

Aftercare Instructions Following Treatment with Dermal Fillers

- Immediately after treatment, there may be slight redness, swelling, tenderness and an itching sensation in the treated area. This is a normal result of the injection. The inconvenience is temporary and generally disappears in a few days.
- Apply an ice pack to the treated area. This will reduce any initial swelling.
- If you are having lip treatment, the initial swelling may last longer. It can last for about a week and the lips may look uneven during this time. The results directly after treatment should not be seen as the final result.
- Avoid touching the treated area for 6 hours following treatment.
- Avoid washing the area with soap and water for 6 hours.
- Avoid applying make up to the area for 6 hours. After this, light make up can be applied and the area can be gently washed with soap and water.
- Until the initial swelling and redness have resolved, do not expose the treated area to intense heat (e.g. solarium and sunbathing) or extreme cold.
- Avoid laser treatment, chemical peels or similar procedures as they may elicit an inflammatory reaction.
- If you have previously suffered from cold sores, there is a risk that the needle punctures could contribute to another eruption of cold sores.
- If you are taking aspirin, anticoagulant therapy, or any similar medication, these may increase the bruising and bleeding at the injection site.

**Call us on 01256 893 517 or email us on enquiries@dental-concepts.com
in case of any concerns or queries**

Dermal Filler Treatment - Consent Form

This treatment uses a dermal filler product that is a clear, sterile, non-permanent, non-animal based gel. It is injected into the skin to correct facial lines, wrinkles and folds, and to enhance lips and reshape facial contours. The dermal filler conforms to the current safety standards in the UK. It is a non-permanent procedure and depending on the area treated, skin type and injection technique, the effect of treatment with the dermal filler can last 6-8 months (lips approximately 7 months). Top up and follow up treatments will be required to maintain the desired degree of correction. Each treatment will be charged for individually, according to the amount of material used.

The areas that we propose to treat and the product used:

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Risks and side effects

..... has explained the use of, and indication for, dermal filler products to me. I have had the opportunity to have all questions answered to my satisfaction. I have been specifically informed of the following: after the treatment, some common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the implant site. They typically resolve spontaneously within 1-2 days after injection into the skin and within a week after injection into the lips.

Other types of reactions are rare and a small number of patients have experienced localized reactions. These reactions are thought to be a result of hypersensitivity. They have usually consisted of swelling and firmness around the implant site and surrounding tissues. Redness, tenderness and rarely acne-formations have also been reported. These reactions have either started a few days after the injection or after a delay of 2-4 weeks, and have been described as mild to moderate and self-limiting, with an average duration of two weeks.

On very rare occasions, prolonged firmness, abscess formation or discolouration at the implant site may occur. These reactions can appear weeks to months after the treatment, but do resolve with time. Very rarely the treated area may form a scab. The scab will drop off but may leave a permanent scar.

Consent

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the aftercare instructions following treatment with dermal fillers. Its contents have been explained to me and I will follow the advice given.

Reasonably foreseeable risks and possible consequences involved in the above treatment have been explained to me, I have also had adequate time to consider my decision and have had any questions answered to my satisfaction. I hereby authorise to administer such treatment to me, and I agree to pay for the treatment. I agree to hold them free and harmless from any claims, or suits for damage for any injury or complications, which may result from this treatment.

Client Name

Client Signature

Practitioner Name.....

Practitioner Signature

Date