

MICRO-NEEDLING INFORMED CONSENT

INTRODUCTION TO MICRO-NEEDLING

The concept of micro-needling is based on the skin’s natural ability to repair itself when it suffers physical damage. Immediately after an injury to the skin, our body begins the healing process, triggering new collagen synthesis. Microneedling intentionally creates very superficial “micro-injuries” to the outermost layer of the skin, inducing the healing process including new collagen production. Micro-needling has been shown to reduce the visibility of acne scars, fine lines, and wrinkles, diminish hyperpigmentation, and improve skin tone and texture, resulting in smoother, firmer, younger looking skin.

ABOUT THE PROCEDURE

This procedure is performed by a trained skin care professional. The microneedling procedure is performed in a safe and precise manner with a single-use sterile needle head. The treatment session usually takes about 30-60 minutes, depending on the area(s) being treated. After the procedure, the skin may be red, with mild swelling and/or bruising, and your skin might feel tight and sensitive to the touch. Although these symptoms may take 2-3 days to resolve completely, they will diminish significantly within a few hours after treatment. Plan on 3 days of social down time.

ALTERNATIVE TREATMENTS

Alternative treatments to micro-needling may include the use of routine skin care, oral and/or topical prescription and/or non-prescription medications, microdermabrasion, dermablading, laser treatments, and even cosmetic/plastic surgery. Each of these alternatives carry their own inherent risks and benefits. However, since this treatment is elective and is done for cosmetic purpose only, no treatment at all should also be considered a viable alternative.

RISKS OF MICRO-NEEDLING

Although the majority of patients do not experience any complications with microneedling, it is important you understand that risks do exist. The microneedling procedure is minimally invasive, utilizing a set of micro-needles to inflict multiple, tiny, puncture/lacerations to the outermost layer of the skin. Because micro-needling penetrates the skin, it inherently carries health risks, including but not limited to those listed below. You should discuss any and all health concerns with your aesthetician or attending healthcare provider PRIOR to signing this consent form.

INFECTION- Infection is very unusual. However, viral, bacterial, and fungal infections can occur anytime the integrity of the skin is compromised. Should infection occur, you must contact or return to our office immediately, as additional treatment will likely be necessary

PIGMENT/COLOR CHANGE- Because dermal penetration is so superficial it doesn’t extend into the layer of the skin containing melanocytes, hyperpigmentation is very rare with micro-needling; However, failure to follow post treatment instructions can put you at risk for hyperpigmentation. You MUST avoid sun exposure for a 1 to 2 weeks after a micro-needling treatment. You should also wear a daily SPF facial moisturizer, which your aesthetician can recommend. Lastly, avoid picking and/or peeling the skin during healing period.

SCARRING- Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened or keloid scars may result, especially if you are prone to keloid scarring anyway. Scars may be unattractive and of different color than surrounding skin. Additional treatments may be needed to treat scarring.

PAIN- There may be a very slight burning, scratchy, and irritated sensation to the skin. This is usually temporary and is gone within a few hours after treatment. A sudden reappearance of redness or pain is a sign of infection and you should notify our office immediately. Lidocaine is used to numb the skin prior to the treatment in a 4% or 5% concentration to make the treatment more comfortable.

PERSISTENT REDNESS, ITCHING, AND/OR SWELLING- Itching, redness, and swelling are normal parts of the healing process. These symptoms rarely persists longer than 24 hours with microneedling. However, treatments received less than 4 weeks apart may induce prolonged symptoms.

 ALLERGIC REACTION- Micro-needling is performed with a head containing sterile hypodermic needles, making an allergic reaction nearly impossible; However, a variety of products may be used on the face in conjunction with the microneedling procedure, to which an allergy can occur. Additionally, since micro-needling increases the penetration of topical substances, it can cause you to be hypersensitive to products used on the face. If an allergic reaction were to occur, you must contact our office immediately, as it may require further treatment.

LACK OF PERMANENT RESULT- Microneedling will not completely or permanently improve skin texture, tone, elasticity, hyperpigmentation, scars, or minimize fine lines and wrinkles. It is important that your expectations be realistic and understand the procedure has its limitations. Additional procedures may be necessary to achieve desired effect. A series of 3-6 treatments, 4 weeks apart is recommended for all patients. Depending on your specific goals, more treatments my be required.

UNSATISFACTORY RESULT- Although rare from micro-needling, there is a possibility of a poor result from any cosmetic procedure. Micro-needling may induce undesirable results, including but not limited to skin sloughing, scarring, permanent pigment, and/or other undesirable skin changes. You may be disappointed with the final results of micro-needling.

CONTRAINDICATIONS TO MICRO-NEEDLING

Although it is impossible to list every potential risk and complication, the following are recognized as known contraindications to micro-needling. Furthermore, it is your responsibility to fully and accurately disclose all medical history prior to initial treatment, as well as provide any necessary updates at all future treatment sessions. If you have any of the conditions listed below, you should bring it to the attention of your aesthetician PRIOR to signing this consent form.

* Active acne
* Active infection of any type (bacterial, viral, or fungal)
* Blood thinner medications
* Cardiac disease/abnormalities
* Chemotherapy or radiation
* Collagen Vascular Disease
* Eczema, Psoriasis, or Dermatitis
* Hemophilia / bleeding disorders
* Hormone Replacement Therapy
* Keloid/hypertrophic scaring
* Pregnancy / Lactation
* Raised lesions (moles, warts, etc.)
* Recent chemical peel procedure
* Recent use of some topical rx.
* Rosacea
* Scleroderma
* Skin Cancer
* Sunburn
* Tattoos
* Telangiectasia/erythema
* Uncontrolled diabetes
* Vascular lesions (hemangiomas)
* Allergy to topical numbing agents including Lidocaine

ACKNOWLEDGEMENT

My signature below acknowledges that I have read and understand the content of this informed consent. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be, given to me regarding my results. I’m aware of the risks and benefits associated with the micro-needling procedure, as well as available alternative treatments. I understand that microneedling is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. On my own free will, I am requesting and providing my informed consent, to microneedling treatment(s). I assume all risks as my own and agree to hold harmless aestheticians, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patient Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Co-Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin Care Professional Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin Care Professional Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_