

INFORMED CONSENT: INTENSE PULSED LIGHT TREATMENT

Patient Name: _____ **Date:** _____

Diagnosis: _____ **Location:** _____

It has been explained to me that, although intense pulsed light (IPL) treatment is effective in most cases, no guarantees can be made that I will benefit from treatment. I understand that several treatment sessions are usually needed in order to obtain the desired level of improvement. Often, skin lesions will improve but not completely clear with treatment. Rarely, a lesion may not respond to IPL treatment at all. If left untreated, my skin lesions would not be expected to go away on their own. They do not pose a medical threat and treatment is elective. The most common side effects and complications of IPL treatment are:

- 1. Pain.** The snapping and burning sensation of each pulse can produce a minimal to moderate amount of discomfort. An anesthetic cream can be used to reduce the pain if desired.
- 2. Bruising and purpura:** Immediately after the laser treatment, the area may appear pink, red, purple, blue-black, or gray in color. The discoloration will fade over the next 7 to 10 days.
- 3. Swelling:** Areas most likely to swell are under the eyes and the neck. The swelling subsides within 3 to 5 days and can be minimized with regular application of cool water compresses.
- 4. Blisters or scabs:** These can develop (rarely) and may take 1 to 2 weeks to resolve.
- 5. Infection:** Swelling, crusting, pain, or fever could indicate an infection or reactivation of cold sores or fever blisters. This may require use of topical or oral antibiotics.
- 6. Skin darkening (hyperpigmentation), skin lightening (hypopigmentation), and/or mottled discoloration:** Darkening or lightening of the skin can occur in the treated areas and will usually fade within 2 to 6 months, but in rare instances, could be permanent. This reaction is more common in patients who are suntanned or who have olive or darker skin tones. It can result or worsen when laser treated areas are exposed to the sun. This risk can be minimized by avoiding treatment of suntanned areas of skin and carefully adhering to postoperative instructions.
- 7. Scarring:** This is extremely rare after IPL therapy, but could occur on disruption of the skin's surface. Following all advised postoperative instructions will reduce the possibility of this adverse reaction.
- 8. Lesion persistence:** Some lesions may not improve or go away completely despite the best efforts made by your physician. No guarantees can be made regarding any individual's response to IPL therapy.

	PLEASE INITIAL
I have read and understand this consent form.	
I have had the opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand the nature of the procedure, its risks, and alternatives to treatment and why this treatment has been recommended.	
I understand that it is impossible to predict how my lesion will respond to treatment.	
I am aware that the practice of medicine and laser surgery is not an exact science and I acknowledge that no guarantees have been made to me regarding the procedure.	
I certify that I am not pregnant, trying to become pregnant or breastfeeding and I accept the responsibility for making these determinations.	
Consent for Photography: For the purpose of documenting my progress and response to treatment, I give permission to take photographs that will be kept in my medical record.	
I give permission for the use of my photographs to further medical education.	

COST AND PAYMENT POLICY: Since IPL treatment is considered cosmetic, you will be responsible for the cost of treatment. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the estimated cost of treatments prior to undergoing the procedure. Your treatment may be more or less than the estimate depending on number of pulses needed to treat your lesion. If you have any questions, please make sure they are answered to your satisfaction.

ESTIMATED COST OF TREATMENT: _____

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to laser treatment.

Signature of patient or legal guardian X _____ **Date X** _____

Witness: _____ MD Signature: _____ Date: _____