

## Clear Silk Laser Treatment

I, \_\_\_\_\_,  
authorize \_\_\_\_\_, and / or a designated  
practitioner of \_\_\_\_\_ to perform Clear  
Silk treatment on the following area(s) of my body:

Laser therapy targets hemoglobin in blood vessels for the purpose of selectively destroying them while leaving the surrounding tissue (skin) intact. The purpose of this procedure is to diminish or remove abnormal blood vessels seen in rosacea, telangiectasias, other cutaneous vascular lesions.

### Review of facts about light therapy

- Light used for the treatment of vascular lesions uses a thermal beam that penetrates the skin and heats the selected target (blood vessel). The vessel may lighten or darken in color or may disappear at the time of treatment. It may take more than 1 treatment or a series (3-5) if there are numerous vessels, the average being 3. Often the vessel, although rendered static (no blood flow), may still be visible until the body's natural healing mechanism absorbs the remnants over a period of several weeks. A process of the vascular lesion fading will be experienced. The area can be covered with makeup.
- Light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedures.
- The sensation of light may be uncomfortable in certain areas and feel like pin pricks or bursts of heat. Usually the use of topical anesthetic is avoided in vascular procedures as this may constrict the blood vessel prior to therapy and reduce the target. The use of topical anesthetics is at the discretion of the practitioner as there are known severe allergic reactions to ingredients in topical anesthetics. Patient's with known allergies to anesthetics will list them here: \_\_\_\_\_

### Common side effects and risks

- Erythema (redness) may occur in the area of treatment. This may last several hours. Edema (swelling) of the skin may occur in the area of the vessels. Urticaria (itching) and hive-like appearance is also associated with the thermal light affecting the surrounding skin. Purpura (bruising) is seen when a blood vessel bursts. The treated area can have a "cat scratch" appearance from the above effects. These symptoms usually subside in a few to several hours. A cool compress placed on the area provides comfort. The treated area should be cared for delicately for at least 12-24 hours. Limited activity may be advised as well as no hot tub, steam, sauna, or shower use.

- A blister can form up to 48 hours after treatment. An antibiotic cream or ointment can be used. Other short term effects include bruising, superficial crusting, and discomfort.
  - Hyperpigmentation (browning) and hypopigmentation (lightening) have been noted. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatment to reduce the risk of color change. Sunscreen and / or sun block should be applied when sun exposure is necessary.
  - Infection is not usual after treatment; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Should any kind of infection occur, the clinician must be notified to prescribe appropriate medical care.
  - Allergic reaction is uncommon from treatment. Some persons may have a hive-like appearance in the treated area as discussed above. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.
- The potential risks and benefits have been explained of vascular lesion removal therapy by laser along with alternative methods. I choose to have laser therapy.
- I understand that compliance with pre and post care instructions is crucial for success of vascular lesion removal therapy and to prevent unnecessary side effects or complications.
- I understand that the vascular lesion removal therapy involves payment and the fee structure has been explained to me.

### **Photography**

I do \_\_\_\_ or do not \_\_\_\_ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_