

BOTULINUM TOXIN "A" INJECTIONS (Botox® - Dysport™)

Sergio Garcia M.D.

What Can I Expect?

Many of the wrinkles we see on our face are due to the dynamic facial expressions we perform everyday, often without conscious awareness. Botulinum Toxin A is a purified protein that works by weakening or relaxing the muscles of facial expression which insert into the surface of the facial skin. Once the resting tone of these muscles is weakened, the pulling action of these muscles relaxes and the skin flattens out. Fine lines and wrinkles begin to soften and in many cases eliminated.

The toxin takes two (2) to ten (10) days to take effect and lasts between 3-4 months in most individuals, but can last longer. The toxin is most effective for wrinkles in the upper third portion of the face such as the forehead lines, crow's feet, and the frown lines between the eyebrows. It is not as helpful for the wrinkles in the middle or lower portion of the face, because while relaxing these muscles will eliminate the wrinkles, it can distort your smile and facial expressions.

You will feel a small amount of discomfort when the needle pierces the skin and when the toxin is injected. This will last for only a few seconds. There are no serious side effects associated with the use of the toxin since we use relatively small doses. Botulinum Toxin A has been shown to be safe and effective even when higher doses are used on patients with other medical disorders with good results for over 20 years.

Some studies have shown that side effects can be caused if the toxin migrates from the injection sites. For this reason, we ask that you do not rub or massage the area of the injections for at least 2-3 hours after the injections. These possible side effects include a small droop of the eyebrow, upper eyelid, or lower eyelid. Fortunately, if this occurs, it is temporary but may last for a few weeks. Also, for this reason, we suggest you plan your future Botulinum Toxin A appointments 2 weeks before a special event.

Botulinum Toxin A is used to enhance your appearance and does not take the place of other facial procedures such as face-lift, blepharoplasty, or laser resurfacing if this is what you need. Botulinum Toxin A is often used in conjunction with these procedures as well as dermal filling agents like Restylane, Juvederm, Radiesse, etc.

When the toxin wears off, you will notice a gradual return of the wrinkles. Often, when the wrinkles return they are not as deep as they were before. Some studies show that with regular repeated injections you may maintain your fresh relaxed wrinkle free appearance for longer periods of time.

If you have any questions or concerns, please do not hesitate to contact our office at 305-274-6422 or reach me via email at Dr.Garcia@sergiogarciamd.com

CONSENT TO BOTULINUM TOXIN "A" TREATMENT

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Botulinum Toxin "A" is a neurotoxin produced by the bacterium *Clostridium A*. For Cosmetic purposes, botulinum toxin is FDA approved for the hyper-functional lines in the Glabella Region (*those wrinkles located between the eyebrows*). Other areas treated with botulinum toxin for cosmetic purposes are considered off-label use. Botulinum Toxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. I understand that Botulinum Toxin "A" cannot improve sagging skin or wrinkles caused by aging or sun damage and understand they are unrelated to muscle contraction. Treatment with Botulinum Toxin "A" can cause your facial expression lines or wrinkles to essentially disappear. Areas most commonly treated are: a) glabellar area of frown lines, located between the eyebrows; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles, however, botulinum may also be used in other facial areas. Botulinum Toxin "A" is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes. Results generally last 3-4 months and in some individuals may last longer. With repeated treatments, the results may also tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising, 2. Double Vision 3. Rarely, weakened tear duct 5. Post treatment bacterial, and/or fungal infection requiring further treatment 6. Allergic reaction 7. Minor temporary droop of eyelid(s), eyebrow (s), or corner of the mouth in approximately 2% of injections, this usually lasts 2-3 weeks 8. Occasional numbness of the forehead, lasting up to 2-3 weeks, 9. Transient headache, and 10. Flu-like symptoms may occur.

ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: animal-derived or human collagen filler products, hyaluronic acid dermal fillers, dermal fillers derived from the patient's own fat tissues, and synthetic plastic permanent implants in some cases.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific and educational purposes both in publications and institutional presentations. I understand my identity will be protected.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant. I am not trying to get pregnant, I am not Lactating (nursing). I do not have any significant Neurological disease (s) including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS). I do not have or am not aware that I have any allergies to the toxin ingredients, or to human albumin (human blood products), and have never had a reaction to Botulinum Toxin "A" in the past.

PAYMENT

I understand that this procedure is an "elective" cosmetic procedure and that payment is my responsibility. Any expenses which may be incurred by medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

RESULTS

I am aware that when small amounts of purified botulinum toxin A is injected into a muscle it causes weakness/relaxation of that muscle. This effect generally appears in 2 – 10 days and the effects can last 3-4 months, but can be shorter or longer. I understand that the length of response may vary from patient to patient and from one treatment to the next. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and rarely, there are some individuals who do not respond at all. It is at the discretion of my practitioner as to whether or not a "touch-up" injection may be needed within the first 14 days of treatment, and I understand if that is the case, an additional charge may incur. I understand that I may not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made or implied to me as to the results of the procedure. I understand that the success of the procedure is to some extent dependent upon my closely following instructions and that I must not perform any vigorous exercise and I must not massage or manipulate the area (s) of the injections for the 2-3 hours post-injection period. Additionally, utilizing the target muscle groups may help the toxin to take a greater affect.

_____ (please initial)

CONSENT

Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your physician/practitioner to perform injections of botulinum toxin "A" (Botox® or Dysport®) to treat the hyperfunctional lines / wrinkles in the affected areas which you have chosen and/or to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have a right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that No refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained by this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify if any changes occur in my medical history I will notify the office.

I hereby give my voluntary consent to this procedure and release Sergio Garcia M.D., medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

I agree, if I should I have any questions or concerns regarding my treatment / results I will notify this office at 305-274-6422 and/or contact Dr. Sergio Garcia via email at Dr.Garcia@sergiogarciamd.com immediately so that timely follow-up and intervention can be provided.

Patient Name (please print)

Patient Signature

Date

Witness Name (please print)

Witness Signature

Date

BOTULINUM TOXIN "A" MEDICAL HISTORY – Sergio Garcia M.D.

Name _____ Address _____
City _____ State _____ Zip _____ Email _____
Home Phone _____ Work/Cell Phone _____
Primary Physician's Name _____ Phone # _____
DOB _____ Age _____ Ht _____ Wt _____

Please list all medications you are currently taking: _____

Allergies: _____ Are you on Antibiotics at this time? _____

Circle any of the following illnesses you have or have ever had in the past:

Myasthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems
Numbness Muscle Weakness Multiple Sclerosis Amyotrophic Lateral Sclerosis (ALS)
Parkinson's Disease Neurological Disorders Lambert-Eaton Syndrome
Allergies to Human Albumin or Bovine (Cow's Milk)

List and/or Explain Other Medical Conditions not listed above: _____

Previous Hospitalizations/Operations: _____

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? _____

Have you had Plastic Surgery or other surgery to your face/neck areas? If so, when? _____

Had Botox® injections before? _____ Last treatment? _____ What Areas? _____

Were you happy with previous Botox® treatments? _____ Explain _____

Have you ever had eyelid/eyebrow droop after Botox®? _____

Do you show a lot of upper eye lid when eyes are open? _____

Do your eyelids feel extra heavy when you don't get enough sleep? _____

Do your eyelids droop without sleep? _____

Areas of special concern to patient? _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature _____ Date _____

Practitioner Signature _____ Date _____

PRE - TREATMENT INSTRUCTIONS FOR BOTULINUM TOXIN THERAPY (Botox® - Dysport™)

Sergio Garcia M.D.

In an ideal situation it is prudent to follow some simple guidelines before treatment that can make all the **difference between a fair result or great result**, by reducing some possible side effects associated with the injections. We realize this is not always possible; however, **minimizing these risks is always desirable.**

- **It is wise to avoid Alcoholic beverages** at least **24 hours prior** to treatment (Alcohol may thin the blood increasing risk of bruising).
- **Avoid Anti-inflammatory / Blood Thinning medications** ideally, for a period of **two (2) weeks before treatment**. Medications and supplements such as Aspirin, Vitamin E, Gingo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
- **Schedule Botox® appointment at least 2-4 weeks prior** to a **special event which may be occurring, i.e., wedding, vacation, etc. etc.** It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.

POST - TREATMENT INSTRUCTIONS

BOTULINUM TOXIN "A"

(Botox®/Dysport®)

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The guidelines to follow post treatment have been followed for years, and are still employed today to prevent the possible side effect such as ptosis. These measures should minimize the possibility of ptosis almost 98%.

- **No straining, heavy lifting, vigorous exercise for 3-4 hours** following treatment. It is now known that **it takes the toxin approximately 2 hours to bind itself to the nerve terminal to start its work**, and **we do not want to increase circulation** to inadvertently move the botulinum toxin from where it was injected. *This waiting period continues to be recommended by most practitioners.*
- **Avoid Manipulation of area for 3-4 hours** following treatment. **(For the same reasons listed above.)** This includes not doing a facial, peel, or micro-dermabrasion after treatment with botulinum toxin. **A facial, peel, or micro-dermabrasion can be done in same appointment only if they are done before the Botulinum.**
- **Facial Exercises in the injected areas is recommended for 1-hour** following treatment, to **stimulate the binding of the toxin only to this localized area.**
- **It can take 2-10 days to take full effect.** It is recommended that the touch up, if needed, be done **no later than 2 weeks after the initial treatment.**

Makeup may be applied before leaving the office. Some practitioners recommend avoiding Retin-A, Glycolic acid, Vitamin C, and Kinerase for 24 hrs to the treated areas. **If you should have any questions or concerns please feel free to contact me at 305-274-6422 or via email at Dr.Garcia@sergiogarciamd.com**

Print Patient Name _____ **Date** _____

Patient Signature _____