

## **Information and Consent for Skin Rejuvenation**

### **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**

Skin Rejuvenation is a non-invasive procedure using intense pulsed light (IPL) and heat technology to improve the appearance and feel of the skin. It improves the texture of the skin by stimulating your own collagen to help smooth fine lines, clear red blotches and broken blood vessels, reduce pore size, and fade brown spots and areas of hyperpigmentation. As it treats skin damage without disruption of the skin surface, there is usually minimal recovery time. In certain cases where higher energy levels are required downtime can be longer.

### **Commonly Experienced Adverse Events**

Redness  
Mild swelling  
Bruising  
Hyperpigmentation  
Hypopigmentation  
Pain in area treated, generally subsiding within several hours following treatment  
Itchiness  
Peeling  
Scabbing  
Flare up of Herpes Simplex Virus (cold sores)

## **Less Common Risks**

Blistering  
Scarring  
Permanent discolouration

## **Important Considerations**

Every care is taken to deliver the treatment 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**

When administered by a trained medical professional, this treatment is generally well tolerated and considered safe for most skin types. The use of protective eyewear is required during this procedure.

## **Contraindications and Relative Contraindications to Treatment**

Certain skin types  
Recent sunburn, sun tan, artificial tan, or sun exposure  
Hypopigmentation  
History of Seizures  
History of keloid scarring  
Severe dermatitis, active inflammatory acne, or eczema (in treated area)  
Accutane use within the last 6 months, unless approved by a physician  
Uncontrolled diabetes  
Currently taking photosensitising medications  
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 or 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. Patients on coagulation medication or other substances known to increase coagulation time must be aware of the potential increased risk of bleeding and haematoma during and following treatment.

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**

The application of the IPL to the skin will be felt as a hot flick, which is generally well tolerated but varies depending on the treatment levels used by your clinician. Every effort will be made to minimise any discomfort you may feel. The application of a cooling gel just before the light is applied helps reduce pain and improve the efficacy of the treatment. Please alert your clinician if you have a history of cold sores as you may be provided with medication to prevent an outbreak.

## **Post Treatment**

The treated area may be slightly red, swollen, and feel hot following treatment. If you have brown areas, they will appear darker for 5 – 7 days subsequently flaking off. It is important not to pick the skin because this could cause scarring. You can resume normal activity immediately and apply make-up straight after treatment. Broken vessels can occasionally bruise or look purple in colour for 5 – 7 days after treatment. Occasionally patients can react more aggressively to treatment, and healing may take up to 10 days. 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 Skin Rejuvenation Using IPL**

### **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: