

Name

DOB

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# DR MAGNUS LYNCH

CONSULTANT DERMATOLOGIST & DERMATOLOGICAL SURGEON

## Botulinum toxin (Botox) Consent Form

**What is botulinum toxin?** Botulinum Toxin is a purified protein produced by the bacterium clostridium botulinum. It causes muscle relaxation and suppresses sweating for 2- 6 months on average (with wide variation between individuals) by temporarily disrupting nerve activity to muscles and sweat glands.

**Risks and side effects**

- Injection site: headache, pain, facial asymmetry, inflammation, pins and needles, decreased sensation / numbness, tenderness, itching, swelling, redness, infection, haematoma, bleeding, bruising, muscle twitching, skin nodule formation, increased pigmentation, decreased pigmentation
- General: facial asymmetry, fainting, nausea, noises in the ear, tiredness, nasopharyngitis, bronchitis, influenza-like symptoms, blurred vision
- Allergy (anaphylaxis): This has been reported but is very rare
- Specific to vertical lines between eyebrows: Raising of the outer eyebrow, drooping of the eyelid, drooping of the eyebrow, eyelid swelling, heaviness of eyelid/eyebrow, asymmetry of the eyebrows, dry eyes
- Specific to outer eye lines "crows feet": eyelid swelling, dry eyes
- Specific to forehead lines: Heaviness of forehead, drooping of eyelids, drooping of eyebrows, dry eyes, raising of the outer eyebrows

**Please tick**

I am aware of the above risks of treatment. I am aware that treatments is often "off label", as licensed use does not cover all of the areas that are usually treated.

**Interactions:** I have informed Dr Lynch if I am taking anticoagulant (blood thinning) medicine including Aspirin, Rivaroxaban, Edoxaban, Clopidogrel, Warfarin, Vitamin E and others.

**Contraindications:** I can confirm that I do not suffer from a neuromuscular disorder, I am not taking muscle relaxants, do not have active infection and I am not pregnant or breastfeeding.

**Limitations:** Occasionally the treatment wears off very quickly or does not work at all. Botulinum Toxin is best at treating dynamic facial lines; those caused by facial muscle activity. Lines present at rest may or may not improve and can be unpredictable. I understand these limitations of treatment.

**Alternatives:** I have considered alternatives to treatment, including doing nothing, topical creams, chemical peels, laser treatments, surgical denervation, forehead/brow lift, facelift, or hyaluronic acid treatments and elected that at this time Botulinum toxin is the best option for me.

**Outcome:** I understand that the effects take up to a week to become apparent and that with all treatments the actual degree of improvement cannot be predicted or guaranteed. I understand that the effect of treatments is temporary and needs to be repeated every 3-6 months.

**Complications:** I understand that the primary treatment of side effects and complications is included in the cost of the procedure and therefore no refunds are issued due to complications occurring.

**Photos:** I agree to photographs being taken as part of my medical record.

**Aftercare:** I am aware that I should not lie down, fall asleep or rub / massage the treated areas for at least 4 hours after treatment, that I should avoid consuming alcohol for 24 hours after treatment and that I should avoid wearing makeup for 24 hours.

**Agreement:** By signing this form, I agree that I have discussed all the details important to me with Dr Lynch, considered the side effects, risks and uncertainty of the treatment and decided that I would like to proceed. I accept all the risks, complications and conditions of the procedure.

Signed (patient)

Print name (patient)

Date

Signed (doctor)

Print name (doctor)