



**Consent for Use of Botox and Dysport**

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**PURPOSE**

The purpose of this informed consent form is to provide written information regarding the risks, benefits, and alternatives of this procedure. This material serves as a supplement to the discussion you have with your health care provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare provider prior to signing the consent form.

**Indications and alternatives**

Botox and Dysport are brand names for botulinum toxin type A, a neurotoxin that blocks messages between muscles and the nerves that control them. Botulinum toxin (Botox and Dysport) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face which cause wrinkles associated with facial expressions. The FDA has approved the treatment for the area between the eyes, (glabellar), however other areas of the face are also treated off label. Areas most frequently treated in addition to the glabellar are crow's feet (lateral areas of the eyes), forehead wrinkles, and radial lip lines. Neuromodulators are also used to treat hyperhidrosis in the axilla area. Treatment with botulinum toxin can cause your facial expression lines or wrinkles to be less noticeable or essentially disappear. The effects become apparent 2-5 days after injection and generally last 3-6 months. The treatments can be repeated indefinitely with resistance to the effects the neuromodulator occurring only rarely. The alternatives to neuromodulator treatment are no treatment or surgery. **Initial** \_\_\_\_\_

**Risks and complications**

Before undergoing this procedure understanding the risks is essential. No procedure is completely risk free. The following risks may occur, but there may be unforeseen risks that are not included on this list. Some of these risks, if they occur may necessitate hospitalization and or extended outpatient therapy. 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 post treatment discomfort, swelling, redness, and bruising, at the site of injection, double vision, allergic reaction, minor temporary droop of the eyelids (can last up to 3 months), and headache. Injections around the mouth may lead to difficulty whistling, drinking through a straw and some difficulty with words that begin with a P or B. Botox contains human derived albumin and carries a theoretic risk of virus transmission. There have been no reports of virus transmission through botox. Rare but serious complications include difficulty breathing and generalized weakness. **Initial** \_\_\_\_\_

**Contraindications**

You should not have treatment with neuromodulators if you are pregnant, nursing, are allergic to albumin, have an infection, skin condition, or muscle weakness at the site of injection. Eaton-Lambert syndrome, Lou Gehrigs disease or myasthenia gravis are also contradictions to treatment. Women who are pregnant, attempting pregnancy or are breast feeding should not be treated with neuromodulators. **Initial** \_\_\_\_\_

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I understand that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts up to 3 months but can be of shorter or longer duration. In a very small number of patients the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles that have been injected, but this will reverse after a period of months at which time retreatment is needed. I understand that I should not exercise for 24 hours, should stay upright for 4 hours after injection, and do not massage the treated area. I understand that the risks, benefits and alternatives have been explained to me to my satisfaction. No guarantees about results have been made. I understand that this treatment is cosmetic in nature and is not covered by insurance. **Initial** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**I am the treating health care provider. I have discussed the above risk, benefits, and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent.**

**Health Care Provider** \_\_\_\_\_ **Date** \_\_\_\_\_



## Neuromodulator After Care

Please be sure to follow these after care instructions if you have recently received a neuromodulator injection:

- Do not lay down for at least 4 hours
- Do not bend all the way over to pick something up for at least 4 hours
- Do not wear a hat for 24 hours
- No exercise for 24 hours
- Schedule a recheck for 1-2 weeks after your treatment
- It can take up to 7 days to see the full results