# 

**Save Face**

**PDO Thread Lift Consent Form**

Patient Name:

Date of Birth:

**PDO Thread Lift Informed Consent**

**Aim of Treatment:** The aim of this treatment is to improve facial contours and reduce the appearance of wrinkles and sagging skin using dissolvable PDO threads. These threads are inserted beneath the skin to lift and support the tissues, providing a subtle yet noticeable lifting effect. This clinic uses [Insert Brand] PDO threads.

**Motivations and Expectations**

**Alternative Treatments I have been Advised I may Consider; Acceptance of Present Condition**

**Common Side Effects Associated this Treatment Include;**

* Pain or stinging sensation when the injection is performed
* Localised swelling, redness and or tenderness
* Bleeding at the sites of injection
* Bruising. Rarely, bruising may be severe and may persist for several weeks.
* Numbness or itching of the area following injection
* A feeling of ‘tightness’ of the face and inability to open mouth as wide due to possible risk of damage to threads placed

Common side effects are expected to resolve spontaneously, within the first 2 weeks of treatment. Whilst not expected, it is possible that reactions described may persist for longer than expected and may inhibit your confidence to attend work or social events.

You are advised to schedule treatment with this in mind, allowing time for common reactions such as bruising and swelling, to settle.

**Uncommon Side Effects**

* Thread protrusion
* Puckering of the skin
* Thread migration
* Infection
* Inflammation
* Skin discolouration and pigment changes - advisable to avoid the sun for 4 weeks posttreatment Allergic or sensitivity reaction. Symptoms include; itching, rash, red itchy welts, wheezing, asthma symptoms, dizziness or feeling faint. If you have any difficulty breathing call 999 immediately.
* Abscess formation
* Prolonged swelling which may occur early or present after several weeks
* Persistent lumps, nodules or papules
* Acne like formations
* A Foreign body reaction known as ‘granuloma’ presenting as lumps or nodules
* Scarring from the track of the thread
* Damage to deeper structures, vessels and nerves
* Perfect symmetry is not always achievable
* Additional treatment may be required

Any adverse reactions usually occur within a few days of treatment. They are expected to be temporary in nature and usually resolve spontaneously within weeks. Rarely, symptoms may persist for several months.

**Expected Outcome**

You can expect an immediate lift to the treated area, but this will always relax somewhat once the initial swelling has settled down. Appearance is expected to gradually improve over a period of 2-3 months as collagen remodeling occurs.

In some cases a second session is required 4 weeks after the first session, for further treatment - there may be additional charges for this. The successful outcome varies by degree and how long it lasts varies from one individual to another and cannot be guaranteed.

**Material Information**

I understand that though complications are uncommon, they do sometimes occur. It is possible that side effects not described may occur and indeed that a complication not previously reported or may occur for the first time.

I understand if I suffer any adverse reactions that are not expected, or concern me, I must contact the clinic. An appointment will be made for me to be seen. The clinic cannot take responsibility for complications or results that have not been reported, assessed, documented and managed in a timely fashion.

I understand that whilst results desired and expected have been discussed, outcomes vary between individuals and cannot be guaranteed.

I confirm that the medical health history form has been completed truthfully and I am fully aware that withholding medical information, including history of previous treatment, may be detrimental to the safe and optimal outcome of any treatment administered. If there are any changes in my medical history, I must inform the practitioner.

I confirm that I have been provided with verbal and written information about this treatment which includes aftercare and follow up advice.

I agree to follow the aftercare advice and understand this reduces risk of adverse reactions and helps ensure optimum results.

I understand information about me will be treated as confidential and access to it restricted in accordance with the Data Protection Act, unless specific permissions given.

I consent to my medical records being shared with appropriate medical professionals

I understand photographs are taken as part of my medical record.

On occasion it is helpful to share visual images of our own treatment results.

I consent to photographs being published for;

Educational and training purposes with medical professionals

Educational purposes with selected patients during consultation

Educational/promotional purposes in the clinics portfolio viewed by selected members of the public

Educational/promotional purposes on the clinic website

Educational purposes for selected public events

I understand that no fee is payable to me or any other person in respect of the material either now or at any time in the future.

I confirm that the purpose for which the material would be used has been explained to me in terms which I have understood.

I have taken the time to read;

* PDO Thread Lift Consent Form
* Treatment Information PDO Thread Lift
* Clinic Terms and Conditions

I accept the clinic terms and conditions. I am satisfied treatment with PDO Threads has been explained comprehensively and that the possible risks and side effects associated with the treatment have been fully discussed and understood. I have taken sufficient time to process and consider the information provided and any questions I had have been answered to my satisfaction, before making a decision to proceed with the agreed treatment plan.

I have been advised the cost of the treatment will be £………………and accept the terms of payment as per the clinic policy (terms and conditions).

Patients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Practitioners Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_