

BAYVIEW GENERAL MEDICINE

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Sculptra Information and Consent

A natural, youthful face is full and not tight. Age-related changes of the lips and mouth include atrophy of the lips and atrophy of the corners of the mouth resulting in downturn of lip corners. Another early sign of aging is the development of nasolabial lines. Although the upper face can easily be rejuvenated with Botox, the lower face is less amenable to this treatment. In order to treat the entire aging face, a combination of Botox and injectable fillers, like Sculptra, is often needed for optimal results.

Sculptra – Sculptra is a safe, synthetic, and biocompatible material that is injected below the surface of the skin. It's made up of microspheres (a spherical shell that is usually made of a biodegradable or resorbable plastic polymer, that has a very small diameter usually in the micrometer or nanometer range, and that is often filled with a substance, as a drug or antibody, for release as the shell is degraded) of poly-L-lactic acid forty to sixty microns in size. Because poly-L-lactic acid is the main ingredient in Sculptra, patients don't require a test for allergic reactions.

Sculptra is approved to treat lipoatrophy, the progressive facial decomposing seen on most HIV patients, but it is used "off-label" for cosmetic purposes.

The results of Sculptra are not immediate. At your first treatment visit, it may appear that Sculptra worked immediately because of swelling from the injections and the water used to dilute Sculptra. A few days following the treatment, when the swelling goes down and the water is absorbed by your body, you may look as you did before your treatment. Sculptra takes time to gradually correct the depression in your skin. Your doctor will decide the appropriate number of treatment sessions and the amount of Sculptra you will need at each session. Multiple sessions are often required and patients with severe facial fat loss may require 3 to 6 treatments.

Side Effects – Side effects of Sculptra may include: delayed appearance of small bumps under the skin in the treated area, bleeding, tenderness or discomfort, redness, bruising, or swelling may occur at the site of injection.

The practice of medicine and surgery is not an exact science; therefore, reputable practitioners cannot guarantee results. The results of the injections may vary from patient to patient.

Postoperative Care

- Ice packs may be used during the first 24 hours - 10 minutes on, 10 minutes off
- Massage the injected site vigorously four times daily for the first week
- Elevate the head with two pillows while sleeping during the first few days to minimize swelling
- Aspirin, NSAIDs, and alcohol should be avoided for the first few days after treatment
- Tylenol may be used for pain control
- Exaggerated movements of the areas augmented should be avoided for the first several days
- Avoid hot foods or gum chewing for the first several hours as mouth trauma may occur in the anesthetized areas

Notify the physician for significant swelling, bleeding, eye pain, vision loss, dusky discoloration, excessive pain, or fever.

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Drugs, Pregnancy and Allergies – You should not be pregnant, nursing an infant, nor have a history of a bleeding disorder, abnormal scarring or autoimmune disease. You should not be taking any of the following medications: immunosuppressants or blood thinners. Notify the physician if you have a history of oral herpes simplex (cold sores).

Alternatives – As explained, not all wrinkles will respond to Sculptra. Other alternatives are dermabrasion; chemical peeling; laser resurfacing; face-lifting, browlifting, necklifting, and other surgical resecting of the frown muscles of the brow; treatments with Retin-A or Renova or alpha hydroxy acids may also produce some benefits.

Photography – I hereby give my permission to **Richard Blanchar, M.D.** or any of the medical personnel at **Bayview General Medicine**, to take photographs of all treated sites for diagnostic purposes and to accurately document the medical record in the usual and customary manner. I agree that these photographs are the property of **Richard Blanchar, M.D.** and my photographs can be used for teaching purposes, to illustrate scientific papers, books or for use in general lectures. It is specifically understood that in any such publication or use, I shall not be identified by name.

Suggested Follow-Up – I agree to follow up with **Richard Blanchar, M.D.** in two (2) weeks following my treatment and at reasonable intervals to assess my status. I agree to inform **Richard Blanchar, M.D.** of any problem that I am having and to allow him to see me at that time. If second opinions or consultants are recommended to me, I plan to follow **Richard Blanchar, M.D.**'s suggestions.

Consent – I voluntarily request treatment by **Richard Blanchar, M.D.** using Sculptra which has been explained to me, and my questions regarding such treatment, its alternative, its complications and risks have been answered by the doctor, his staff, and/or written information. The information which I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I authorize Dr. Blanchar to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who, in Dr. Blanchar's sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

Is having cosmetic surgery your idea, or is someone else urging you to have it? _____

Do you understand that the objective of any cosmetic procedure is improvement in appearance, not perfection? _____

Do you understand that anyone undergoing cosmetic surgery must assume certain risks? _____

What are your expectations? _____

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

Patient signature: _____ **Date:** ____/____/____

Print name: _____