

INFORMED CONSENT-CHEMICAL SKIN-PEELING and TREATMENTS

INSTRUCTIONS

This is an informed consent document which has been prepared to assist your plastic surgeon inform you about skin peel and skin treatment procedure(s), its risks, and alternative treatment.

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 surgery as proposed by your plastic surgeon.

INTRODUCTION

Chemical skin-peeling 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-peeling procedures are not an alternative to skin tightening surgery when indicated.

ALTERNATIVE TREATMENT

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 dermabrasion, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

RISKS of CHEMICAL SKIN-PEELING/SKIN TREATMENTS-

There are both risks and complications associated with chemical skin-peels and skin treatments. An individual's choice to undergo a procedure is based on the comparison of 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 the risks, potential complications, and consequences of chemical skin-peeling and other forms of skin treatment.

Infection- Infection is unusual. Bacterial and viral infections can occur. If you have a history of Herpes simplex virus infections around the mouth, it is possible that an infection could recur following a chemical-peel. Specific medications must be prescribed prior to the skin peeling procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Scarring- Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

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 can occur. Redness after a chemical-peel may persist for unacceptably long periods of time.

Poor result- There is the possibility of a poor result from these procedures. Skin-peel and skin treatment procedures may result in unacceptable visible deformities, skin slough, loss of function, and permanent color changes in the skin. You may be disappointed with the final results of chemical skin-peel or other skin treatments.

Skin lesion recurrence- Skin lesions in some situations can recur after a chemical-peel or skin treatments. Additional treatment or secondary surgery may be necessary.

Risks of Chemical Skin-Peeling/Skin Treatments, continued

Skin cancer/skin disorders- Skin-peels and skin treatment procedures may not offer protection against developing skin cancer or skin disorders in the future.

Allergic reactions- In rare cases, allergies have been reported to drugs and agents used for chemical-peeling or skin treatments. In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Sunburn- Certain types of chemical-peeling agents may permanently leave the skin very prone to sun burn. Skin after a chemical-peel may lack the normal ability to tan (darken) when exposed to sunlight.

Lack of permanent results- Chemical-peel or other skin treatments may not completely improve or prevent future skin wrinkling. Neither technique can reverse the signs of skin aging. 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.

Delayed healing-it may take longer than anticipated for healing to occur after a chemical skin-peel or other treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a chemical-peel.

Heart problems- Chemical-peeling preparations 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.

Unknown risks- There is the possibility that additional risk factors of chemical skin-peeling and skin treatments may be discovered.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

ADDITIONAL TREATMENT OR SURGERY NECESSARY

There are many variable conditions which influence the long term result of chemical skin-peeling and other skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of chemical skin-peeling involves several charges for the services provided. This includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the procedure is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery or treatments would also be your responsibility.

Risks of Chemical Skin-Peeling/Skin Treatments, continued

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). 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 plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the 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.

Make up can be applied after all the crusting has resolved, usually 10-14 days. The most effective approach is the use of a green cover stick that can be complemented by a natural overlay. Please feel free to ask us questions. A moisturizer will be used after the crusts are gone. Stop the Vaseline and use a moisturizer. Limit lifting, pulling, or pushing for at least 7 days.

Post Op Recovery:

If you have any questions please feel free to call as we want you to be as comfortable as possible. Minimize sun exposure while there is any red or pink skin. If you must be outdoors, use a sunscreen with SPF 15 or higher. It is recommended that you use a daily sunscreen to protect you while driving and daily activities.

Patient _____

Witness _____

Date _____

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CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure(s) or treatment(s):

I have received the following information sheet(s):
INFORMED-CONSENT FOR

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees 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 consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of 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.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. 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
- SIGN A OR B

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____



FARAHMAND

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND HAVE RECEIVED, IN SUBSTANTIAL DETAIL, A MORE DETAILED EXPLANATION OF THE TREATMENT, OTHER ALTERNATIVE TREATMENTS, AND THE RISKS OF THE TREATMENT. I HAVE BEEN ASKED IF I WANT MORE INFORMATION ABOUT THE MATERIAL RISKS OF THE TREATMENT, BUT I AM SATISFIED WITH THE INFORMATION RECEIVED.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____



**FARAHMAND
PLASTIC SURGERY**

Pre-operative care

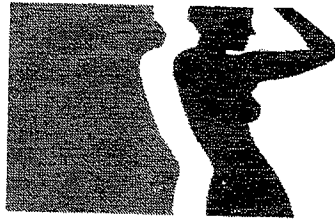
1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take TYLENOL in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take XANAX night before surgery with sip of water. Do not take Xanax on the day of surgery.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

Surgery Day

1. Call the surgical facility _____ the day before surgery to determine what time to report for registration.
 2. Remove all make-up, jewelry, and nail polish.
 3. Wear comfortable clothing, preferably a button front shirt. (BREAST SURGERY PATIENTS—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
 4. If you have any questions, please do not hesitate to call our office at 332-2388.
- I have read the pre-operative information and fully understand its contents.

Patient _____ Acct# _____
Witness _____

Date _____
Date _____



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Post Op Instructions for Dermabrasion/ Chemical Peeling

You will be asked to apply a thin layer of Vaseline to the areas at least 3 times daily. Take the entire course of antibiotics and/or Zovirax.

Call if:

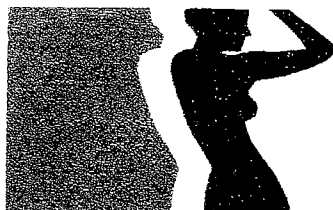
- 1) You have fever or chills
- 2) You develop rash, small blisters, or the surrounding area becomes red
- 3) Pain not relieved by the medications
- 4) Severe pain not responding to medications or significantly more pain in one eye or the other
- 5) Marked swelling or obviously more swelling on one eye than on the other eye
- 6) Significant changes in vision, anything more than mild blurring

You can expect:

- 1) Crusting and Itching-The crusting that occurs is expected. Do not remove any crusting because this may cause bleeding or scarring. This will gradually fall off over a seven to ten day period. Itching is a normal sign of healing, but if it is intolerable oral Benadryl may be used according to manufacturer's instructions
- 2) Red skin beneath the underlying skin is healthy but will have the appearance of red sunburned skin. Do not be alarmed. This color is normal and usually fades after a 2-12 week period
- 3) Avoid sun exposure in the early postoperative period. Excessive sun exposure during this time could cause pigmentary changes. When the crusts are gone you will need to use a sunscreen daily for the first few months
- 4) Moderate swelling around eyes. If you experience dry eyes you may use over the counter artificial tears or ointments

Skin Care Regimen: This will begin the second postoperative day:

- 1) Splash face with warm water
- 2) Clean the entire treatment area with white vinegar and distilled water mixture (1-tablespoon vinegar to 1 pint of water). Expect area of crusting throughout the treatment area. Take care when cleaning the area not to disturb the crusts, as this can cause bleeding and scarring
- 3) Apply thin amounts of Vaseline to the entire treatment area. The area will be moist to facilitate the healing.



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PLASTIC SURGERY**

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

PATIENTS SIGNATURE

DATE

WITNESS SIGNATURE

Pre-operative Check List

Patient _____ Date _____	Acct# _____ Surgery date _____
	Initials
_____ Financial Policy/ Consent signed	_____
_____ Copy of Insurance card in chart	_____
_____ Consents signed	_____
_____ Orders / Scripts (Done and Signed)	_____
_____ Labs Done by _____	_____
_____ Mammo _____ / EKG _____	_____
_____ Patient consent to treatment	_____
_____ Mentor implant acknowledgement	_____
_____ Mentor consent for silicone implants	_____
_____ Pregnancy waiver / _____ peer review (disclosure)	_____
_____ Photos taken (check book if not sure)	_____
_____ Green Sheet (Read __, Gone over __, Signed _____)	_____
_____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200.	_____
_____ Post operative instructions given to hospital patients	_____
_____ Sized Garment, Size _____	_____
_____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients	_____
_____ Must Order Breast , Chin, mandibular implants	_____
_____ Size: _____ Catalog number _____	_____
_____ Reminder on all the following procedures:	_____
1. Abdominoplasty	
2. Thigh lifts	
3. Inner thigh liposuction	
Patients need to shave pubic area the night before Surgery	_____
_____ Always mark orders for surgery as follows:	_____
"Patient not to be sedated until seen by Dr. Farahmand	_____

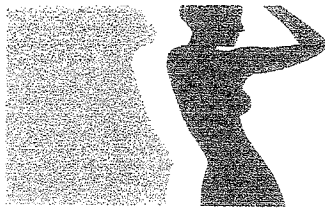


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Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	_____ Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	_____ Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	_____ Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	_____ Germ-inhibiting soap, such as Dial , Safeguard , or Lever 2000 – to bath with prior to surgery in order to minimize germs.
_____	_____ Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	_____ Frozen Peas – these are great as “ice packs” for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	_____ 4 X 4 gauze and paper tape
_____	_____ Q-tips
_____	_____ Hydrogen Peroxide
_____	_____ Gentle foods – to encourage eating and not upset the stomach initially.
_____	_____ Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	_____ Plain crackers, saltine not buttery
_____	_____ Soups, water based not cream based
_____	_____ Pudding / Applesauce
_____	_____ Jello
_____	_____ Toast
_____	_____ Other _____



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Pregnancy Waiver for Surgical Procedure

Patient _____ Acct# _____

To Whom it may concern:

I, _____, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.
In the event that I should discover otherwise, I agree to take full responsibility.

Surgical Date: _____

Date

Patient's Signature

Date

Witness

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Illicit/Illegal Drugs and Surgery Warning

WARNING: If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

Signature

Date

Witness

Date