



Informed Consent For Removal/Reduction of Brown Spots & Spider Veins

Name: _____ **Date:** _____

I authorize _____, experienced and trained in the removal of brown spots and superficial spider veins, to perform the procedure. The light pulsed system will dramatically reduce darkly pigmented sunspots and spider veins. More than one laser session may be necessary to achieve desired results. However, other treatments, including skin care products, are often needed to blend color, reduce sun damage, and give the best results. The FDA has given the clearance for removal of brown spots, spider veins, and rosacea.

The skin treated will be red and swollen with fine, thin scabs forming. Please keep the treated areas covered with Polysporin and Aquaphor until the thin scabs fall off. This process will take anywhere from 1-3 weeks. It could take as long as 3-6 months in some cases. Do not scratch the scabs, which can cause scarring.

We are unable to treat clients that are on ACCUTANE, and PHOTSENSITIZING medications. Clients using ANTICOAGULANTS should be noted.

The following problems may occur with treatment:

1. **Scarring:** The light pulsed system can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the power (joules) needs to be just below the blistering point which means skin will be red. Although it is certainly possible to scar with a burn or blister, it has not been a problem with the Medilux. However slight, there is a risk of scarring.
2. **Hyper-pigmentation** (browning) and **Hypo-pigmentation** (whitening) have been noted after treatment, especially with a darker complexion. This usually resolves within weeks, taking as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment reduces the risk of color change.
3. **Infection:** Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a laser treatment. This applies to both individuals with a past history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatment including antibiotics might be



necessary. **If you have a history of herpes simplex virus in the treated are we would recommend preventative therapy.**

4. **Bleeding:** Pinpoint bleeding is rare but can occur following brown spot and spider vein treatment procedures. Should bleeding occur, additional treatment might be necessary.
5. **Laser Smoke (plume):** Although brown spot/solar lentigo removal treatment normally involves minimal laser smoke, the smoke is noxious to those who come in contact with it. This smoke may be representing a possible biohazard.
6. **Skin tissue pathology:** Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for a clearance for the treatment.
7. **Allergic reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.
8. Please wear sunscreen of SPF 25 or higher before and after treatment to protect your skin.
9. I understand I may need multiple treatments for the desired outcome.
10. I understand that exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times.
11. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo-pigmentation.
12. I release _____ from these liabilities.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

Client Signature: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____