

CALISTA

Skin & Laser Center

BOTOX/Dysport INFORMED CONSENT

I, _____, understand that I will be injected with Botulinum Toxin (Botox/Dysport) in the area of the glabella muscles to paralyze these muscles temporarily or in the forehead or crow's feet around the lateral area of the eyes.

Botulinum Toxin (Botox/Dysport) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows.

Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months.

The possible side effects of (Botox/Dysport) include but are not limited to:

- 1. Risks: I understand there is a risk of swelling, rash, headache, localized numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.**
- 2. Infection:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
- 3.** Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
- 4.** Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small % of patients these headaches can persist for several days or weeks.
- 5.** Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
- 6.** Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
- 7.** Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
- 8.** While local weakness of the injected muscles is representative of the expected pharmacological action of (Botox/Dysport), weakness of adjacent muscles may occur as a result of the spread of the toxin.
- 9. Treatments:** I understand more than one injection may be needed to achieve a satisfactory result.
- 10.** Another risk when injecting Botulinum toxins (Botox/Dysport) around the eyes included corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.
- 11.** I will follow all aftercare instructions as it is crucial I do so for healing.

As injection of Botulinum toxins is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botulinum toxin than others. In most cases this uneven appearance can be corrected by injecting Botulinum toxins in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure. *Botox/Dysport should not be administered to a pregnant or nursing woman.*

Additionally,

The number of units injected is an estimate of the amount of (Botox/Dysport) required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox and the facility from liability associated with this procedure.

Patient Signature: _____ Date: _____

BOTOX