

## **INFORMED CONSENT FORM FOR ABLATIVE LASER TREATMENT**

### **INSTRUCTIONS**

This is an informed consent document that has been prepared to help inform you about laser treatment procedures of the skin, risks and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for the procedure as proposed by your health care professional.

### **INTRODUCTION**

Lasers have been used by medical professionals for many years. There are many different methods for the surgical use of lasers. Laser energy can be used to cut, vaporize, or selectively remove skin and deeper tissues.

Conditions such as wrinkles, sun damaged skin, scars and some types of skin lesions/disorders may be treated with a laser. In some situations, laser treatments may be performed in combination with other surgical procedures.

Customized treatment programs may be used both before and after laser skin treatments in order to enhance the overall result.

### **ALTERNATIVE TREATMENTS**

Alternate forms of skin treatment may include skin care products, chemical peels or alternate surgical procedures such as dermabrasion. In some instances, the laser may offer a specific therapeutic advantage over other forms of treatment.

### **RISKS OF LASER TREATMENT OF THE SKIN**

There are risks associated with all laser treatment procedures of the skin. A non-inclusive list is outlined below. Although the majority of patients do not experience these complications, it is important that you understand these risks as well as the potential complications associated with laser skin treatment.

**Infection** – Although infection following laser skin treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes Simplex virus infections around the mouth or other areas of the face can occur following a laser treatment, even in patients with no known previous exposure to Herpes Simplex. Specific medications may be prescribed and taken both prior to and following the laser treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

**Scarring** – Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

**Burns** – Laser energy can produce burns. Adjacent structures including the eyes may be injured or permanently damaged by the laser beam. Burns are rare yet represent the effect of heat produced within the tissues by laser energy. Additional treatment may be necessary to treat laser burns.

**Color change** – Laser treatments may potentially change the natural color of your skin. Skin erythema (redness) usually lasts 1-3 months and occasionally up to 6 months following laser skin treatment. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. A line of demarcation between normal skin and skin treated with lasers can occur.

**Accutane (Isotretinoin)** – Accutane is a prescription medication used to treat certain skin conditions. This medication may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased taking it. Individuals who have taken the medication are advised to allow their skin adequate time to recover from Accutane before undergoing laser skin treatment procedures.

**Fire** – Inflammable agents, surgical drapes, tubing, hair and clothing may be ignited by laser energy. Laser energy used in the presence of supplemental oxygen increases the potential hazard of fire. Some anesthetic gases may support combustion.

**Laser Smoke (plume)** - Laser smoke is noxious to those who come in contact with it. This smoke may represent a possible bio-hazard.

**Skin Tissue Pathology** – Laser energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible.

**Visible Skin Patterns** – Laser treatment procedures may produce visible patterns within the skin. The occurrence of this is not predictable.

**Patient Failure to Follow Through** – Patient follow through following a laser skin treatment procedure is important. Post-operative instructions concerning appropriate restriction of activity, use of dressings, and use of sun protection should be followed to avoid potential complications, increased pain or an unsatisfactory result. Dr. Dawes or his nurse may recommend that you utilize a long-term skin care program to enhance healing following a laser skin treatment.

**Damaged Skin** – Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis, or radiation therapy may heal abnormally or more slowly following treatment by lasers or other surgical techniques. The occurrence of this is not predictable. Additional treatment may be necessary.

**Distortion of Anatomic Features** – Laser skin treatments can produce distortion of the appearance of the eyelids, mouth and other visible anatomic landmarks. Should this occur, additional treatment including surgery may be necessary.

**Unsatisfactory Result** – There is the possibility of an unsatisfactory result from these procedures. Laser procedures may result in unacceptable visible deformities, skin slough, loss of function, and permanent color changes in the skin.

**Pain** – Very infrequently, chronic pain may occur after laser skin treatment procedures.

**Allergic Reactions** - In rare cases, local allergies to tape, preservatives used in cosmetic or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during medical procedures and prescription medicines. Allergic reactions may require additional treatment.

**Lack of Permanent Results** – Laser or other treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. Additional procedures or surgery may be necessary to further tighten loose skin.

**Delayed Healing** – It may take longer than anticipated for healing to occur after laser treatments. Slower than normal skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a laser treatment.

**Unknown Risks** – There is the possibility that additional risk factors of laser skin treatments may be discovered.

**Surgical Anesthesia** – both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

**Additional Treatment or Surgery Necessary** – There are many variable conditions which influence the long-term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even less common. Should complications occur, procedures, surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

## **DISCLAIMER**

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your health care professional may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent.

1. I hereby authorize Dr. Jeffrey C. Dawes and such assistants as may be selected, to perform laser treatments on me.
2. I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those

102 – 47 Sunpark Dr. SE Calgary, AB T2X 3V4  
PH: 403-571-3141 Fax: 403-571-3140

Patient initials: \_\_\_\_\_

above. I therefore authorize the above health care professional and assistants, or designees to

perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my health care professional at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I acknowledge that the expectation of some patients may not be the same as those of Dr. Jeffrey C Dawes or his staff. Appreciation of the cosmetic result can be subjective and it is difficult for the surgeon/nurse/technician to guarantee perfection.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the picture. I acknowledge that even when one believes that there is nothing that will permit a third party to identify myself from a photo, such can sometimes occur.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. It has been explained to me in a way that I understand:
  - a. The above treatment or procedure to be undertaken
  - b. There may be alternative procedures or methods of treatment
  - c. There are risks to the procedure or treatment proposed

I consent to the treatment or procedure and the above listed items (1-8). I am satisfied with the explanation and have had an opportunity to have all my questions answered.

Patient's Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_