



## Pre & Post Dermal Filler Treatment Instructions

### **Pre-Treatment Recommendations:**

- Avoid taking aspirin, nonsteroidal anti-inflammatory medications, St John's Wort, Omega 3 fatty acids (fish oil), Vitamin E, and supplements containing green tea for 1-2 weeks prior to treatment to reduce the risk of bruising and bleeding at the injection site.
- Avoid alcohol 24 hours prior to treatment. This will also reduce the risk of bruising and bleeding.
- This procedure will result in swelling and redness at the injection sites, which will last 1-3 days. There may be bruising which can last anywhere from 3-14 days depending on the individual, however this usually can be camouflaged with concealer make-up. It is recommended to plan your treatment accordingly around your work and social calendar. Usually we recommend allowing 2 weeks prior to any major events just in case significant bruising happens to occur.
- Please notify Cloud 9 MedSpa if you have a history of cold sores. If you are prone to cold sores, consult with your primary care provider prior to undergoing aesthetic treatments.

### **Post-Treatment Recommendations:**

- Immediately after treatment, the most commonly reported side effects are temporary redness and swelling at the injection site. These effects typically resolve within 2-3 days. Cold compresses may be used immediately after treatment to reduce swelling.
- If bruising is present topical Arnica can be used and/or Arnica 30C sublingual pellets.
- Avoid touching the treated area for 6 hours following treatment. Avoid exaggerated facial movements / expressions.
- No make-up for 6 hours after treatment.
- Avoid direct prolonged sun exposure until initial redness and swelling have resolved.
- Avoid exercise for 1 to 2 days post-treatment.
- Avoid kissing, puckering, using a straw, and "lip plumpers". This can displace the filler material and cause complications.
- Staying well hydrated can improve results. Filler attracts and binds to water to add volume to the skin.
- Avoid facials, peels, micro-dermabrasion, dental treatment, and "face down" massages for two weeks. Also, sleep on your back for the next few nights.
- Since Dermal Fillers are a temporary treatment, the results will eventually wear off and Dermal Fillers will need to be injected again. Evidence shows that having a follow-up treatment before the product has fully dissipated will enhance the lasting effect. It is recommended to receive your next treatment within 6-9 months for Juvederm and Restylane products and 12-18 months for Voluma.
- Call the office or your provider immediately to report any pain, redness, blisters, itching, or skin blanching.



### Injectables Questionnaire

1. Have you had any previous injectables?
2. If so, do you know the product that was injected?
3. Have you had any facial surgery?
4. Do you have any allergies to medication?
5. Are you currently taking any medications?
6. Are you pregnant or breastfeeding?
7. Do you have any history of cold sores, canker sores, or shingles? If so, how frequently and where do they occur?
8. Do you suffer from any neurological / neuromuscular disease?
9. Do you suffer from an autoimmune disorder or one that affects your immune system?
10. Do you suffer from TMJ, migraines, or any orofacial pain?
11. Do you grind your teeth?
12. Have you had or do you plan on having any dental work in the past two or next two weeks?



## Dermal Filler Consent Form

### **A. PURPOSE & BACKGROUND**

As my patient, you have requested my administration of Dermal Fillers; used in the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to proceed with the procedure.

### **B. PROCEDURE**

1. This product is administered via syringe, or injection, into the areas of the face sought to be filled with dermal filler to eliminate or reduce the wrinkles and folds.
2. A local anesthetic, numbing medicine may or may not be used to reduce the discomfort of the injection.
3. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
4. Dermal fillers are to be injected under your skin into the tissue of your face using a thin gauge sterile needle.
5. The depth of the injections will depend on the depth of the wrinkles and their location.
6. Multiple injections may be made depending on the site, depth of the wrinkle and technique used.
7. Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues.
8. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.
9. After the first treatment, additional treatments may be necessary to achieve the desired level of correction.
10. Periodic enhancement injections help sustain the desired level of correction.

### **C. RISK / DISCOMFORT**

1. Although a very thin needle is used, common injection related reactions could occur. These could include some initial swelling, pain, itching, discoloration, bruising, or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or non-steroidal anti-inflammatory drugs such as Advil.
2. These reactions generally lessen or disappear within a few days, but may last for a week or longer.



3. As with injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials are taken.
4. Some visible lumps may occur temporarily following the injection.
5. Some patients may experience additional swelling or tenderness at the injection site and on rare occasions, pustules, nodule formation, or recurrent biofilm reactions can occur in addition to any other unforeseeable events. These reactions might last for two weeks or longer and in appropriate cases, may need to be treated with oral corticosteroids, antibiotics, or other therapies.
6. Dermal fillers should not be used in patients who are on prescribed blood thinners or have experienced hypersensitivity; those with severe allergies to latex or Lidocaine products (including but not limited to: Xylocaine, Novacaine, Zylocaine, Benzocaine, Prilocaine, or Tetracaine) should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).
7. If you are considering laser treatment, chemical peels or any other procedure based on skin response after dermal fillers, or if you recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the injection site.
8. Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue.
9. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

#### **D. ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments include, but are not limited to Botox, Laser Skin Modalities and Cosmetic Surgery.

#### **E. CONSENT**

Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to your physician's office / authorized medical spa facility to perform Facial Augmentation and / or Filler Therapy injections using the Dermal Filler of your choice for any related treatment as may be deemed necessary or advisable in the treatment areas you so choose.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.



I have read this informed consent form and certify that I understand its contents in full. I have had enough time to consider this information from my physician's office / authorized medical spa facility, and I feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved.

I understand English, or if I do not I have appointed someone to translate this consent form in its entirety.