



AESTHETICS & WELLNESS

MICRO NEEDLING CONSENT

This is an informed consent document that has been prepared to help inform you of micro needling, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please read each page and sign the consent.

INTRODUCTION

The micro needling device intentionally creates very superficial “micro-injuries” to the outermost layer of the skin, inducing the healing process including new collagen production.

ALTERNATIVE TREATMENTS

Alternative treatments to micro needling may include the use of routine skin care, oral and/or topical prescription and/or non-prescription medications, microdermabrasion, laser treatments, and even cosmetic/plastic surgery. Each of these alternatives carry their own inherent risks and benefits.

RISKS OF MICRO NEEDLING

Although the majority of patients do not experience any complications with micro-needling, it is important you understand that risks do exist.

- ❖ **INFECTION:** Infection is very unusual. However, viral, bacterial, and fungal infections can occur anytime the integrity of the skin is compromised.
- ❖ **_____ PIGMENT/COLOR CHANGE:** Because dermal penetration is so superficial it doesn't extend into the layer of the skin containing melanocytes, hyperpigmentation is very rare with micro-needling. However, failure to follow post treatment instructions can put you at risk for hyperpigmentation. You **MUST** avoid sun exposure for a 1 to 2 weeks after a micro-needling treatment. You should also wear a daily SPF facial moisturizer. Lastly, avoid picking and/or peeling the skin during healing period.
- ❖ **_____ SCARRING:** Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened or keloid scars may result, especially if you are prone to keloid scarring anyway. Scars may be unattractive and of different color than surrounding skin. Additional treatments may be needed to treat scarring.
- ❖ **_____ PAIN:** There may be a very slight burning, scratchy, and irritated sensation to the skin. This is usually temporary and is gone within a few hours after treatment. A sudden reappearance of redness or pain is a sign of infection and you should notify our office immediately.
- ❖ **_____ PERSISTENT REDNESS, ITCHING, AND/OR SWELLING:** Itching, redness, and swelling are normal parts of the healing process. These symptoms rarely persists longer than 24 hours with micro needling. However, treatments received less than 4 weeks apart may induce prolonged symptoms.
- ❖ **_____ ALLERGIC REACTION:** Micro-needling is performed with a head containing 12 sterile hypodermic needles, making an allergic reaction nearly impossible. However, a variety of products may be used on the face in conjunction with the micro needling procedure, to

which an allergy can occur. Additionally, since micro needling increases the penetration of topical substances, it can cause you to be hypersensitive to products used on the face.

- ❖ _____ LACK OF PERMANENT RESULT: Micro needling will not completely or permanently improve skin texture, tone, elasticity, hyperpigmentation, scars, or minimize fine lines and wrinkles. It is important that your expectations be realistic and understand the procedure has its limitations. Additional procedures may be necessary to achieve desired effect.
- ❖ _____ UNSATISFACTORY RESULT: Although rare from micro needling, there is a possibility of a poor result from any cosmetic procedure. Micro needling may induce undesirable results, including but not limited to skin sloughing, scarring, permanent pigment, and/or other undesirable skin changes. You may be disappointed with the final results of micro-needling.

CONTRAINDICATIONS TO MICRO-NEEDLING

Although it is impossible to list every potential risk and complication, the following are recognized as known contraindications to micro-needling.

- Active acne
- Active infection of any type (bacterial, viral, or fungal)
- Blood thinner medications
- Cardiac disease/abnormalities
- Chemotherapy or radiation
- Collagen Vascular Disease
- Eczema, Psoriasis, or Dermatitis
- Hemophilia / bleeding disorders
- Hormone Replacement Therapy
- Keloid/hypertrophic scarring
- Pregnancy / Lactation
- Raised lesions (moles, warts, etc.)
- Recent chemical peel procedure
- Recent use of some topical rx.
- Rosacea
- Scleroderma
- Skin Cancer
- Sunburn
- Tattoos
- Telangiectasia/erythema
- Uncontrolled diabetes
- Vascular lesions (hemangiomas)

Should complications occur, other treatments may be necessary, even though risks and complications occur infrequently. Although good results are expected, there cannot be any guarantee or warranty expressed or implied with regard to the results that may be obtained.

I hereby authorize the nurse practitioner to perform the procedure of sclerotherapy injections. I hereby release my nurse practitioner, the facility and the doctor from liability associated with this procedure.

My signature below acknowledges that I have read and understand the content of this informed consent. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be, given to me regarding my results. I'm aware of the risks and benefits associated with the procedure, as well as available alternative treatments. I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. On my own free will, I am requesting and providing my informed consent, to undergo this procedure. I assume all risks as my own and agree to hold harmless, Aria Aesthetics and Wellness, PLLC and their providers, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patients or Legal Guardian's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____