



930 N. Switzer Canyon Dr.
Suite 102B
Flagstaff AZ 86001

Informed Consent

Vascular Lesion Removal

I, _____, authorize the designated practitioner of Junto Skin & Laser under the supervision of Dr. Theresa Dowell, FNP to perform vascular lesion removal therapy on the following area(s) of my body:

Laser(Nd:Yag -1064nm) and / or IPL/AFT/BBL therapy targets hemoglobin in blood vessels for the purpose of selectively destroying them while leaving the surrounding tissue (skin) intact. The purpose of this procedure is to diminish or remove abnormal blood vessels seen in rosacea, telangiectasias, spider veins, leg veins, or other cutaneous vascular lesions.

Review of facts about light therapy

- Light used for the treatment of vascular lesions uses a thermal beam that penetrates the skin and heats the selected target (blood vessel). The vessel may lighten or darken in color or may disappear at the time of treatment. It may take more than 1 treatment or a series (3-5) if there are numerous vessels, the average being 3. Often the vessel, although rendered static (no blood flow), may still be visible until the body's natural healing mechanism absorbs the remnants over a period of several weeks. A process of the vascular lesion fading will be experienced. The area can be covered with makeup.
- Visible or invisible light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedures.
- Light from IPL/AFT/BBL is an intense burst of light and even though the special safety eyewear is in place, you will sense light emanating from the treatment area.
- The sensation of light or laser may be uncomfortable in certain areas and feel like pin pricks or bursts of heat. Usually the use of topical anesthetic is avoided in vascular procedures as this may constrict the blood vessel prior to therapy and reduce the target.

Common side effects and risks

- Erythema (redness) may occur in the area of treatment. This may last several hours. Edema (swelling) of the skin may occur in the area of the vessels. Urticaria (itching) and hive-like appearance is also associated with the thermal light affecting the surrounding skin. Purpura (bruising) is seen when a blood vessel bursts. The treated area can have a "cat scratch" appearance from the above effects. These symptoms usually subside in a few to several hours. A cool compress placed on the area provides comfort. The treated area should be cared for delicately for at least 12-24 hours. Limited activity may be advised as well as no hot tub, steam, sauna, or shower use. Avoid all excess heat.
- A blister can form up to 48 hours after treatment. An antibiotic cream or ointment can be used. Other short term effects include bruising, superficial crusting, and discomfort.
- Hyperpigmentation (browning) and hypopigmentation (lightening) have been noted. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatment to reduce the risk of color change. Sunscreen and / or sun block of a min. SPF 30 should be applied when sun exposure is necessary.
- Infection is not usual after treatment; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Should any kind of infection occur, the clinician must be notified

- Infection is not usual after treatment; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Should any kind of infection occur, the clinician must be notified to prescribe appropriate medical care.
- Allergic reaction is uncommon from treatment. Some persons may have a hive-like appearance in the treated area as discussed above. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.

The potential risks and benefits have been explained of vascular lesion removal therapy by laser (Nd:Yag -1064nm) and/or IPL/AFT/BBL along with alternative methods. I choose to have laser and / or IPL/AFT/BBL therapy.

I understand that compliance with pre and post care instructions is *crucial* for success of vascular lesion removal therapy and to prevent unnecessary side effects or complications. In some cases, compression wraps or stockings may be useful for post care, my practitioner will instruct me in their use if necessary.

I understand that the vascular lesion removal therapy involves payment and the fee structure has been explained to me.

Photography

I do ____ or do not _____ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

I understand that photos will be taken for clinic purposes separate from the above release. Without above consent, these photos will not be used except in the case of treatment evaluation by Junto Skin & Laser.

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Name (Printed): _____

Signature: _____

Date: _____