

INFORMED CONSENT FOR LASER/IPL HAIR REMOVAL

INTRODUCTION

This consent form is intended to provide you with the information needed to make an informed decision as to whether or not to undergo laser treatment for hair removal from the face and/or other body areas. This document describes the purpose of this treatment and the procedures followed, possible risks, discomforts and complications, and potential benefits. When you finish reading this form please sign in the space provided on the last page, initial and date each page in the space provided.

At the present time several laser systems and an intense pulsed light system (IPL) are available for the treatment of unwanted body hair. In essence, these systems target pigment granules in the hair (melanin) in an effort to destroy hair follicle. Hair follicles are capable of producing hairs of various thickness and colors. Dark hair contains the pigment melanin, which serves as the target for energy delivered by these laser/light systems. Four wavelengths, 694 nm produced by the Ruby laser, 755 nm produced by the Alexandrite laser (Apogee), 800 nm produced by the Diode laser (Light Sheer) and 1064 nm produced by the Neodymium-Yag laser (Cool Touch Varia and Laserscope Lyra), have been shown to be effective in the removal of pigmented hair. The laser/light energy is absorbed by the pigmented hair shaft and transferred to the surrounding follicle. The heat build-up caused by the absorption of energy by the hair itself damages the follicle and retards or prevents future hair production by that follicle.

Patients will achieve varying degrees of success. The application of these laser energies to the skin results in almost complete removal of all actively growing hairs. The number of hairs that are permanently removed as a result of one treatment can vary. Part of the difficulty in eradication of unwanted or excess hair lies in the fact that the follicle has tremendous regenerative capabilities and that these recuperative powers are highly variable from individual to individual and from one anatomic site to another.

In most instances multiple treatments are necessary in order to achieve permanent hair reduction. Some patients require occasional ongoing treatment to maintain best results

In order to understand the process it is important to understand the biology of hair growth itself. Hair growth cycles are divided into three phases. The anagen follicle or growing hair is the major target for laser energy and represents the most vulnerable phase of the hair growth cycle. Telogen or resting hairs are not actively growing and appear to be more resistant to the laser energy. The short transitional phase between anagen and telogen phases is known as the catagen phase and is also relatively resistant to laser removal.

Depending on the body site, various percentages of hairs are in the anagen, catagen and telogen phase. As a result, it is necessary to treat a given anatomic area more than once in order to attempt to achieve permanent hair removal. Since the anagen phase is most vulnerable, a period of one to three months between treatments is necessary to allow the resting or telogen phase hairs to once again enter the anagen cycle and become more sensitive to the laser energy.

Initial _____ Date _____

PROCEDURE

Treatment times will vary from a few minutes for areas such as the chin and neck to a few hours for extensive areas of the legs, back and chest.

During your initial consultation you will be asked to provide a detailed medical and hormonal history. When indicated you will be asked to obtain blood tests in order to uncover any hormone-related causes, which may be associated with the excess production of body hair. You will be examined and your suitability for treatment and which device is most appropriate for your skin type will be determined.

Laser/IPL hair removal involves the use of sophisticated expensive laser/IPL equipment in order to deliver precise and effective energy pulses. During your initial consultation the areas to be treated will be determined, the appropriate device selected, and a fee quote per treatment session will be given to you.

Before your consultation, please refrain from waxing, shaving, tweezing or other forms of epilation or hair removal to the areas you want to have treated. These areas will be photographed before and after treatment to track your progress. You will be asked to wear protective eyeglasses during treatment to protect your eyes.

The application of laser/IPL energy to the skin results in a pink color; follicular “hiving” and occasionally crusting in the area will develop lasting a few days. Discomfort similar to sunburn may be noted over the first 24-hour period and in extensive cases Tylenol or Ibuprofen may be used. In certain instances, especially in individuals with darker complexions, temporary pigmentation changes may be noted. This can usually be avoided by using the Cool Touch Varia or Laserscope Lyra for individuals with skin of color. One may notice hair within the follicles for up to two weeks after therapy; however, this usually falls out leaving smooth, hair-free skin. (This process of shedding normally takes one to two weeks, however, in some instances it may take longer.)

RISK, DISCOMFORT AND COMPLICATIONS

Laser/IPL hair removal has proven to be a relatively safe procedure when performed by appropriately trained personnel. Patients using medication, which requires limited exposure to sunlight or other light, patients suffering from uncontrolled diabetes or bleeding disorders, and pregnant women are not permitted to undergo treatment.

Pain

Most patients experience some discomfort during treatment. Patients typically report a momentary sting on the exposed area. The discomfort may range from mild to moderate. Because of this, we highly recommend the use of topical numbing agents to minimize the discomfort of the procedure.

Anesthesia

You may be given a prescription for or purchase a topical anesthetic cream, such as Lasercaine, EMLA or Ela-Max. These creams greatly reduce the discomfort associated with the laser hair removal process. You may apply the cream at home before your appointment or you may arrive at the office approximately one hour before your scheduled appointment to have the cream applied by our staff. In this case, please inform the front staff upon your arrival that you need numbing cream to be applied. After the treatment, the treated skin will be evaluated for further intervention to relieve intense redness or hiving.

Initial _____ Date _____

RISK, DISCOMFORT AND COMPLICATIONS – cont.

Superficial Wound

A crust or blister may occur on the exposed area. If this should occur, please call our office to discuss your condition. We will then determine if you should come to the office to be evaluated. Usually with some topical antibiotic ointment, the crust will heal in 5 to 10 days

Scarring

Since laser/IPL pulses create energy that can be absorbed by the skin as well as hair, there is a small chance of scarring. Patients who are predisposed to hypertrophic and keloid scars may not be candidates for laser hair removal at this time. To reduce the chances of scarring, it is important to follow post-operative instructions and to report any crusting, blistering or scabbing to the office.

Pigment Changes

In certain instances temporarily increased or decreased pigmentation will be noted within the lasered sites, especially in more darkly pigmented patients or when the area has been exposed to sunlight. It is important to protect the treated area from exposure to sunlight for 3 months following treatment. With some patients these changes may occur despite adequate protection from sunlight. Despite minimizing the risks, there will always be a risk of pigment change that extremely rarely could be permanent. Some patients with darker skin, especially ebony skin, are at greater risk.

Excessive Swelling

Immediately after treatment, especially when the treatment involves the cheeks or upper lip, swelling may occur. This condition is temporary, not harmful, and usually subsides in 7 to 10 days.

Fragile Skin

The skin at or near the treatment area may become fragile. To avoid tearing, this area may not be rubbed or abraded, nor should makeup be applied to the area while this fragile condition exists.

Bruising

This is very uncommon and usually lasts less than a week.

Eye Hazards

Laser treatment can present an eye hazard. To protect against damage and discomfort, you are required to wear protective eyewear, which we provide, that have been designed and tested specifically for this use.

ALTERNATIVES TO LASER HAIR REMOVAL

There are several alternative treatments to laser therapy. These include electrolysis, tweezing, waxing and shaving.

Initial _____ Date _____

POTENTIAL BENEFITS and EXPECTATIONS OF LASER HAIR REMOVAL

The most obvious benefit of laser treatment is long term elimination of unwanted hair.

Laser treatment for hair removal currently represents one of the most exciting areas within laser medicine and surgery. Patient variation and the nature of the hair follicle growth make it difficult to predict the exact outcome in every case. We are committed to excellence and will attempt to provide a pleasing cosmetic result for all of our patients however no specific guarantees can be made with regard to the final outcome. You should not expect the treated areas to be completely hairless. The vast majority of patients are satisfied with the decreased hair density and fineness of remaining hair.

You are entitled to receive a copy of this Informed consent form.

I certify that I have made the above disclosures to the patient, have given the patient the opportunity to ask questions, and advised the patient of the patient’s right to refuse laser hair removal.

Clinician_____ Date_____

I have read the entire above Informed Consent and believe the Maryland Laser, Skin and Vein Institute, LLC has adequately explained the risks of this therapy, alternative methods of treatment, and possible benefits from this treatment, and I hereby consent to the laser treatment to be performed. Considering that I have been informed that certain medical conditions and medications prohibit the patient from laser therapy, I have provided a full and truthful medical history and a truthful and accurate account of my medications to this office. Having been apprised of all the above, I have signed this Consent Form and authorize the subject treatment.

Further, I do ___do not ___ (check one) give my permission for my photographs to be used for marketing or teaching purposes. Although the photographs and accompanying material will not contain my name or other identifying information, I am aware that I may or may not be identified by the photographs themselves.

I am aware that this treatment can and may be performed by a licensed and trained registered nurse, nurse practitioner, or physician assistant.

Patient’s Name (print)_____

Patient’s Signature_____ Date_____

Parent or Guardian_____ Date_____ (if the Patient is under eighteen (18))

Witness_____ Date_____

- Diplomats, American Board of Dermatology • Fellows, American Academy of Dermatology •
- Fellows, American Society for Dermatologic Surgery •
- Fellow, American College of Mohs Micrographic Surgery and Cutaneous Oncology •