



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

Aesthetic Facial Plastic Surgery, PLLC
dba
Aesthetic Facial Body Plastic Surgery
Philip Young MD
Rikesh Parikh MD
1810 116th Ave NE #102
Bellevue, WA 98004

Consent for Chemical Peel

INSTRUCTIONS

This is an informed consent document that has been prepared to assist your plastic surgeon inform you concerning Chemical Peel, its risks, and alternative treatment. 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 treatment as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The goal of chemical peel skin resurfacing treatment is to: improve skin texture; reduce sun spots; improve skin discoloration; tighten the skin thereby reducing or partially eliminating facial wrinkles; and reduce scarring from skin conditions such as acne. Generally, the results of chemical peel skin resurfacing demonstrate improvement in the smoothness of the skin; however, a complete elimination of wrinkles or scarring is not a realistic expectation.

ALTERNATIVE TREATMENT

The alternatives to chemical peel skin resurfacing treatment include dermabrasion and other skin care alternatives. The advantages and disadvantages (risks and benefits) of each of these alternatives to chemical peel skin resurfacing have been explained to me as well as the alternative of having no treatment, accepting my present skin condition, using cosmetics and considering other methods of skin rejuvenation treatments.

POSSIBLE SHORT TERM EFFECTS OF CHEMICAL PEEL SKIN RESURFACING

Pain - Discomfort, burning sensation or pain the first few days after treatment. A local anesthetic can be used to block pain during the treatment, but some degree of discomfort will occur after the anesthetic effects have worn off and this pain may persist for several days.



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

Redness of Skin - Erythema or redness of the skin for a two- to six-month period or possibly longer.

Swelling - Temporary edema (swelling) or ecchymosis (bruising) of the tissue of the face and neck, usually subsiding in three to seven days.

Wound Healing - Oozing, weeping, crusting and flakiness of the treated area, usually persisting for one to four weeks.

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

Cysts - Milia or cysts, especially in the eyelid skin region (if the eyelid skin is included in the area of treatment), particularly if ointments were used in the post treatment phase for a protracted period.

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

Contact Dermatitis - Contact dermatitis due secondarily to topical preparations (ointments) used post treatment.

Herpes Simplex Dermatitis (Fever Blisters) - Occurrence or recurrence of herpes simplex dermatitis, particularly if not pre-, intra- and post- treatment 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 chemical peel.

Cellulitis or Skin Infections - Cellulitis or infection of the skin and soft tissues, especially if careful post-treatment hygiene is not practiced.

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

POSSIBLE LONG TERM COMPLICATIONS OF CHEMICAL PEEL SKIN RESURFACING

Increased Susceptibility to Sun - Because of the permanent thinning of the epidermis and dermis and reduction in the number of melanocytes (pigment cells in the skin), there is probably a lifelong risk of greater susceptibility of resurfaced areas to the photo-aging effects of sunlight



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

and the carcinogenic (cancer-producing) effects of ultraviolet wavelengths inherent in sun exposure or the use of tanning devices. For these reasons, avoidance of sun exposure or protection against ultraviolet light damage to your skin by the use of sun-screening or sun-blocking lotions with SPF (sun-protective factor) of 30 or higher is strongly advised.

Scarring - The risk of scarring exists in all cases. It is variable and is often related to an individual's genetic makeup. Scarring can be reduced by carefully following appropriate aftercare instructions and notifying the physician if a problem develops.

Skin Pigment Changes - Skin color and texture changes may occur. At the junction of the treated and untreated areas, there may be a difference in color, texture and/or thickness of the skin.

Infection - Infection is a risk that occurs with any skin resurfacing treatment. It is minimized by proper treatment technique and proper post treatment care.

Ectropion - Cicatricial (scarring or shrinkage) ectropion (out-turning of the eyelid) and/or punctal (tear hole) eversion can occur, despite optimal treatment technique.

Blepharoptosis - Blepharoptosis (drooping of the eyelid) can result from inadvertent injury to structures in the upper eyelid, especially in thin-skinned people.

From a general standpoint; damage to organs, nerves, vessels, infection, anesthesia risks, death, blindness, poor results, bleeding, need for further procedures, fat atrophy (wasting), scarring are all rare possibilities.

I understand that exposure to the sun and excess heat must be avoided at all costs for a period of 6 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 understand this is an elective procedure and that chemical peel skin resurfacing is not reversible.

I also understand that more than one resurfacing procedure may be required to achieve the optimal obtain- able 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 chemical peel skin resurfacing.

Complications or a poor outcome may manifest weeks, months or even years after a chemical peel.

My surgeon has explained chemical peel skin resurfacing and its risks, benefits and alternatives



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

and has answered all my questions about the chemical peel skin resurfacing treatment. I therefore consent to having chemical peel skin resurfacing treatment.

ADDITIONAL ADVISORIES

Skin Disorders/Skin Cancer - Skin disorders and skin cancer may occur independently of a chemical peel.

Long-Term Results - Subsequent alterations in your skin may occur as the result of aging, weight loss or gain, sun exposure, pregnancy, menopause, or other circumstances not related to chemical peel. Future surgery or other treatments may be necessary.

Female Patient Information - It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray) - Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure.

Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

It is important to refrain from smoking at least 2 weeks before and after treatment and until your physician states it is safe to return, if desired.

Medications - There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after treatment, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. Personal and vocational activity needs to be restricted. Physical activity that increases your pulse or heart rate may cause bruising, swelling, and fluid accumulation. It is wise to refrain from



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

intimate physical activities after treatment until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after treatment.

HEALTH INSURANCE

Most health insurance companies exclude coverage for elective cosmetic procedures or any complications that might occur from cosmetic treatments. Please carefully review your health insurance subscriber-information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of treatment involves several charges for the services provided. Depending on whether the cost of treatment is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the treatment. Secondary treatment charges involved with revisionary procedures would also be your responsibility.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result from chemical peel. Secondary treatment may be necessary to obtain optimal results. Should complications occur, other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with chemical peels. Other complications and risks can occur but are even more uncommon. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

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(s), including no 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 plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current 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.



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

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

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Young and such assistants as may be selected to perform the following procedure or treatment: Chemical Peel

I have received the following information sheet: Informed Consent - Chemical Peel

2. I recognize that during the course of the medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician 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 physician 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 or representation has been given by anyone as to the results that may be obtained.
5. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
10. I realize that not having the operation is an option.



AESTHETIC FACIAL BODY PLASTIC SURGERY
DR. PHILIP A. YOUNG, MD DR. RIKESH T. PARIKH, MD

11. 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 (1-12). I AM SATISFIED WITH THE EXPLANATION.

I have read and understand the above consent. I had all of my questions answered & received a copy. I agree to the above information.