

MEDILASER

COSMETIC SURGERY AND VEIN CENTER

3110 W. Main Street, Suite 150, Frisco, Texas 75033
Ph: 469-362-8665 Fax: 469-362-8085

SUBDERMAL SKIN TIGHTENING AND SCULPTING CONSENT

I, _____ request and authorize Mauricio Giraldo, MD or designated person, to perform a procedure on me known as Subdermal Skin Tightening and Sculpting utilizing temperature controlled Radio Frequency technology.

This procedure is being used to treat my condition/medical diagnosis of skin laxity.

Areas to be treated: (circle all that apply) Neck / Abdomen / Arms / Thighs

Please initial each item:

_____ The areas for treatment have been reviewed with me today and I am in agreement. I have been thoroughly and completely advised regarding the objectives of the procedure. I understand that the practice of medicine and surgery is not an exact science and although these procedures are effective in most cases, no results have been guaranteed. I acknowledge that imperfections might ensue and that the operative result may not live up to my expectations. I understand that skin tightening may not be fully apparent for 6-12 months after this procedure, that tissue tightening varies from individual to individual and results are age-dependent.

_____ The treatment will involve applying heat to the adipose (fat) tissue and dermis using radiofrequency for therapeutic purposes.

_____ I am aware of the following possible experiences and/or risks associated with the procedure:

- I consent to the administration of local and tumescent anesthesia. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, or death.
- Discomfort may be experienced during and/or after the treatment.
- Some bruising and/or swelling may occur following the procedure. However, it should resolve in days, weeks, or months.
- Temporary redness (erythema) of the treated area can occur.
- Scarring is rare, but is a possibility if the skin surface is disrupted.
- Although uncommon, burns can occur.
- Infection is rare, but should it occur, treatment with antibiotics and/or surgical intervention may be required. Infection can further increase the risk of scarring. Proper wound care is important in the prevention of infection. If signs of infection such as pain, heat, blisters, or surrounding redness develop, call the office immediately.
- I understand the importance of the pre and post treatment instructions and that the failure to comply with these instructions may increase the possibility of complications.

_____ I understand that lipoaspiration may be used in conjunction with the Subdermal Skin Tightening and Sculpting treatment if Dr. Giraldo determines it is necessary to do so. I understand that skin irregularities may occur with any lipoaspiration treatment.

_____ I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

_____ The nature and effects of the procedure, the risks, the ramifications, complications, as well as alternative methods of treatment have been fully explained to me by the physician or designated person and I understand them. I am aware that the use of temperature controlled radio frequency for subdermal skin tightening and sculpting has not been approved by the FDA. The benefits of the proposed procedure, along with the probability of success have also been discussed with me. I have been given the opportunity to ask questions and have received satisfactory answers. I certify that I have read the above authorization and that I fully understand it.

Patient Signature _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____

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SUBDERMAL SKIN TIGHTENING AND SCULPTING PRE/POST-OP INSTRUCTIONS

1. Post-operative drainage may occur following surgery and your garment may develop blood stains around the incisions. Abdomens especially tend to ooze a blood-tinged drainage for several hours (up to 48 hours) after the procedure. Even though this fluid is red, it is only about 1% blood with the remainder being injected local anesthetic and tissue fluid. Draining for each patient will vary from mild to excessive. You may have to change your dressings the night of surgery and periodically for 1-4 days. Sanitary pads are recommended. Bandages should be changed at least daily to prevent infection.
2. If you experience nausea and/or vomiting it is probably due to the antibiotic or pain medication. Please try to take this with food. If it persists, please call our office at 469-362-8665.
3. Please have someone stay with you the day of surgery.
4. A compression garment or ace bandage will be applied after the procedure. Please leave your garments on at all times except for dressing changes. No baths or hot tubs are allowed for one (1) week. A shower may be taken after twenty-four (24) hours. You will wear your garment for 3 days after surgery. Procedures done on the neck may cause difficulty breathing. Try loosening the garment for increased airway.
5. Do not take aspirin or products containing aspirin, other NSAIDS medications, Vitamin E, diet pills, fish oil, herbal medication, herbal or green tea, ginkgo, ginseng or garlic pills, for one to two weeks prior to or following your surgery. Aspirin and some NSAIDS can thin your blood, so you do not clot and could increase your tendency to bleed at the time of surgery and during the post-operative period.
6. Diet notes: Meals are not restricted. Drink plenty of clear fluids. We recommend ten (10) glasses of water a day. For procedures of the neck, swelling may make it difficult to eat and require a soft diet.
7. Post-operative discomfort will usually be deep muscle soreness and will improve over the following 2-7 days. Procedures done on the neck may cause a sore throat and/or temporary loss of voice. A prescription will be given to you if needed, however take Ibuprofen every 8 hours as needed for discomfort.
8. Clean the incision sites with antibiotic ointment (Neosporin) and cover the incision sites with band-aids once drainage has stopped.
9. Rest for the first 12 hours. Take it easy for the first 2-3 days. You may resume your normal activities as tolerated. If you experience more than mild swelling or discomfort you may be over doing it. This will not affect the results of your surgery. Elevate the treatment area for the first 24 hours to decrease swelling. Significant swelling in the pubic region can be expected after lower abdominal surgery.
10. Therapeutic massage is very helpful to speed the healing process. Massages may be done as often as every other day. Whirlpools and hot tubs are permitted one (1) week after surgery to increase circulation.
11. You may experience mild depression the first week after surgery. After this time, your mood will improve as you see swelling and bruising fade.

I have read the post-operative instructions and fully understand what is contained therein.

Patient Signature _____ Date ____ / ____ / ____

Witness _____ Date ____ / ____ / ____