

**CONSENT FOR PDO THREADS PROCEDURE**

I, \_\_\_\_\_ (your full name)\_ hereby authorize **Dr. Asiro**t to perform the PDO threads treatment.

- **Dr. Asiro**t, the clinician has explained to me the potential benefits and risks of this surgery, the details of the technique, and the materials used. The clinician has also explained the possible temporary complications as well as the recovery period. I have received information on the physical and mental consequences of having a thread lift procedure. Potential benefits include build-up of collagen and tightening of skin to a certain extent.
- Potential risks include swelling, redness, bruising, infection, dimpling of skin, scars, exposure of thread at insertion point, asymmetry, nerve irritation and increased sensitivity of the skin at the site of procedure.
- I understand that the final results of the procedure will not be seen for a period of 4-8 weeks. I understand that there may be possible adjustments required after the procedure as a result of individual responses depending on tissue settlement.
- I recognise that during the course of the operation and medical treatment or anesthesia, unforeseen circumstances may necessitate modifying the procedure, resulting in different procedures(s). I therefore authorise the clinician and his staff to perform such other procedures that are in his or her professional judgement necessary or desirable.
- I have advised my clinician of my medical history including all previous illnesses and medications currently being taken.
- I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications and injury.
- I acknowledge that no guarantee has been given regarding the results that may be obtained.
- I understand that antibiotics maybe required after the procedure. I understand that there is a minimal risk of infection. In the event that an infection occurs I understand that I must contact the clinician immediately and follow the necessary treatment.
- I understand that I am required to attend post-operative check-ups as advised by the clinician for the best outcome for the procedure.
- In the event of the necessary removal of one or more of the threads I accept that such procedure be carried out by clinician. It is possible that the thread may not be removed and I understand that it will dissolve on its own.
- I consent to the disposal of any tissue and/or medical devices that may be removed.
- I consent to photographs being taken as a record of treatment: such photographs will not be used for any other purpose without my express permissions.

I hereby consent to the thread lift procedure. I have read the material given to me and I am satisfied that all of my questions and concerns have been addressed.

Patient Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Name \_\_\_\_\_ Date: \_\_\_\_\_

## THREAD LIFT PATIENT RECOMMENDATIONS & FREQUENTLY ASKED QUESTIONS

### Before the procedure:

- You may take Arnica tablets for 3 days before, and continuing for 7 days after your procedure to help minimise bruising and swelling.
- Avoid Vitamin E, Fish oil, ginkgo biloba for 7 days before and after the procedure or surgery.
- DO NOT take Aspirin, Ibuprofen, or anti-inflammatories for 1 week before the procedure unless recommended by your doctor and clinician. Do not drink alcohol for 48 hours pre and post-surgery.
- If you are taking anti-coagulant or blood platelet anti-aggregation drugs please advise the clinic.
- If you suffer from cold sores please discuss this with the Doctor. You may need to take anti-viral therapy for 3 days before and after surgery.

### After the procedure:

- For the first 48 hours after the procedure apply cold compresses on the areas treated. Remember, no pressure is to be exerted on the face. The compresses should only be placed gently on the areas where the threads have been implanted.
- Immediately after the procedure, and for at least 24 hours reduce 'frequent speaking' and 'excessive laughter'. Excessive speaking and laughter can increase unwanted facial movements.
- Elevate the treated area when sleeping. Use extra pillows and support, and sleep on your back for 7 days. Do not sleep with pressure on your face.
- Antibiotic therapy maybe necessary post-surgery if there are signs of infection such as redness, discharge, increased temperature and pain.
- It is recommended that you consume soft, warm food so that your mouth only opens a small amount for 7 days.
- **Do not** raise your eyebrows or smile excessively for a week.
- **No** smoking if possible.
- Avoid shaving for 10 days after procedure (because of involuntary grimacing). After 10 days you may shave with a new blade, allowing one pass over the skin without contorting the face. Normal shaving may be resumed after 1 month.
- Do not use make up for 3 days.
- Hold face with your hands if crying, laughing, coughing or sneezing to avoid excessive use of facial muscles.
- No strenuous exercise for at least 14 days. Light exercise (eg. Walking) is OK, but if you have any doubt please discuss with us.
- Paracetamol or Acetaminophen as needed for pain and discomfort.

It is normal to experience some swelling, bruising, and slight discomfort. There may be a feeling of tightness, pulling, and tenderness.

### Immediately phone Reverza Aesthetics on 541-600-4569 if you experience any of the following:

- **Sudden relapse or asymmetry (your face becomes uneven).**
- **Bump appears on your face (where the thread was trimmed).**
- **If you suspect infection. There is excessive bruising, discoloration and pain.**

### After care:

- Micropore tape or band-aid must stay on for about 3 days until the wound closes.
- Wash your face very carefully, taking care not to wet the tape or any stitches.
- You may commence showering or bathing the day after your procedure, taking care not to stretch the face or neck.
- Hair can be colored 2 weeks after the procedure.
- Avoid facials, waxing and massage for 3 weeks.

### Follow-up appointments:

Patient Name: \_\_\_\_\_

- Your follow-up appointment \_\_\_\_\_