

Name
DOB
ID

Vascular Laser Consent Form

PROCEDURE(S): Pulsed Dye Laser NdYAG laser

What are vascular lasers? Vascular lasers are used to reduce skin redness and the appearance of blood vessels within the skin. They are also used for a number of other conditions including scars. They work by causing selective damage to surface blood vessels in the skin which, over time, can cause them to become less visible. A course of up to 6 treatments is generally required to see the desired degree of improvement. In most cases they are safe and well tolerated, however there are a number of important risks that it is important that you are aware of before agreeing to treatment.

CONTRAINDICATIONS

You should not have vascular laser treatment if any of the following apply :-

- **Tanning / sun exposure:** Tanning increases the risks of laser treatment. Inform us if you have been in the sun, have had a tan, or a sunburn, within the last 4 weeks.
- **Pregnancy:** It is not recommended to have laser treatment during pregnancy due to an increased risk of complications.
- **Important events:** Due to the risks of unsightly changes in appearance of the skin such as bruising during the healing process it is not advisable to have treatment shortly before important events such as weddings etc.

RISKS OF PULSED DYE AND NdYAG LASERS

- **Pain:** There may be pain during the procedure or afterwards. Rarely pain may persist for a longer period or fail to resolve.
- **Bruising:** There will often be some bruising after the procedure. Rarely this may be extensive and take weeks to resolve.
- **Pigmentary Change:** The treated area may become hyperpigmented (darker), hypopigmented (lighter) or redder than the normal skin color. Rarely this may be permanent.
- **Scarring:** Scarring is rare with pulsed dye laser but more common with the NdYAG laser. There may be a visible scar at the site of treatment. This may be raised or lumpy (including hypertrophic or keloid scar), depressed, different in color from the adjacent skin (redder/lighter/darker), or different in texture (for example more shiny) in comparison with the adjacent skin.
- **Bleeding:** Bleeding is unusual unless blistering, scabbing or ulceration occurs. In that event, you may continue to have some oozing and bleeding days after the procedure.
- **Blistering:** Rarely, the laser procedure may produce heating in the upper layers of the skin resulting in blister formation. The blisters should resolve within two to four days.
- **Scabbing/crusting:** A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.
- **Infection:** Rarely an infection may occur.
- **Failure to Achieve Desired Results:** It is possible that this procedure does not lead to the degree of improvement that you desire.

ADDITIONAL RISKS OF NdYAG LASER

The NdYAG laser can be more effective for the treatment of larger blood vessels that do not respond to pulsed dye laser, however there are some additional risks since it penetrates deeper into the tissue:-

- **Significant scarring:** NdYAG laser can cause significant pitted or dipped scars that may be noticeable. This is a particular risk around the nasal ala (rim of the nose) but can occur at any site.
- **Textural change:** The heating effect of the laser and damage to blood vessels can cause indentations and textural changes in the skin.
- **Ulceration:** Rarely the laser can damage larger blood vessels that causes impaired blood supply to a region of the skin resulting in skin breakdown and ulceration. This can take a long period of time to healing leaving a noticeable scar.

TEST PATCH

A test patch is advised to assess how your skin responds to the laser. It is necessary to allow at least a week after the test patch to assess for any late complications such as bruising or pigmentary change. A test patch reduces but does not eliminate the risk of complications.

AFTERCARE

The treated area must be protected from exposure to the sun (sun avoidance and sunscreen for a minimum 4 weeks after treatment) to minimize the possibility of pigmentary change, although pigmentary changes may occur despite these measures.

I have read the above information, I have confirmed the site(s) and procedure(s) and I have had the opportunity to ask questions. I have informed Dr Lynch of any relevant contraindications. I understand that a test patch is advised and if I decide to proceed without this I am willing to accept an increased risk of complications. I consent to the above procedure(s) and to photographs being taken for my confidential medical record.

<p>.....</p> <p>Signed (patient)</p>

<p>.....</p> <p>Print name (patient)</p>
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<p>.....</p> <p>Date</p>

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Signed (doctor)

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Print name (doctor)