

Information and Consent for PhilArt, PhilArt Eye & PhilArt Hair

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

PhilArt, PhilArt Eye, PhilArt Hair all contain Polynucleotides with High Purification Technology (HPT) to help promote skin rejuvenation. **PhilArt Next** contains Polynucleotides, non-crosslinked hyaluronic acid and mannitol to promote collagen synthesis and reduce hyaluronic acid degradation. **PhilArt PN-HPT®** has both hydrating and viscoelastic properties.

PhilArt PN-HPT® promotes fibroblast proliferation and viability, enabling collagen stimulation.

PhilArt polynucleotides trigger the body's natural collagen production, which help to improve the texture and tone of the skin. Polynucleotides also enhance the skin's natural ability to retain moisture, resulting in a more hydrated and youthful appearance.

- **PhilArt** can be used to treat both body and face, including the neck, décolletage, the delicate eye area, back of hands, abdomen, thighs, gluteal area, knees, arms, stretch marks across the body and fibrous tissues such as scars.
- **PhilArt Eye** can be used to treat the eye orbit and delicate areas of the face.
- **PhilArt Hair** can be used to treat the scalp and eyebrows.
- **PhilArt Next** can be used to treat both body and face, including the neck, decollotage, back of hands, stretch marks and fibrous tissue such as scars.

Recommendations and treatment protocol

PhilArt is a temporary rejuvenation treatment. A course usually consists of 3 treatments, 2-3 weeks apart. However, your practitioner will be able to advise you of your personal, individualised treatment plan. A review of the treatment may be offered from 4 - 6 weeks.

A course of treatments may last up to 6 - 12 months, however, this is different for every patient.

Side effects and complications include, but are not limited to:

- Pain or stinging whilst the injection is performed.
- Injections around the lip area could trigger a recurrence of facial cold sores (herpes simplex infections) for patients with a history of prior cold sores.
- Localised swelling, redness and or tenderness.
- Bleeding at the sites of injection.
- Bruising - maybe severe in rare cases and may persist for several days.
- Welts where injected generally disappear within a short period of time, however may still be visible after a few days.

Rare Side Effects

- Persistent tingling, pain, swelling, or inflammation.
- Infection (can occur within days or as long as months).
- Allergic reaction or delayed sensitivity reaction - not recommended for people with fish allergies.
- Compression / Vascular Compromise - the blood supply to the skin may be interrupted by swelling or inadvertent injection into a vessel, causing pain and/or discolouration. This can lead to necrosis of the skin if not dealt with, skin damage and possible scarring. (Very rare).
- Other side effects which have not been mentioned could occur.

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 professional, Polynucleotides are generally considered a safe procedure, but as with any treatment, there are risks.

Contraindications and Relative Contraindications to treatment

- **PhilArt** should not be used in patients under the age of 18.
- **PhilArt** must not be administered to patients with the following:
 - Ongoing herpes infection
 - Infection
 - Previous or ongoing auto-immune diseases effecting the immune system, or patients currently undergoing immunotherapy
 - Serious allergies
 - Allergies to any of the product components

- The risk of bruising or bleeding may be increased by medications with anticoagulant effects, such as aspirin and non-steroidal anti-inflammatory drugs (e.g., Ibuprofen, Aleve, Motrin, Celebrex), high doses of vitamin E, and certain herbs (ginkgo biloba, St. John's wort).
- **PhilArt** must not be used in pregnant or breast-feeding women.
- Minimise exposure of treated area to sunlight or extreme heat/cold at least until all/any welts have subsided.
- Avoid alcohol and vigorous exercise 24 hours pre and post treatment.
- Do not wear make up on treated area for 12 hours.

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.

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 numbers below.

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 (Mon-Fri 08.00 to 17.30)
Dr Curran's Mobile 07781 165797

Consent Statement for PhilArt, PhilArt Eye & PhilArt Hair

Consent Confirmation

To help us assess that we have listened, 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 maintaining my health and 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/IMC/IDC/NMBI 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: