

**Advance Laser & Cosmetic center
Dr. Tim Roham**

INFORMED CONSENT FOR CO₂ LASER SKIN RESURFACING

I DECLARE THAT I UNDERSTAND THE FOLLOWING INFORMATION:

The goal of CO₂ laser skin resurfacing surgery is to reduce or partially eliminate facial wrinkles or reduce scarring from skin conditions such as acne. Generally, the results of CO₂ laser 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 CO₂ Laser Skin Resurfacing:

The alternatives to CO₂ laser skin resurfacing surgery include dermabrasion and chemabrasion. The advantages and disadvantages (risks and benefits) of each of these alternatives to CO₂ laser skin resurfacing surgery 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 surgery.

**Possible Intra-operative Complications of CO₂ Laser Skin Resurfacing Surgery:
Blindness/Corneal Burns**

1. There is a risk of accidental eye injury by the laser energy or beam, which could cause blindness or burns of the eyeball. This is unlikely since complete eye protection is provided at all times during the laser energy applications.
2. **Flash Fires** - Utilization of laser energy always raises the possibility of fire-related incidents. These are rare and are preventable by careful maintenance of the surgical equipment and stringent laser safety precautions.

Possible Short-term Effects of CO₂ Laser Skin Resurfacing Surgery:

1. **Pain** - Discomfort, burning sensation or pain the first few days after surgery. A local anesthetic is usually 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.
2. **Redness of Skin** - Erythema or redness of the skin for a two- to six-month period or possibly longer.
3. **Swelling** - Temporary edema (swelling) or ecchymosis (bruising) of the tissue of the face and neck, usually subsiding in three to seven days.
4. **Wound Healing** - Oozing, weeping, crusting and flakiness of the treated area, usually persisting for one to four weeks.
5. **Skin Thickening** - Textural changes of the treated skin, such as skin thickening, which may persist for a variable time following the laser skin resurfacing treatment.
6. **Cysts** - Milia or cysts, especially in the eyelid skin region (if the eyelid skin is included in the area of treatment by the laser energy), particularly if ointments were used in the postoperative phase for a protracted period.

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7. **Skin Tightness** - Sensation of skin tightness (peaks at 3-8 weeks postoperatively).
8. **Contact Dermatitis** - Contact dermatitis due secondarily to topical preparations (ointments) used post- operatively.
9. **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.
10. **Skin Itchiness** - Pruritis or itching in the early healing phase.
11. **Skin Hyperpigmentation** - Transient hyperpigmentation (darkening of the skin), especially in darker- skinned people, occurring three to eight weeks after laser therapy.
12. **Cellulitis or Skin Infections** - Cellulitis or infection of the skin and soft tissues, especially if careful post-operative hygiene is not practiced.
13. **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.

Possible Long-term Complications of CO₂ Laser Skin Resurfacing Surgery:

1. **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 CO₂ laser skin resurfaced areas to the photo-aging effects of sunlight 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.
2. 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.
3. **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.
4. **Infection** - Infection is a risk that occurs in any invasive or surgical procedure. It is minimized by proper surgical technique and proper post-operative care.
5. **Ectropion** - Cicatricial (scarring or shrinkage) ectropion (out-turning of the eyelid) and/or punctal (tear hole) eversion can occur, despite optimal surgical technique.

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PATIENT CONSENT

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 CO₂ laser skin resurfacing surgery 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 CO₂ laser skin resurfacing surgery. Complications or a poor outcome may manifest weeks, months or even years after CO₂ laser skin resurfacing surgery.

My surgeon has explained CO₂ laser skin resurfacing surgery and its risks, benefits and alternatives and has answered all my questions about the CO₂ laser skin resurfacing surgical procedure. I therefore consent to having CO₂ laser skin resurfacing surgery.

Patient Signature

Date

Witness Signature

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."

Physician Signature

Date

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

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CHEMICAL PEELING / LASER SKIN RESURFACING

The following list represents a partial review of the complications, potential complications and sequelae, which have been discussed with me, in consideration of my forthcoming Chemical Peel / Laser Resurfacing with Dr. Tim Roham. This is not a total and complete list.

LIST OF POSSIBLE COMPLICATIONS

	<u>Patients Initials</u>
1. Bleeding	1. _____
2. Infection	2. _____
3. Anesthetic Reaction	3. _____
4. Swelling	4. _____
5. Pain	5. _____
6. Ecchymosis (Bruising)	6. _____
7. Location of incision	7. _____
8. Scarring	8. _____
9. Irregular contour	9. _____
10. Hyper pigmentation (Darkening of Skin)	10. _____
11. Hypo pigmentation (Lightening of Skin)	11. _____
12. Mila (Whiteheads)	12. _____
13. Crusting	13. _____
14. Scabbing	14. _____

PATIENTS NAME

DATE

WITNESS

DATE

Laser Resurfacing After Care Procedure

1. You will need several gallons of distilled water which can be purchased at any grocery or drug store; you will use this for the first 3-4 days after that normal tap water can be used.
2. Place 2 Tlb. of vinegar in 6 cups of tepid distilled water, in a large mixing bowl that can be easily cleaned and dried after each cleansing procedure.
3. Take the 4 x 4 pad and gently clean the face removing the Aquaphor and the crusty or yellow residue that may be on your skin. If you're 4 x4 cleansing gauze divides into two pieces separate before cleaning use the first to remove the Aquaphor and the second to do a more thorough cleaning of treated area.
4. Remove Aquaphor as much as possible. Use a q-tip or end of your finger to gently roll off the drainage or crust. Do not force skin off, if you have yellow drainage or crust this should come off.
5. If skin residue will not come off easily leave it until the next wash, or soak in vinegar water for a few minutes and use gentle rolling motion (with Q-tip or finger) to remove at no time make the skin bleed.
6. Wait 3-5 minutes for the skin to dry, and then reapply Aquaphor to keep the skin moist and protected.
7. Depending on the depth of the resurfacing peel, peeling will begin somewhere between 2-6 days.
8. Often you do not peel evenly but look blotchy this is normal, be sure to keep Aquaphor on the skin particularly in the redder or more irritated looking areas.
9. The moister you keep the skin with Aquaphor the quicker the skin will peel.
10. Your eyes may continue to swell for 3-4 days post procedure this is very normal.
11. Keep your Aquaphor by the bathroom sink, so that when you use the restroom at night you can easily reapply Aquaphor to face and eyes. A Q-tip may make application of Aquaphor in the eye area easier, please be careful not to poke the tender eye area.
12. It is normal for your skin to appear blotchy and have light and dark spots through-out the peel. Any blotchy areas on your face (darker or a more yellow tinge to the skin) will need additional Aquaphor until healed.
13. The skin may feel like sunburn when touched, but there should be no pain if untouched.
14. When resting or sleeping do not lay flat, instead have head elevated with two or more pillows under head and neck.

Day one- You will see darkened areas on your face these are signs of photo damage this is normal. Keep the darker areas moister. Take your antibiotics and Valtrex. Eyes may continue to swell. Keep Aquaphor on all treated areas.

Day two- You may be patchier or darker in some areas this is normal. Today begin washing your face 5 times a day. Continue antibiotics and Valtrex; keep Aquaphor applied to all areas of the skin.

Day Three- You may shower today, but put the back of your head to the stream of water first if you feel discomfort when the water is on your face do not shower/ bath and try showering one or two days later. Each day your face will grow more tolerant to the water. Today you must wash 5 times a day and continue with antibiotic and Valtrex. Keep the treated area covered with Aquaphor

Day Four- Repeat same as Day Three

Day Five- Repeat same as Day Four **be sure to speak with Dr. before changing your treatment.**

Day Six- If any areas have not healed, continue to use Aquaphor on the red and irritated areas. You can now wash with Ultra Gentle cleanser: with the approval of Dr. Roham and use LRC moisturizer. Use Aquaphor on the areas that are still very red, or appear irritated. If you feel dryer use Aquaphor at night and the LRC throughout the day.

Day Seven- Same as above apply Aquaphor on the redder or draining areas.

Day Eight- Same as above apply Aquaphor to the redder/yellowier or draining areas.

Day Nine- Same as above;

Day Ten through Twelve- **Do not use any make up on the treated areas for 12- 14 days**, your skin is very new and you should not be applying ingredients which may irritate the skin. **Do not** return to products you used on your skin before your treatment. Your skin is very sensitive for the first **10 to 30** days. When Dr. instructs you that you may wear make-up your make-up must be a mineral based make-up, a mineral based powder is the recommended makeup.

Be sure you are taking your antibiotic and Valtrex daily as prescribed by Dr. Roham **until finished**. If you feel a hot or burning sensation around the mouth call Dr. immediately so that he may increase your dosage of Valtrex Dr. Roham does not want you to develop a cold sore.

It is common to get a pustule or pimple this is usually a pimple that was under the skin and has come up due to the treatment. You may need to stop using Aquaphor on this area and apply LRC instead. **Be sure to get Dr.'s approval before changing anything in your skin care regime.**

You will return to the office the day after your peel for your first check-up.

PATIENTS SIGNATURE _____ DATE _____

PHYSICIAN'S SIGNATURE _____ DATE _____