



**Informed Consent for CO2RE Laser Resurfacing**

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

Treatment Site: \_\_\_\_\_

I understand that the CO2RE CO2 laser is a device used for remodeling of the tissue while reducing or partially eliminating facial wrinkles and/or scars. Generally, the results of the CO2 laser skin resurfacing demonstrate improvement in the smoothness of the skin; however, a complete elimination of wrinkles or scarring is not a realistic goal. I understand the most common side effects and complications from this treatment are the following:

1. Pain – You may experience pain during or after the procedure. If you feel significant discomfort after the treatment, you may use over the counter pain medications after the procedure.
2. Swelling – There may be swelling in the treatment areas after the treatment which can last up to one week in duration.
3. Bruising – You may experience temporary bruising in the treated area which will subside with healing.
4. Wound Healing – Oozing, weeping, crusting and flakiness of the treated area, usually persisting for one to four weeks.
5. Blistering/Bullae – You may experience some temporary blistering/bullae in the treatment area which will subside with healing.
6. Burn – You may experience a burn which can be mild, moderate or severe to different degrees in the treatment area. Minor burns generally heal without difficulty but more severe burns, though rare, can lead to scarring, sensory or pigmentary changes.
7. Pigmentary changes: You may experience lightening of the skin which may be temporary or permanent (hypopigmentation). You may experience temporary or permanent darkening of the skin (hyperpigmentation).
8. Scarring: The risk of this complication is minimal but it can occur whenever the surface of the skin is disrupted. Strict adherence to all post-operative instructions will minimize the possibility of this occurring.
9. Skin Tightness – Sensation of skin tightness (peaks at 3-8 weeks postoperatively).
10. Herpes Eruption: It is possible, even with antiviral prophylaxis, to experience a herpes eruption if you are a HSV carrier. Inform your doctor immediately if you experience pain, skin eruption or blistering post-treatment so that the proper treatment can be initiated.
11. Skin Thickening – Textural changes of the treated skin, such as thickening, which may persist for a variable time.
12. Wound Healing – Oozing, weeping, crusting and flakiness of treated area, usually for one to four weeks.

It is important that you tell your doctor if you experience any of these side effects.

I understand that the clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I understand that exposure to the sun, unprotected sun bathing and excess heat must be avoided for a period of 6 months. To do so would encourage skin pigment changes and rhytids (wrinkles) necessitating further treatments.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

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