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ABLATIVE FRACTIONAL CO2 LASER RESURFACING: INFORMED CONSENT

Patient Name: _____ **Chart No.** _____ **Date:** _____

I consent to the use of the Fraxel Laser in an effort to improve:

Discoloration Photoaging Skin texture/tone Scarring Wrinkles/fine lines Other _____

Results from laser resurfacing may be variable from patient to patient and from treatment to treatment. I understand that in some cases, more than one treatment session is needed in order to try to obtain additional improvement. It has been explained to me that, although ablative fractional laser resurfacing is effective in most cases, no guarantees can be made that I will benefit from treatment. I understand that side effects and complications of ablative fractional CO2 laser resurfacing include, but are not a limited to

- 1. Pain.** The stinging or burning sensation from the laser can produce a moderate amount of discomfort. An anesthetic cream, oral and injectable pain relievers and anti-anxiety medications will typically be used to minimize discomfort.
- 2. Redness:** Treatment will cause redness of the treated area, sometimes resembling a sunburn. The redness will typically subside in 2 to 6 weeks, but could last longer.
- 3. Swelling:** Treatment may cause swelling which subsides in 1 to 2 weeks and can be minimized with application of cool water compresses.
- 4. Itching:** Itching and occasional tingling sensations within the skin can occur as the nerve endings heal. This is common during the recovery period. Application of cool water compresses and generous application of skin moisturizers is helpful.
- 5. Skin darkening:** Darkening of the skin may occur in the treated areas and will usually fade within 3 to 6 months. In rare cases, the pigmentary change is permanent. This reaction is more common when treated areas are exposed to the sun, especially in patients who are already suntanned or who have olive or darker skin tones. It is extremely important to protect the treated area from sun exposure with a hat and sunscreen for 6 weeks after treatment and carefully adhere to all post-treatment instructions.
- 6. Skin lightening:** Laser treatment can result in loss of pigmentation where the treated area becomes a lighter color than the surrounding skin. The pale areas usually repigment in 3 to 6 months, but in rare cases could be permanent.
- 7. Blisters or scabs:** Blistering is uncommon but can develop with treatment. Blisters will go away within 2 to 5 days and may be followed by a scab. The scab will disappear during the natural wound healing process of the skin. During this time, the area should not be manipulated or picked, which can lead to scarring.
- 8. 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.
- 9. Acneiform eruptions:** Breakouts from acne have been reported to occur after treatment with laser resurfacing. If this occurs, topical or oral antibiotics may be required.
- 10. Scarring:** There is a risk of skin scarring, including abnormal raised and/or depressed scars with any resurfacing procedure. Scarring can result from disruption of the skin's surface and/or abnormal healing. Careful adherence to all advised postoperative instructions will help reduce the possibility of this occurrence.

11. Lesion persistence or failure to respond: Some skin conditions may not improve or go away completely despite the best efforts made by the doctor. No guarantees can be made regarding any individual's response to treatment with laser resurfacing. On rare occasions, pre-treatment skin discoloration may be made worse after laser treatment.

12. Additional side effects: There are risks associated with any cosmetic procedure. Since it is impossible to state every risk or complication that may occur as a result of treatment, the possible risks and complications listed here may be incomplete. There may be risks or complications associated with this treatment that are not yet reported in the literature.

PREGNANCY AND NURSING MOTHERS: It is not recommended that pregnant women or nursing mothers receive laser treatment.

ALTERNATIVES: Ablative fractional CO2 laser resurfacing is a strictly voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in side effects, duration and results, include other laser treatments, intense pulsed light therapy, dermabrasion, chemical peels, synthetic dermal and deep tissue filler products, botulinum toxin (Botox), topical bleaching agents, topical retinoid therapy, surgical acne scar treatment and plastic surgery.

| | PLEASE INITIAL |
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| I have read and understand the information on 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, my alternatives to this treatment and why this treatment has been recommended. | |
| I understand the nature of the risks associated with this treatment as outlined in this consent form. | |
| I acknowledge that it is impossible to predict how I will respond to treatment with laser resurfacing and that no guarantees have been made that treatment will improve the appearance of my skin. | |
| I have read the pre- and postoperative fractional CO2 laser instructions and agree to comply with them. I understand that failure to comply may result in a greater likelihood of unwanted side effects. | |
| I consent to the administration of topical, oral or injectable medications considered necessary or advisable. I understand that all forms of anesthesia involve risks and the possibility of complication, injury, allergic reaction and even death. | |
| 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 for medical teaching or patient information. | |

COST AND PAYMENT POLICY: Since ablative fractional CO2 laser resurfacing is considered cosmetic, you will be responsible for the cost of treatment which is _____. Full payment is due one week in advance or your treatment will automatically be cancelled. Unfortunately, credit cannot be extended. If you have any questions, please make sure they are answered to your satisfaction.

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to treatment with the fractional CO2 laser.

Signature of patient or legal guardian X _____ Date X _____

Witness: _____ MD Signature: _____ Date: _____