

PLEASE BRING THIS FORM WITH
YOU TO THE HOSPITAL.



Fractionated CO₂ Laser Consent Form

Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.

To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.

If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.

Third Party Consent

A training Doctor or Surgeon or other third party may be required to attend your surgery. You will be informed of this prior to your procedure.

Tick Yes, if you consent for a third-party person to be present.

Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.

Yes No

Patient Signature

Section 2: Potential Benefits

- I understand that the potential benefits from this procedure may include reduction in pigment, sun damage, brown spots, lines, wrinkles, acne and other scarring.
- I also understand that all procedures involve risk to some degree. The potential risks, complications, and side effects of Fraxis Duo Laser treatment have been explained to me.

Potential Side Effects

I understand that the following are among the expected potential side effects of the Fraxis Duo Laser treatment.

Discomfort

- Heat related discomfort. This is temporary during the procedure and for a short time after the treatment has been completed and is localised within the treatment area. Some tenderness may persist in the treatment area for up to several weeks.

Redness and Swelling

- There will be varying degrees of redness and swelling in the treatment area. This will depend on the type of skin being treated, the intensity of the treatment being performed, and the condition being treated. These common side effects last from several days to several weeks.

Itching

- This can occur as part of the normal wound healing process or may occur as part of infection, poor wound healing or contact dermatitis.

Acne or Milia Formation

- A flare-up of acne or milia (tiny white bumps or small cysts on the skin) may occur. These symptoms usually resolve completely.

Herpes Simplex Reactivation

- In rare cases, a Herpes Simplex Virus (cold sores) eruption may occur in a treated area that has previously been infected with the virus.

Possible Risks and Complications

I understand that the following are among the possible risks or complications, temporary or permanent, associated with Fraxis Duo laser treatment.

Bleeding, Oozing, Crusting

- Aggressive treatment may cause pinpoint bleeding, petechiae (small red dots under the skin surface), and/or oozing. Crusting or scabbing may form if the clear fluid or blood dries.

Possible Risks and Complications cont'd

Blisters, Burns, Scabbing

- Heating in the upper layers of the skin may cause blisters or burns, and subsequent scab formation. Steam from the heating may produce a separation between the upper and middle layers of the skin, resulting in blister formation.
- The blisters usually disappear within 2-4 days. A scab may be present after a blister forms, but typically will disappear during the natural wound healing process of the skin.

Scarring

- Scarring is a possibility due to the disruption to the skin's surface and/or abnormal healing. Scars, which can be permanent, may be raised or depressed, and scarring could lead to loss of pigment ("hypopigmentation") in the scarred area. Although unlikely, scarring can be permanent if it occurs.

Pigment Changes

- During the healing phase, the treated area may appear to be darker. This is called PIH—post inflammatory hyperpigmentation. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions.
- Post inflammatory Hyperpigmentation (PIH) occurs as a part of the normal skin reaction to injury. The skin functions become hyperactive during the healing process, and this includes cells that produce pigment. PIH occurs more frequently with darker colored skin, after sun exposure to the treatment area, or in patients who already have a tan.
- To reduce the risk of PIH, the treated area must be protected from exposure to the sun (sunblock for 6 months after treatment); however, in some patients, increased skin coloring may occur even if the area has been protected from the sun. This pigmentation usually fades in 3 to 6 months but can be permanent.

Hypopigmentation

- In some patients who experience pigment changes, the treated area loses pigmentation (hypopigmentation) and becomes a lighter color than the surrounding skin. This type of reaction may also be permanent.

Infection

- If blisters or bleeding are present, an infection of the wound is possible. Scarring and associated pigment changes may result from an infection.

Delayed healing

- It may take longer than anticipated for healing to occur after laser treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after treatment.

Eye Injury

- Eye injuries may result from numbing cream getting into the eyes. Your eyes will be covered with protective goggles during treatment and should remain closed during the treatment. The laser could cause direct eye injury in the absence of these precautions.

Possible Risks and Complications cont'd

Anaesthesia

- Both local and oral anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of anaesthesia and sedation.

Efficacy

- Because all individuals are different, it is not possible to predict fully who will benefit from the procedure. Some patients will have very noticeable improvement, while others may have little or no improvement. A series of treatments is usually needed for maximum results.

Contraindications to Treatment

Fraxis Duo cannot be performed on patients who have a predisposition to keloid formation or excessive scarring, or who have suspicious lesions. Tetracycline, minocycline, doxycycline, or erythromycin should not be used within one month of treatment. Any history of vitiligo, scleroderma, collagen disorders, radiation treatment, skin cancer, psoriasis, keloid formation may preclude treatment. Pregnancy or breastfeeding may require postponement of treatment.

Patient Failure to Follow Through

Patient follow-through after a laser skin treatment procedure is important. Post-treatment instructions concerning appropriate restriction of activity, use of dressings and skin care, cleanliness and sexual activity must be followed in order to avoid potential complications, increased pain, and unsatisfactory results.

Section 3: Patient Consent

- Disclosure:** Dr. Konrat and her staff have fully informed me regarding my treatment.
- Procedure:** I understand what procedure I am having and the extent of the treatment that has been planned.
- Questions:** I have had a chance to ask all the questions I have and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions at this time.
- Risks:** The risks have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2.
- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing. This includes smoking.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-procedure instructions is critical.
- I understand that some scarring, infection and/ or keloids may occur and that all scars may not be hidden, or may actually be more prominent, depending on the healing process.

Section 3: Patient Consent cont'd

- I understand that consultations, revisions and further procedures performed by other doctors are my financial responsibility.
- I understand that further procedures may not be able to accomplish the goals I am seeking.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- Since this is an elective procedure, I have had the chance to research other doctors and treatment approaches.
- The options of care have been fully discussed, such as outside consultations and procedures, no procedure, expectant management (wait and see), medical management, or to proceed with the agreed- upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

Photography / Video Film Release

- I understand that Dr Konrat needs to take photographs of the treatment area from several angles as part of evaluating the outcome of the surgery. I consent to the taking of these pictures.

Initial here: _____

- In addition, I voluntarily consent to the publication and use of my pre and post-procedure pictures and/or video footage by Dr Konrat for the following purposes: educational, medical publications and journals, research papers, In the case of this procedure, photography may include my face.

Initial here: _____ (Please put a line through any exclusions.)

In signing this consent for procedure, I acknowledge that I have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

Financial Consent

I understand that the cost of procedure involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this procedure. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fees (if that is applicable), the specialist Anaesthetist fees, and in some instances, laboratory tests.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might require or elect to have in order to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

Declaration by Patient

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my procedure.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I also understand that some of the above risks are more likely if I choose not to follow all post-operative instructions.

I understand that improvement, not perfection, is the aim of this procedure. Complications may develop and a further procedure may be required to improve the result.

Patient Name

Patient Signature

Date

Section 4: Declaration by Dr Konrat

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the procedure to be performed, and the risks and alternatives outlined above.

I have given the patient or the person named above an opportunity to ask questions, which I have answered as comprehensively as possible to the best of my knowledge.

Dr Georgina Konrat
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM

Date