



Photoderm Informed Consent

Introduction

This consent form is intended to provide the patient with the information needed to make an informed decision as to whether or not to undergo Pulsed Photo-therapy for the treatment of vascular lesions (spots) or pigmented lesions. This document describes the procedures followed, possible risks and complications, and potential benefits of Pulsed Photo-therapy.

Purpose of Treatment

Intense light has been used to treat vascular lesions for several years but only special types of lasers were available. A vascular lesion is an abnormal collection of small blood vessels at the surface of the skin which causes a visible spot or patch, the ESC Corporation has developed an instrument, called PhotoDerm which uses intense light to treat such lesions. PhotoDerm can also be used on port wine stains, leg veins, spider veins, and other types of vascular lesions, and pigmented lesions.

Procedure

The ESC PhotoDerm emits a pulse of light that penetrates the skin to a depth of approximately one (1) mm. The light beam is effective at healing only the targeted blood vessel. As a result, the normal tissue surrounding the vessel is hardly effected. When the skin around the target vessel is nonspecifically heated, burns can result. The procedure may need to be repeated several times to clear an area.

Risk and Complications

Patients with darkly pigmented or tanned skin may not be treated, nor may pregnant women, patients using medications which prohibits exposure to sun or light or patients with bleeding disorders.

Pain

A Photo-therapy treatment typically feels like a hot rubberband has been snapped against the skin.

Superficial Wounds

A crust or blister can occur and may need topical treatment with an antibiotic. These should heal in five (5) to ten (10) days.

Pigment Changes

The area treated can hyper or hypo-pigment. Such changes most often occur with darkly pigmented skin. The patient must not experience exposure to the sun for two (2) weeks before or after treatment. If exposure cannot be avoided, total sun block is required.

Scarring

There is a very small chance of scarring. To reduce this possibility, the patient must follow the pre and post operation instructions.

Swelling

Some swelling may appear immediately after treatment, especially if the nose or cheeks have been treated. To minimize swelling, you should apply ice packs to the treated areas as well as sleep with your head elevated for the first two (2) nights. If not contraindicated, taking ibuprofen or aspirin in standard recommended headache doses can also be helpful.

Fragile Skin

If the skin near the treated area should become fragile, it should not be rubbed and make-up should not be applied while conditions exist.

Bruising

The treatment may cause a blue/purple bruise that will usually clear in five (5) to ten (10) days.

Eye Irritation

Patients are required to keep their eyes closed during treatment even though PhotoDerm causes only temporary eye irritation if accidentally observed.

Alternative Method of Treatment

Alternative methods of treatment for vascular lesions are sclerotherapy, wearing of compression stockings, submission to surgery in some cases, hyfrecaction, and laser treatment.....or live with vascular lesions as they exist.

Benefits

The principal benefit of Photo-therapy is the permanent lightening or total removal of the original spot or patch.

Photographs

I hereby give my permission to photograph the areas I would like treated, before and after Photo-therapy. I understand these photographs will only be used for medical purposes regarding my own treatment.

Sign _____ Date _____

I certify that I, or one of my supervised assistants, have made the above disclosures to the patient and have given the patient the opportunity to ask questions, and the right to refuse Pulsed Photo-Therapy.

Dr. _____

I have read the above consent form and have been given the opportunity to ask questions. I have been informed by Dr. McDaniel or one of his supervised assistants, of the potential risks and complications, along with the potential benefits that may result from Pulsed Photo-Therapy. I understand the visible results of Photo-Therapy often begin to appear after four (4) weeks. Considering that I have been informed that certain medical conditions prohibit the patient from Pulsed Photo-Therapy, I have provided a truthful and accurate account of my medical history and medications to this office. Having been apprised of all the above, I have signed this consent form and authorized the subject treatment.

Patient's name (print)

Patient's signature

_____ Date _____

Parent or Guardian if patient under 18

_____ Date _____

Witness or Supervised Assistant

_____ Date _____