



AMERICAN ACADEMY
OF FACIAL ESTHETICS

INFORMED CONSENT FOR PDO THREAD LIFT PROCEDURE

The PDO (polydioxanone) Thread Lift and Smoothing procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the treatment may not be completely effective at treating the particular concern.

Possible Risks and Side Effects Associated with PDO Thread Lift Procedure:

- **Discomfort:** Some discomfort may be experienced during treatment and the following 1-2 weeks.
- **Scarring:** May cause scarring; sutures are inserted through a small entry hole which heals with time, but there is potential for scar formation at entry point.
- **Bruising, Swelling, Infection:** With any minimally invasive procedure, bruising and swelling of the treatment area may occur. Infection is rare, but with any injection or incision into the skin, the possibility exists.
- **Bleeding:** You may experience some bleeding during the procedure. A hematoma or a small blood clot may occur and may require treatment by drainage. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within the 10 days preceding the procedure.
- **Damage to Deeper Structures:** Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. The potential for this to occur varies according to the location on the body the procedure is being performed. Injury to deeper structures may be temporary or permanent.
- **Allergic Reaction:** Allergies to tape, suture material or topical preparations have been reported. Allergic reactions may require additional treatment.
- **Partial Laxity Correction:** PDO Lift may not correct all your facial laxity or sagging, and minor asymmetry is possible.
- **Delayed Healing:** Complications may ensue as a result of smoking, using a straw, or similar motions. Smoking and similar actions are STRONGLY discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or removal of the sutures

PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine. **Initial** ___

ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me. **Initial** _____

PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. **Initial** ___

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. **Initial** _____

TRAINING COURSE

I understand that I have volunteered to be a model patient in a training course and the doctor/healthcare professional who will be treating me has had limited experience with the method of treatment. **Initial** _____

I hereby indemnify the American Academy of Facial Esthetics LLC from any liability relating to the procedures that I have volunteered for. I also understand that any treatment performed is between me and the doctor/healthcare



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provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician.

Initial_____



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I hereby indemnify the facility/meeting room/hotel where this treatment is being performed from any liability relating to the procedures that I have volunteered for. **Initial** _____

PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by The American Academy of Facial Esthetics (AAFE) or any of its affiliates or partners, I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the AAFE harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

Initial _____

RESULTS

I understand this is an elective procedure and I hereby voluntarily consent to treatment with PDO suture threads for skin rejuvenation, lifting of the skin to help establish proper lip and smile lines and improved esthetics. The procedure has been fully explained to me. I also understand that any treatment performed is between me and the doctor/healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the doctor/healthcare professional who treated me immediately. I also state that I read and write in English.

Health History Completed? Yes No Date: _____ Provider Initial: _____

Dental / Head and Neck Examination Completed? Yes No Date: _____ Provider Initial: _____

Patient Name (Print) Patient Signature Date

I am the treating doctor/healthcare professional. I discussed the above risks, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Provider Name (Print) Provider Signature Date

AAFE Trainer Name (Print) AAFE Trainer Signature Date