



# PDO Patient Consent Form

## Client Consent Form – Polydioxanone (PDO) Thread Lift

### **A. PURPOSE AND BACKGROUND**

As my patient, you have requested my administration of Polydioxanone (PDO) threads. This is a non-surgical skin rejuvenation procedure that provides a subtle lifting and tightening effect to the skin achieved by the injection of a special thread called polydioxanone, or PDO, which has properties that stimulate the synthesis of collagen and elastin. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether or not to go forward with the procedure.

### **B. PROCEDURE**

1. This procedure is administered via the injection of multiple needles into the determined treatment areas of the face or body. The needles contain the PDO filament, or thread. When the needles are placed in the skin and later retrieved, the PDO thread is left in the skin. The PDO is made of bio-absorbable and anti-microbial filament. The PDO thread will dissolve in the skin tissue in approximately 6 months. In the process, the PDO will generate collagen and elastin stimulation, producing a natural tightening effect in the treated areas.
2. The type of PDO threads used, length of the needles, and depth of the injection(s) will depend on the areas being treated.

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3. A topical or injectable anesthesia, depending on the areas being treated, is used to reduce the discomfort of the injections.
4. The treatment site(s) is/are cleansed first with an antiseptic (cleansing) solution.
5. Multiple needles will be injected depending on the treatment areas.
6. The needles will then be removed, leaving the PDO thread in the skin.
7. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.
8. **Improvement is gradual and full correction appears between 4 – 6 weeks after treatment.** \_\_\_\_ client initials
9. **Regular maintenance treatments help sustain the desired level of correction.** \_\_\_\_ client initials

## **C. RISKS/DISCOMFORT**

1. Although a very thin needle is used, common injection-related reactions could occur. These may include but are not limited to: swelling, pain, itching, discoloration, bruising or tenderness at the injection site. This may last from a few hours to a few days. In some cases, bruising can take several days. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil®.

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2. These reactions generally lessen or disappear within a few days but may last for a week or longer.

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3. As with all injections, this procedure carries the risk of infection. The needles are sterile and standard precautions associated with injectable materials have been taken.
4. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately 2 weeks, and in appropriate cases may need to be treated with oral corticosteroids or other therapy.
5. PDO threads should not be used in patients who have previously experienced the above mentioned hypersensitivity, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes, or hives).
6. If you are considering laser treatment, chemical skin peeling, or any other procedure based on a skin response after an PDO thread lift treatment, or you have recently had such treatments and the skin has not healed completely, there is a possible risk of an inflammatory reaction at the injection sites.
7. **Most patients are pleased with the results of the PDO thread lift procedure. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatment to achieve the results you seek. While the effects of PDO threads can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally**

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**within 1 to 2 years, involving additional injections for the effects to continue. \_\_\_ client initials**

8. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

## **D. BENEFITS**

PDO threads have been shown to be safe and effective when compared to other thread treatments. Once optimal results have been achieved, the effects of PDO threads can last between 1 to 2 years before additional treatments are required.

## **E. ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect, and duration may include but are not limited to laser or other light therapy treatments, radio frequency or other heat therapy treatments, or ultimately, surgery.

## **F. COST/PAYMENT**

The cost of treatment will be billed to you individually. Since the PDO thread lift procedure is considered cosmetic, it is not reimbursable by government or private health care insurers. Payment in full is required at the time of service and is non-refundable. \_\_\_ client initials

## **G. QUESTIONS**

This procedure has been explained to you by your practitioner, or the person who signed below, and all of your questions were answered. If you have any other questions about this product or procedure, you may call our office at any time.

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## H. CONSENT

Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your practitioner to perform the PDO thread lift procedure using PDO filament threads for facial and/or corporeal tightening and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, has been fully explained to your satisfaction. **No guarantee has been given by anyone as to the results that may be obtained by this treatment.** \_\_\_\_ client initials

I have read this informed consent and certify that I understand its contents in full. I certify that I have disclosed any and all health conditions that may influence the practitioner's decision to provide or deny treatment. I have had enough time to consider the information from my practitioner and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with the practitioner.

Client Signature: \_\_\_\_\_ Date: Printed Name:

Practitioner Signature: \_\_\_\_\_ Date: Printed Name:

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\_\_\_\_\_

any questions or problems call 858-353-3882

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911 for any emergency