Information and Consent for Medik8 Peels

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

Medik8 professional chemical peels are advanced skin treatments designed to safely and effectively improve skin texture, tone, and overall appearance. These treatments include Signature Peels (tailored to specific skin concerns such as rejuvenation, clarity, or hydration), the Universal AHA Peel (a gentle yet effective option suitable for most skin types, including sensitive skin), and Mono Peels (single-acid peels such as glycolic, mandelic, or lactic acid for more targeted results). All Medik8 peels work by removing the top layer of dead skin cells to stimulate skin renewal and enhance penetration of active ingredients.

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

- Discomfort such as a mild tingling sensation which is generally minimal and subsides after a short duration
- Swelling is unusual. If it does occur it will be minimal and subsides within a few hours to a few days
- Reddening of the skin may persist for a few minutes to several days
- Existing blemishes, moles, blood vessels, freckles and sun spots may become more obvious or darker since layers of dead skin have been removed
- Eye injury – should any products get into the eyes they will be flushed with water
- Dryness, flaking, sensitivity or mild irritation

Rare Side Effects

- Scarring is very unusual but rare and may occur
- Pigmentation could occur which is usually temporary
- Milia may occur but will usually disappear quickly
- Infection is extremely unlikely but may happen. Flair up of herpes and blemishes/imperfections may occur in affected individuals
- Prolonged sensitivity
- 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 Clinical Procedures are generally considered a safe procedure, but as with any treatment there are risks.

Contraindications and Relative Contraindications to treatment

Recent sunburn, 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
Use of antibiotics in the last 2 weeks
Allergy to aspirin
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.

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.

<u>Reception 01481 736699 (Mon-Fri 08.00 to 17.30)</u>

<u>Dr Curran's Mobile 07781 165797</u>

<u>Hayley Slater's Mobile 07911 735147</u>

Consent Statement for Clinical Procedures

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: