

Junto Skin & Laser

INFORMED CONSENT FOR FRACTIONAL ABLATIVE SKIN RESURFACING WITH LASER PIXEL ER:YAG 2940nm

The goal of Er:YAG laser Pixel™ for fractional ablative skin resurfacing is to reduce or partially eliminate signs of photodamaged /aged skin, skin tags, facial wrinkles or reduce scarring from skin conditions such as acne.

The Er:YAG laser Pixel™ technology targets only small segments of the total skin mosaic, leaving uninjured skin areas to facilitate rapid wound healing. In other words, only a fraction of the target area – not the entire surface area – is damaged. The pain level is minimal, and under normal conditions, unless requested by the patient, no local anesthetic is usually used.

Generally, the results of the Er:YAG laser Pixel™ for fractional ablative skin resurfacing demonstrate improvement in the smoothness of the skin; however, a complete elimination of wrinkles or scarring is not a realistic expectation.

Alternatives to Er:YAG laser Pixel™ for Fractional Ablative Skin Resurfacing:

The alternatives to Er:YAG laser Pixel™ fractional ablative skin resurfacing include dermabrasion and chemabrasion. The advantages and disadvantages (risks and benefits) of each of these alternatives to Er:YAG laser Pixel™ have been explained to me as well as the alternative of having no surgery, accepting my present skin condition, using cosmetics and considering other methods of skin rejuvenation.

Possible Short-term Effects of Er:YAG laser Pixel™ Fractional Ablative Skin Resurfacing:

Pain – Minimal discomfort, burning sensation or very mild pain in the first few hours after the procedure. A local anesthetic is usually not used during the treatment, but some degree of discomfort may appear after the procedure and this pain may persist for several hours-days.

Redness of Skin - Erythema or redness (1st degree burn) of the skin for several hours up to 2 days period.

Wound Healing - Flakiness of the treated area, usually persisting for 2-7 days.

Skin Thickening - Textural changes of the treated skin, such as skin thickening, which may persist for a variable time.

Skin Tightness - Sensation of skin tightness (peaks at 3-8 weeks postoperatively).

Herpes Simplex Dermatitis (Fever Blisters) - Occurrence or recurrence of herpes simplex dermatitis, particularly if not pre-, intra- and post-operatively treated with a systemic antiviral medication such as Zovirax.

Skin Itchiness - Pruritis or itching in the early healing phase.

Skin Hyperpigmentation - Transient hyperpigmentation (darkening of the skin), especially in darker- skinned people, occurring three to eight weeks after laser therapy.

Skin Hypopigmentation - Hypopigmentation (lightening of the skin), which occurs because of laser-induced injury to the melanocytes (pigment containing cells in the skin) and which can be permanent.

Please initial after reading this page to declare understanding: _____

PATIENT CONSENT

I understand that exposure to the sun and excess heat must be avoided for a period of 3 months. No unprotected sun bathing is permitted for 6 months. To do so would encourage skin pigment changes and rhytids (wrinkles) necessitating further treatment.

I also understand that more than one fractional resurfacing with the Er:YAG laser Pixel™ procedure may be required to achieve the optimal obtainable results.

I understand the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results and procedure. It is not possible to state every complication that may occur as a result of the Er:YAG laser Pixel™ fractional ablative skin resurfacing procedure.

I authorized the taking of photographs.

My physician has explained Er:YAG laser Pixel™ fractional ablative skin resurfacing and its risks, benefits and alternatives and has answered all my questions about the Er:YAG laser Pixel™ fractional ablative skin resurfacing procedure. I therefore consent to having Er:YAG laser Pixel™ fractional ablative skin resurfacing procedure.

Patient Signature

Date

Guardian Signature (*if Patient is a minor*)

Date

“I hereby certify that I have discussed all of the above with the patient. I have offered to answer any questions regarding this procedure and believe the patient fully understands what I have explained and answered.”

Technician Signature

Date

I have been offered a copy of this consent form (patient's initials)