



Laser Surgery Patient Information

Patient Name: _____ MRN: _____

Type of Laser

You will be treated with a Sciton JOULE™ Laser. The Sciton laser is an erbium-based laser platform (2940 nm-wavelength). Your laser treatment may include:

- Micro laser peel
- Profractional
- Ablative laser
- Broad band light (BBL) treatment
- Skin tyte

Indications

The laser treatments will be used for the following indications:

- Wrinkles and fine lines
- Pigmentation
- Melasma
- Uneven skin tone
- Surgical scars
- Telangiectasias
- Loose skin

Explanation of Procedure

The procedure requires multiple treatments over a period of two to four months. Photographs will be taken at each visit. These photos may be used for publication or presentation in a scientific journal or lecture; however your identity will remain confidential. You will be asked to remove any makeup you are wearing. You will be interviewed to obtain information regarding your medical history and a clinical examination will be conducted to assess your skin type and to determine if you are a good candidate for this treatment. Prior to treatment, the area to be treated will be anesthetized with a topical numbing cream. Following your treatment, you could experience swelling and redness, similar to a mild sunburn, for the first several days. Peeling of the skin might also occur.

Pre-treatment Considerations

- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence
- No one who has taken the medication Accutane® within the last year may have this procedure
- Skin care or treatment programs may be used before and after laser skin treatments in order to enhance the results

Treatment Considerations

- The procedure necessitates a post-treatment wound care regime that must be followed
- Redness and exfoliation (flaking of skin) is associated with this procedure and may last from two to five days depending on the depth of the peel performed. There may also be initial weeping or crusting. Keeping the area moist with a light application of an occlusive barrier will aid in the healing process

Patient Failure to Follow Through

- Patient follow through following a laser skin treatment procedure is important
- Post-operative instructions concerning appropriate restriction of activity, use of dressings, and use of sun protection need to be followed in order to avoid potential complications, increased pain, and unsatisfactory result
- Your physician may recommend that you utilize a long-term skin care program to enhance healing following a laser skin treatment

Risk and Discomforts

- No one on Accutane within the last year may have this procedure
- No one on anti-coagulants may have this procedure

Other risks and discomforts involved with this laser treatment include, but are not limited to:

- **Pain** – Some people may feel some pain with this treatment, similar to snapping the skin with a rubber band
- **Reddening** – Laser treatment will cause a reddening of the area. The reddening will go away in one to two weeks
- **Swelling** – Laser treatment will cause swelling, which will usually go away in one week or less
- **Pigment changes** – Although extremely rare, the treated area may heal with increased pigmentation (increased skin coloring). This occurs most often with darker colored skin and after exposure of the area to sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for four weeks after treatment) to minimize the changes of too much pigmentation (increased skin coloring) however in some subjects, increased skin coloring may occur even if the area has been protected from the sun. These spots usually fade in three to six months. In some cases the pigment change is permanent. During pregnancy, areas of increased pigmentation frequently appear spontaneously. For this reason, laser therapy is not recommended during pregnancy. In some subjects who experience pigmentary alteration, the treated area loses pigmentation and becomes a lighter color than the surrounding skin. This type of reaction tends to gradually fade away and return to normal over a period of two to four months
- **Scarring** – There is a small chance of skin scarring, including abnormal raised scars. Scarring is a possibility because of the disruption of the skin's surface
- **Bleeding** – The laser treatment may cause some pinpoint bleeding which will probably stop within a few minutes without any lasting effect. The bleeding may not reach the upper level of the skin and may result in a dark reddening of the skin. The red will darken to purple and purple-yellow and will disappear in one to two weeks
- **Blistering** – The laser procedure may produce heating in the upper layers of the skin resulting in steam formation. The steam may produce a separation between upper and middle layers of the skin resulting in blister formation. The blisters will go away within two to four days

- **Scabbing** – A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin
- **Infection** – If a blister or bleeding is present, an infection of the wound is possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. An infection could last seven to ten days and could lead to scarring. It is important to follow all post-treatment instructions carefully.

Additional Treatment or Surgery Necessary

There are many variable conditions which influence the long-term result of laser 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, procedures, 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.

Acknowledgement

I, the undersigned, have read and I understand the information contained within this form. My signature below indicates that I have read and understand the information. Further, my signature below indicates that I agree to the treatment described and to comply with the requirements.

Name (printed)	Signature	Date
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MD/NP Name (printed)	MD/NP Signature	Date
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