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**Hyaluronic Acid Dermal Filler Therapy Consent Form**

**Overview**

Dermal fillers used in our practice (Restylane®, Perlane®, Juvéderm®, Prevelle®) are hyaluronic acid (HA) gels. Hyaluronic acid is a naturally occurring complex sugar (glycosaminoglycan) that is found in the skin, and is an important component of connective tissues. The fillers used in our practice are Non-Animal Stabilized Hyaluronic Acid (NASHA) substances, which are purified, chemically cross-linked, stabilized, and suspended in a gel formation. These dermal fillers attract and bind water, hydrating the skin where they are injected to provide more volume. They are utilized to temporarily smooth moderate to severe facial wrinkles and folds, and to add volume under the skin to specific areas of the face. The products are FDA-approved for treatment of moderate to severe facial wrinkles and folds, such as from the nose to the corners of the mouth (nasolabial folds). Other common off-label treatment sites include the lips and the tear troughs.

**Procedure**

Anesthetic agents used to prepare the site prior to injection may include topical agents, nerve blocks with local anesthetics, and/or iced rollers. After the anesthetic is administered, the dermal filler is injected into the proposed site using a fine needle and syringe.

**Anticipated Benefits/Duration of Action**

An immediate response is noted following treatment. Swelling at the injection site is common, and therefore optimal results may not be seen until 2 weeks post-treatment. The results of a single therapy with hyaluronic acid dermal fillers may last between 2 and 12 months, although the typical duration may be between 2 and 6 months. The duration of effect may be affected by the location of the injected product, the amount of the product injected, as well as the specific product utilized. Antibodies may be present or may develop to hyaluronic acid dermal fillers which may reduce the effectiveness of the tissue fillers or may produce a reaction at subsequent injections.

**Outcomes**

Occasionally, despite proper planning, patients do not always respond as desired to hyaluronic acid dermal filler therapy.

**Risks and Complications**

It has been explained to me that there are certain inherent and potential risks and side effects given any invasive procedure and in this specific instance, such risks include but are not limited to: 1) post-treatment discomfort, swelling, redness, bruising, itching, raised nodules of skin; 2) asymmetry; 3) migration of dermal filler from its original or intended injection site, resulting in visible fullness at adjacent tissues; 4) treatment requiring further injectable therapy; 5) scarring; 6) cold sore eruption; 7) allergic reaction; 8) post-treatment bacterial, viral, and/or fungal infection

requiring further treatment; 9) injection into blood vessels with possible resulting tissue necrosis.

**Disclosures**

I attest that I am not aware that I am pregnant or breastfeeding; do not have any significant medical disease; do not have any severe allergies including any allergy, intolerance, or anaphylaxis to previous dermal fillers; do not have any history of allergies to gram-positive bacterial proteins; have not taken Accutane (isotretinoin) within the last 12 months; do not have any bleeding disorder; do not have any permanent implants close to the region to be injected.

**Medications**

I understand that the ingestion, within 1 week of treatment, of medications and supplements such as aspirin, anti-inflammatory medications, non-steroidal anti-inflammatory drugs (NSAIDs), steroids, anti-coagulants, vitamin A, vitamin E, Ginkgo Biloba, fish oil supplements, St. John's Wort, garlic, and flax seed oil may result in an increased and prolonged duration of bruising at or near the injection site.

**Alternatives**

Alternatives to wrinkle-reduction therapy and volume enhancement with injectable dermal fillers include facial creams, chemical peels, laser resurfacing, treatment with Botox® Cosmetic, and surgical therapies.

**Post-Treatment Instructions**

Apply a cool compress to the injection site(s) for up to 48 hours to reduce swelling.  
Avoid laying flat for at least the remainder of the day of treatment. Head elevation may reduce swelling.  
Avoid strenuous exercise for 24 hours post-treatment.  
Avoid excessive sun or heat exposure for 24 hours post-treatment.  
Avoid alcohol for 24 hours post-treatment.  
Avoid blood-thinning medications and supplements for 1 week post-treatment.  
Massage the injected area between two fingers or against an underlying superficial bone if small lumps are found within the first week post-treatment.

**Fees**

Our practice charges hyaluronic acid dermal filler therapies on a per-syringe basis. Additional fees apply for future "touch-up" therapies if additional syringes of product are necessary.

**Follow-up Visit**

We request that patients follow up in 2 to 3 weeks post-treatment for re-evaluation. Touch-up therapies may be necessary at these subsequent visits.

**Consent**

I have read this Hyaluronic Acid Dermal Filler Therapy Consent Form and understand it in its entirety. I have had the opportunity to ask questions to my treating provider which have been answered to my satisfaction. I voluntarily consent to dermal filler treatment, and I accept the risks and possible complications of this procedure. I am aware that no guarantees have been made regarding the results of this procedure. I understand that photographs may be taken before and/or following treatment and will be kept confidential and will become part of my medical record.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (print)

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Provider's Name (print)

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Witness Name (print)