

MEDILASER

COSMETIC SURGERY AND VEIN CENTER

3110 W. Main Street, Suite 150, Frisco, Texas 75033

Ph: 469-362-8665 Fax: 469-362-8085

SILHOUETTE INSTALIFT™/LIFT™ CONSENT

I, _____ hereby request and authorize Dr. Mauricio Giraldo to perform such procedure(s) he deems necessary to improve the appearance and/or function for:

Face/Skin Laxity

Diagnosis (for the condition)

THE FOLLOWING OPERATION(S) AS WE HAVE AGREED UPON: Silhouette InstaLift/Lift procedure

A Silhouette InstaLift/Lift is a technique developed for use with suspension threads. This minimally invasive technique is used to lift and reposition sagging tissue, for correction of nasolabial folds and overall facial rejuvenation. To achieve this, a small puncture is made where the sutures are anchored.

Alternative treatment to the Silhouette InstaLift/Lift procedure may be:

- A conventional face-lift
- Fillers

Risks and complications from the Silhouette InstaLift/Lift procedure may include but are not limited to:

- Discomfort may be experienced during treatment
- With any procedure, bruising of the treated area may occur. Additionally, there may be swelling noted. Finally, skin infection is a possibility any time a skin procedure is performed
- It is possible, though unusual, to experience a bleeding episode during or after the procedure. Should post-operative bleeding occur, it may require treatment to drain accumulated blood (hematoma.)
- Do not take aspirin or anti-inflammatory medications for 10 days before surgery, as this may contribute to a greater risk of bleeding
- Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. Injury to deeper structures may be temporary or permanent
- In rare cases, local allergies to tape, suture material, or topical preparations have been reported
- The cones may be felt under the skin after the treatment and are temporary
- Complications may ensue as a result of smoking and similar actions are strongly discouraged
- Any known allergy or foreign body sensitivities to plastic biomaterials
- Slight asymmetry, redness, visible thread(s) may require additional treatment and/or the removal of the threads

Although Silhouette InstaLift/Lift will give some improvement in laxity; it will not correct all your facial laxity. It must be recognized that medicine and surgery are not exact sciences. I understand there is no guarantee of results of any treatment.

For women of child bearing age: To the best of my knowledge, I am not currently pregnant. If there is a chance I might be pregnant at the time of the procedure, it is my responsibility to inform Dr. Giraldo.

Rewrite the following: "I will not drive while on narcotic pain medications or sedative drugs prescribed by my cosmetic surgeon."

I acknowledge and give consent to pre and post-procedure digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

I understand the regular charge applies to all subsequent treatments. In some situations, it may not be possible to achieve optimal results with a single procedure. The results may relax over time and additional treatment may be required. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

I have read the above request and fully understand it. I acknowledge that the indications, risks, benefits and alternative methods of treatment were explained to me, have been given an opportunity to ask all questions regarding the treatment to be administered and am satisfied that I have been fully informed and understand the procedure(s) to be performed. With my signature below, I hereby consent to having the Silhouette InstaLift/Lift procedure and to the above.

Patient Signature _____ Date ____/____/____

Print Name _____

Witness _____ Date ____/____/____

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SILHOUETTE INSTALIFT™/LIFT™ PRE/POST PROCEDURE INSTRUCTIONS

PRE-OPERATIVE INSTRUCTIONS

1. Cleanse face prior to and do not wear make-up or facial moisturizers to the office the day of the procedure.
2. If you were prescribed medications for this procedure, bring them with you.
3. To prevent bruising, prior to the procedure we recommend taking *Arnica* which is all natural.
4. You will want to have a neck pillow to use for one week after the procedure.
5. Wear a button down or zipper front shirt. After the procedure, you will not want to pull anything over your head.
6. DO NOT TAKE aspirin, Plavix, ibuprofen, Motrin, Alleve, Advil, Bufferin, Anacin, Anacin-free, Excedrin or products containing aspirin, other NSAIDS (non-steroidal anti-inflammatory medications), Vitamin E, diet pills, fish oil, herbal medication, herbal or green tea, ginkgo, ginseng or garlic pills, for two weeks prior to surgery. Aspirin and some NSAIDS can thin your blood, so you do not clot and could increase your tendency to bleed at the time of the procedure and during the post-operative period. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop taking the drugs immediately and call your surgeon for further instructions. You may take Tylenol (acetaminophen) for pain.
7. DO NOT DRINK ALCOHOLIC BEVERAGES 2 days prior to the procedure. Alcohol may create complications and increase bruising.
8. DO NOT SMOKE for two weeks prior to the procedure. Smoking decreases your circulation and slows down healing time which may result in bad scarring.
9. If you will be taking medications that will sedate you and will need to arrange for someone to drive you home following the procedure. Do not drive for at least 2 days after the procedure or while taking prescription pain medication that may affect you or make you drowsy.
10. If you develop a cold, facial sore, fever, or any other illness or infection prior the procedure, notify us as soon as possible.

WHAT TO EXPECT

After treatment, a slight edema or bruising may occur. Sometimes, a slight depression or skin irregularity may appear at the insertion points. These typically disappear a few days after treatment.

POST-OPERATIVE INSTRUCTIONS

1. Apply ice or a cold towel to the surgical sites for the first 24 hours. (Apply for 20 minutes on and 20 minutes off).
2. Acetaminophen may be taken in case of pain (2-3 days).
3. Refrain from applying make-up for as long as possible. Make-up may be gently applied after a minimum of 24 hours.
4. Keep your head elevated at least 30 degrees for the first 3-5 nights.
5. An ace wrap will be applied after your procedure, do not remove for 4 days.
6. Use a neck pillow around your neck for one week.
7. Stay on a soft diet for the first 3 days. Take small bites of food without opening your mouth wide.
8. Keep facial movements to a minimum for at least 3 weeks. Speak low and avoid excessive chewing, talking, yawning, smiling, whistling, screaming or other facial movements.
9. Do not rub face aggressively when washing shaving, and drying face for one week and avoid any direct pressure to the face and area where the sutures were placed for 3 weeks (example: sleeping on your face, known as the face down position, etc).
10. Avoid strenuous activity and high impact sports or running for 2 weeks.
11. Avoid exposure to direct sunlight and UV light for 2 weeks.
12. Do not use saunas for 3 weeks.
13. Avoid dental surgery for 3 weeks.
14. Avoid facial or face-down massages and facial aesthetic treatments for 4 weeks.
15. POST-OPERATIVE APPOINTMENTS For your maximum healing and optimal long-term results, it is very important that you follow the schedule of appointments we establish after your procedure.

Your first 1 week post-op appointment is:

Day _____ Date _____ / _____ / _____ Time _____

I have read and understand the above information: Initials _____