

Information and Consent for Obagi Blue Peel RADIANCE

Important Background to the Consent Process

Your clinician wishes to help you make an informed decision about your treatment options and any relevant alternative options. You may at any time decline treatment even after giving your consent.

Whilst your clinician will make every effort to understand what significance you would attach to any particular risk it is important to us that you feel comfortable enough to question the clinician on any point of concern during this process. Please feel you have as much time as you wish to reflect on the information given before agreeing to proceed with the treatment.

Purpose of Treatment

You have presented with concerns which have formed the basis of a clinical discussion and examination. The purpose of the proposed treatment is to address your concerns either individually or in combination with other modalities of treatment.

Outcomes

Your clinician will endeavour in good faith to employ the principles of best practice in delivering your treatment. Each patient is individual and response to treatment will vary from patient to patient and treatment to treatment. As such it is difficult to guarantee outcomes will always meet your expectations.

Background Information

The Obagi Blue Peel RADIANCE uses salicylic acid to improve the appearance of the skin by gently exfoliating surface layers of dead and dull skin cells, revealing healthier, more radiant skin. The treatment works by breaking down the bonds connecting the layers of skin cells, resulting in the peeling of the affected skin. The practitioner will control the depth of the peel by adjusting the number of applications, amount of solution used, and length of time the solution stays in situ. This creates a customised treatment for your specific skin type and treatment goals. A course of 4 treatments, 2-3 weeks apart may be recommended along with additional treatments for maintenance of your results.

Commonly Experienced Adverse Events

Redness
Swelling
Peeling
Tightness
Soreness
Cracking
Itching

Less Common Risks

Outbreak of Herpes Simplex Virus in susceptible individuals
Changes in skin pigmentation- especially in individuals with darker skin types
In rare cases, scarring and/or bacterial infection can result

Important Considerations

Every care is taken to deliver the products in a manner which will minimise risk, however you should be aware of the risks, as one may exist upon which you place particular significance. Patients are advised to take in to account all these potential risks before consenting to treatment. Please make your clinician fully aware of your expectations prior to giving consent.

Safety Profile

The ingredients in the Obagi Blue Peel Radiance system have been thoroughly tested for safety and efficacy over time. When administered under controlled conditions, by a trained professional, the treatment is considered safe. But, as with any treatment there are risks.

Contraindications and Relative Contraindications to Treatment

Recent sunburn, sun tan, or sun exposure prior to treatment
If you are pregnant, or breastfeeding
Hypopigmentation
History of keloid scarring
Severe dermatitis, active inflammatory acne, or eczema (in treated area)
Active infections
Accutane use within the last 6 months without physician approval
Uncontrolled diabetes
Currently taking photosensitising medications
Use of topical Vitamin A derivative medications within the last 3 days.
History of Herpes Simplex Virus infection (cold sores)

Limited or no clinical data exists regarding the efficacy and tolerance of this treatment in patients having a history of, or currently suffering from, auto-immune disease, auto-immune deficiency, or being under immunosuppressive therapy. The clinician shall therefore decide on the indication on a case by case basis according to the nature of the disease and its treatment and the need for monitoring post-treatment. Your clinician will discuss the need for a preliminary skin testing for hypersensitivity if necessary, or in the case of patients with severe or multiple allergies.

Your clinician will also discuss the suitability of treatment having considered your medical history and any medications you currently take, as appropriate. As such, it is imperative you disclose such medications at the time of your treatment.

Additional Information

Although treatment is generally well tolerated, patients should expect to feel a hot, prickling sensation as the acid acts on the skin. This generally subsides within 2-3 minutes. Please advise your clinician if you have any forthcoming social engagements so a personal evaluation can be made as to any possible downtime associated with the treatment that could impact your enjoyment of the event.

Post Treatment

The skin will feel hot and you may have a tingling sensation following treatment. It will also look pink and may be slightly swollen. This is normal and should subside within a few days. Peeling is expected to take place between 2-7 days after treatment for most patients.

Although normal activity can be resumed immediately, the skin treated needs to be protected. Sunbathing, visits to the sauna, pronounced facial gestures, sporting activities and irritation caused by strong jets of water or rubbing must be avoided. Unnecessary sun exposure should be avoided, if you will be outside, use a broad spectrum sun cream of at least SPF30. Please do not peel or pick at the skin, as this can lead to scarring. You may commence your normal skin care and make up routines the day after your treatment. Please ask your clinician for an after-care sheet which will give important contact details and a summary of our advice. Please do not hesitate to contact us should you have any concerns post treatment.

Should you feel unwell following your procedure it is important to seek specialist medical advice immediately. In the first, instance call our Clinical Team on one of the following numbers. Occasionally, the phone will be directed to our emergency out of hours service who will contact Dr Curran or another member of the clinical team. Dr. John Curran can also be contacted directly in the event of an emergency or difficulty getting in contact with the clinic.

Jersey 01534 625090 Guernsey 01481 736699 Belfast 02890 319060 (Mon-Fri 08.00 to 17.30)
Dr Curran's Mobile 07781 165797

Consent Statement for Obagi Blue Peel RADIANCE

Consent Confirmation

To help us assess that we have listened to, and responded to, your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks to which I would attach particular significance.
3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining the health and my psychological wellbeing.
4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
7. I am satisfied that I have sufficient knowledge of the treatment to give informed consent.

Patient has confirmed via E-Signature:

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

Clinician has confirmed via E-Signature: