



Contour Threadlift™ Procedure Consent Form

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning the Contour Threadlift™ procedure, 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 surgeon.

INTRODUCTION

While cosmetic surgery, such as the Contour Threadlift™ procedure, insertion is effective in most cases; no guarantee can be made that a specific patient will benefit from this procedure. Additionally, the nature of cosmetic surgery may require a patient to return for numerous visits in order to achieve the desired results or to determine whether the Contour Threadlift™ procedure may not be completely effective at treating the particular condition. Therefore, this permission for surgical care will be effective for one (1) year from the date of execution with respect to the above outlined procedure(s).

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management consist of facelift, Nd:YAG Laser, full-face CO2 laser, or chemical peels. Risks and potential complications are associated with alternative forms of treatment.

RISKS OF THE CONTOUR THREADLIFT™ PROCEDURE

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of the surgical revision of scars.

1. DISCOMFORT

Some discomfort may be experienced during treatment. I give permission for the administration of the anesthesia when deemed appropriate by the physician.

2. SCARRING

During the Contour Threadlift™ procedure, Contour Threads™ are inserted through small puncture wounds, which may take a few days to heal. Small scars, although unusual, may occur at the puncture site(s).

3. BRUISING, SWELLING, INFECTION

With any surgery, 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.

RISKS OF THE CONTOUR THREADLIFT™ PROCEDURE (continued)

4. BLEEDING

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). **Do not take any aspirin or anti-inflammatory medications for ten (10) days before surgery, as this may contribute to a greater risk of bleeding.**

5. DAMAGE TO DEEPER STRUCTURES

Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

6. ALLERGIC REACTIONS

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

7. 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 or sedation.

8. PIGMENT CHANGES (SKIN COLOR)

During the healing process, there is a possibility of the treatment area either becoming lighter or darker in color than the surrounding skin. This is usually temporary but, on rare occasions, may be permanent. Appropriate sun protection is very important.

9. PARTIAL LAXITY CORRECTION

Although Contour Threads™ will give some improvement in laxity, it will not correct all your facial laxity.

10. DELAYED HEALING

Complication may ensue as a result of smoking. Because of this, smoking is **STRONGLY** discouraged.

11. OTHER

Slight asymmetry, redness, visible thread(s) that may require additional treatment and/or removal of threads.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with the Contour Threadlift™ procedure. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total may include fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery 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 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 patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information that 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. William J. Hedden and such assistants as may be selected to perform the following procedure or treatment: Contour Threadlift™. I have received the following information sheet: CONTOUR THREADLIFT™ PROCEDURE CONSENT FORM.
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 involve 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:**
 - **THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN**
 - **THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT**
 - **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: _____