



## **INFORMED CONSENT-CHEMICAL SKIN-PEELING and TREATMENTS**

### **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help your plastic surgeon inform you about skin peel and skin treatment procedure(s), its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

### **INTRODUCTION**

Chemical skin-peeling and other skin treatments have been performed for many years to treat a variety of skin disorders. Conditions such as sun damage, wrinkling, and uneven pigmentation may be treated with these non-invasive techniques. There are many different techniques and regimens for the application of chemical-peeling and skin treatment medications. In some situations, chemical-peels may be performed at the time of other surgical procedures.

Chemical skin-peeling procedures are not an alternative to skin tightening surgery when indicated.

### **ALTERNATIVE TREATMENT**

Alternative forms of management include not treating the skin with chemical-peeling agents or other medications. Improvement of skin lesions and skin wrinkles may be accomplished by other treatments such as dermabrasion, laser treatment, or surgery to tighten loose skin. Risks and potential complications are associated with alternative forms of treatment.

### **RISKS of CHEMICAL SKIN-PEELING/SKIN TREATMENTS-**

There are both risks and complications associated with chemical skin-peels and skin treatments. An individual's choice to undergo a procedure is based on the comparison of risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of chemical skin-peeling and other forms of skin treatment.

**Infection**- Infection is unusual. Bacterial and viral infections can occur. If you have a history of **Herpes simplex virus** infections around the mouth, it is possible that an infection could recur following a chemical-peel. Specific medications must be prescribed prior to the skin peeling procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

**Scarring**- Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

**Color change**- Chemical-peeling agents can permanently lighten the natural color of your skin. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. Permanent darkening of skin has occurred after chemical-peels. A line of demarcation between normal skin and skin treated with chemical-peeling can occur. Redness after a chemical-peel may persist for unacceptably long periods of time.

**Poor result**- There is the possibility of a poor result from these procedures. Skin-peel and skin treatment procedures may result in unacceptable visible deformities, skin slough, loss of function, and permanent color changes in the skin. You may be disappointed with the final results of chemical skin-peel or other skin treatments.

**Skin lesion recurrence**- Skin lesions in some situations can recur after a chemical-peel or skin treatments. Additional treatment or secondary surgery may be necessary.

**Skin cancer/skin disorders**- Skin-peels and skin treatment procedures may not offer protection against developing skin cancer or skin disorders in the future.

**Allergic reactions**- In rare cases, allergies have been reported to drugs and agents used for chemical-peeling or skin treatments. In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Sunburn**- Certain types of chemical-peeling agents may permanently leave the skin very prone to sun burn. Skin after a chemical-peel may lack the normal ability to tan (darken) when exposed to sunlight.

**Lack of permanent results**- Chemical-peel or other skin treatments may not completely improve or prevent future skin wrinkling. Neither technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical-peel procedure.

**Delayed healing**-It may take longer than anticipated for healing to occur after a chemical skin-peel or other treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a chemical-peel.

**Heart problems**- Chemical-peeling preparations have been reported to produce abnormal heart beats that may require medical treatment should they occur during the procedure. This is a potentially serious problem.

**Unknown risks**- There is the possibility that additional risk factors of chemical skin-peeling and skin treatments may be discovered.

**Surgical anesthesia**- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

### **ADDITIONAL TREATMENT OR SURGERY NECESSARY**

There are many variable conditions which influence the long term result of chemical skin-peeling and other skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

## **FINANCIAL RESPONSIBILITIES**

The cost of chemical skin-peeling involves several charges for the services provided. This includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the procedure is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery or treatments would also be your responsibility.

## **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

# CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

\_\_\_\_\_

I have received the following information sheet:

## **INFORMED CONSENT FOR CHEMICAL SKIN-PEEL & SKIN TREATMENTS**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

