal fillers may also be used to treat facial atrophy (loss of fat), for facial sculpting, and skin enhancement. Dermal filler injectable gels temporarily add volume to facial tissue and restores a smoother appearance to the face.

How long does a HA dermal filler last? You should see an immediate improvement in the treated areas on the day. Depending on the area treated results may last 6 months or more. Some of our products may last up to 18months.

What are the possible side effects? Most side effects are mild or moderate and usually last less than 7 days. Persistence of these symptoms for up to two weeks is usually nothing to worry about. The most common side effects include temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, and discoloration. Other rare risks include, but are not limited to:

Unpredictable persistence of filler, either shorter or longer than expected	Overcorrection / under correction & facial asymmetry
Prolonged or severe swelling	Reactivation of cold sores
Infection	Scarring
Benign tumour formation (keratoacanthomas)	Allergic or anaphylactic reaction
Prolonged discoloration of the skin	Granulomas or firm nodules
Pressure on nerves in the skin	Ulceration
Occlusion of blood vessels under the skin	Blindness

A rare risk is that of filler injection into a blood vessel, leading to blockage of the vessel. This could result in reduced blood flow to an area of tissue, leading to tissue damage and tissue death (necrosis), which could be seen as skin breakdown, ulceration and scar formation. Blood vessel blockage near the eye can result in blindness. Occlusion of a blood vessel may require the emergency injection of an enzyme that breaks down HA fillers (Hyaluronidase). This is the same enzyme used when electing to dissolve fillers for aesthetic reasons.

Is there anyone who cannot be treated? Dermal Fillers should not be used in patients who have severe allergies marked by a history of anaphylaxis, a history of severe allergies, or patients with a history of a compromised immune system. Your practitioner will ask you about your medical history to determine if you are an appropriate candidate for treatment.

What should I expect with HA dermal filler treatments? Your practitioner will go over a list of pre and post treatment procedures with you. If you are taking aspirin or ibuprofen you may experience increased bruising or bleeding at the injection site. HA dermal fillers should be used with caution in patients on immunosuppressive therapy as there may be an increased risk of infection, swelling and adverse events. The safety of dermal fillers has not been established in breastfeeding females, during pregnancy, or in patients under the age of 18.

What are post treatment procedures? For the first 24 hours following treatment, you should avoid strenuous exercise, excessive sun or heat, and consumption of alcoholic beverages. This minimizes the risk of temporary redness, swelling, and/or itching at the treatment sites. These temporary side effects generally resolve themselves within one week. An ice pack can be applied to the site if you experience swelling. You may apply make-up as usual after 24hours.

By signing below, I acknowledge that I have fully read the information and consent form and that I have discussed
the risks and benefits of dermal fillers with my practitioner. I understand the information provided and I consen
to dermal filler cosmetic treatment. Photographs taken shall be part of the medical record and used for
documentation of response to treatment.

I hereby confirm that I understand the above and am happy to continue with treatment. I consent to pre and post treatment photography for medical record purposes.

Name	Signature	Date			
I confirm that I have fully informed the patient about the risks and benefits of treatment with dermal fillers					
Dr Conrad Costa					
	Signature	Date			