



## **PDO Thread Lift Patient Informed Consent**

This is an informed consent document that has been prepared to help you concerning PDO Surgical Sutures and the thread lift procedure and its risks. It is important that you read this information carefully and completely. Initial each page and sign the final pages.

### **RISKS OF THE PDO THREAD LIFT PROCEDURE:**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of your surgery.

### **DISCOMFORT**

Some discomfort may be experienced during treatment. I give permission for the administration of the anesthesia when deemed appropriate by the physician.

### **SCARRING**

PDO Surgical Threads are inserted through small puncture wounds, which may take a few days to heal. Small scars, although unusual, may occur at the puncture site(s).

### **BRUISING, SWELLING, INFECTION**

With any surgery, bruising of the treated area may occur. Additionally, there may be swelling noted. Finally, skin infection is a possibility any time a skin procedure is performed.

### **BLEEDING**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require treatment to drain accumulated blood (Hematoma). **Do not take any aspirin or anti-inflammatory medications for ten (10) days before surgery, as this may contribute to a greater risk of bleeding.**

### **DAMAGE TO DEEPER STRUCTURES**

Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to the location on the body the surgery is being performed. Injury to deeper structures may be temporary or permanent.

\_\_\_\_\_ Patient Initials

## **RISKS OF PDO THREAD LIFT PROCEDURE (CONTINUED):**

### **ALLERGIC REACTIONS**

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

### **SURGICAL ANESTHESIA**

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

### **PIGMENT CHANGES (SKIN COLOR)**

During the healing process, there is a possibility of the treatment area either becoming lighter or darker in color than the surrounding skin. This is usually temporary, but on rare occasions, may be permanent. Appropriate sun protection is very important.

### **PARTIAL LAXITY CORRECTION**

PDO Thread Lifts will give some improvement in laxity, it will not correct all your facial laxity.

### **DELAYED HEALING**

Complications may ensue as a result of smoking, drinking liquids through a straw, or similar motions. Because of this, smoking and similar actions are **STRONGLY** discouraged.

### **CONTRAINDICATIONS**

Any known allergy or foreign body sensitivities to plastic biomaterials.

### **OTHER**

Slight asymmetry, redness, visible thread(s) may require additional treatment and or the removal of the threads.

### **ADDITIONAL SURGERY (PROCEDURES) MAY BE NECESSARY:**

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. If complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with the thread lift procedure. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

\_\_\_\_\_ Patient Initials

**FINANCIAL RESPONSIBILITIES:**

The cost of surgery involves several changes for the services provided. The total may include fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery 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 revision surgery would also be your responsibility.

**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 to define principles of risk disclosure should generally meet the needs of patients in most circumstances.

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

Informed-consent document 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 subject to change as science knowledge and technology advance and as practice patterns evolve.

**POSSIBLE RISKS IN THE PDO THREAD LIFT SURGICAL PROCEDURE:**

With any surgery there are certain risks, which must be undertaken. The following are some of the possible complications that may result from this type of surgery, which may be beyond the doctor's control. Please read, initial, and sign below as required.

I understand that no warranty or guarantee has been made to me as to result or cure. I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment or surgery, and could also result in economic loss to me because of my inability to return to activity as soon as anticipated.

I understand that my surgeon may discover other or different conditions, which require additional or different procedures than those planned. I authorize surgeon and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand that common to all surgical procedures is the potential for infection, swelling, bleeding, bruising, pain, allergic reaction and even death.

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I understand that my cheeks or jowls may not achieve the desired improvement that was anticipated.

I understand that surgery may damage nerves and result in temporary or permanent loss of sensation as well as motor nerves that can lead to paralysis of the muscles.

I understand that there are no external incisions except where the sutures are tied in the hairline, scalp or neck. The location of these incisions has been described to me.

I understand that sutures may extrude, and may have to be trimmed or removed in the future.

I understand that the results may relax over time and additional surgery may be required.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

[PHYSICIAN OR PRACTICE NAME]

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Date**

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