



# Informed Consent

## Chemical Skin Peels and Treatments

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about chemical skin peels and skin treatment procedures, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for treatment as proposed by your medical esthetician and agreed upon by you.

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### **GENERAL INFORMATION**

Chemical skin peels and other skin treatments have been performed for many years to treat a variety of skin disorders. Conditions such as sun damage, wrinkling, and uneven pigmentation may be treated with these non-invasive techniques. There are many different techniques and regimens for the application of chemical-peeling and skin treatment medications. In some situations, chemical peels may be performed at the time of other surgical procedures.

Chemical skin peels and other skin treatment procedures are not an alternative to skin tightening surgery when indicated.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin with chemical-peeling agents or other medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments such as microdermabrasion, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

### **INHERENT RISKS OF CHEMICAL SKIN PEELS AND TREATMENTS**

Every skin procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of chemical skin peels and skin treatment procedures.

## **SPECIFIC RISKS OF CHEMICAL SKIN PEELS AND TREATMENTS**

### **Infection:**

Although infection following chemical skin peels is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur /reoccur following a chemical peel. It is important that you tell your surgeon about any past cold sore or Herpes infections around your mouth before treatment is started. This applies to both individuals with a history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the procedure in order to suppress an infection from this virus. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

### **Scarring:**

Although good wound healing after a procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. In some cases, scars may require treatment, with medication, lasers, or surgical procedures. Although unlikely, an unsightly scar may be permanent.

### **Color Change:**

Chemical-peeling agents can permanently lighten the natural color of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin has occurred after chemical peels. A line of demarcation between normal skin and skin treated with chemical peeling agent can occur. Redness after a chemical peel may persist for unacceptably long periods of time.

### **Accutane (Isotretinoin):**

Accutane is a prescription medication used to treat certain skin diseases. If you have ever taken Accutane, you should discuss this with your surgeon. This drug may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased taking it. Individuals who have taken this drug are advised to allow their skin adequate time to recover from Accutane before undergoing skin treatment procedures.

### **Allergic Reactions:**

In rare cases, allergies have been reported to drugs and agents used for chemical-peeling or skin treatments, tape, suture materials and glues, blood products, topical preparations, and preservatives used in cosmetics. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

### **Lack of Permanent Results:**

Chemical peel or other skin treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical-peel procedure.

### **Heart Problems:**

Chemical-peeling preparations containing phenol have been reported to produce abnormal heart beats that may require medical treatment should they occur during the procedure. This is a potentially serious problem that may lead to hospitalization and possibly death.

### **Skin Discoloration / Swelling:**

Some swelling normally occurs following a chemical skin peel. The skin in or near the procedure site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods and, in rare situations, may be permanent.

### **Skin Sensitivity:**

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur. Usually this resolves during healing, but in rare situations it may be chronic.

**Damaged Skin:**

Skin that has been previously treated with chemical peels or microdermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following chemical peels. The occurrence of this is not predictable. Additional treatment may be necessary. If you have ever had such treatments, you should inform your esthetician.

**Pain:**

You may experience pain after your treatment. Pain of varying intensity and duration may occur and persist after surgery. Very infrequently, chronic pain may occur after chemical peel procedures.

**Unknown Risks:**

There is the possibility that additional risk factors of chemical skin peels and skin treatments may be discovered.

**Sun Tanning:**

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage. If you have a recent tan, your procedure(s) may be cancelled or delayed.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed treatment along with disclosure of risks and alternative forms of treatment(s), including a decision not to proceed with treatment. This document is based on a thorough evaluation of scientific literature and relevant clinical practices to describe a range of generally acceptable risks and alternative forms of management of a particular condition. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your esthetician may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

## CONSENT FOR CHEMICAL PEEL TREATMENT

1. I hereby authorize Silk, A Medical Spa to perform **Chemical Skin Peels and Treatments**.

I have received the following information sheet: **Chemical Skin Peels and Treatments**.

2. I recognize that during the course of the procedure and medical treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above medical spa and its licensed representatives to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I understand what my medical spa professional can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
4. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
5. I realize that not having the treatment is an option. I opt out of having this treatment \_\_\_\_\_.
6. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS.  
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date/Time \_\_\_\_\_ Witness \_\_\_\_\_