

Consent For Aesthetic Platelet Rich Plasma Scalp Injections

This is an informed consent document that has been prepared to help inform you concerning using Bioregenerative Scalp Treatments with Platelet Rich Plasma (PRP) aesthetic injectable treatment. The use of PRP injections has its risks and alternative treatments.

Effects PRP Scalp Treatments

PRP, or platelet rich plasma, is concentrated with platelets from your own blood. Platelets are a naturally occurring substance in your blood that plays an essential role in clotting. As a concentrated source of autologous platelets, PRP contains several growth factors and other cytokines that stimulate healing of bone and soft tissue. PRP has been used in orthopedics for decades and more recently it has been used for aesthetic purposes in the scalp. PRP has been shown to have overall rejuvenating effects on the scalp as in strengthening existing hair follicles.

Results are generally visible at three weeks and continue to improve gradually over the next three to six months. Generally, three to four initial treatments are advised, however, more may be indicated for some individuals. Current data shows results may last 18-24 months. Once your results are achieved maintenance treatments may be required to maintain your results.

Description of PRP Scalp Treatments

Vial (s) of blood are taken from your arm which is typically more than normally taken for routine blood tests. The blood is then placed in a vial and spun in a centrifuge to separate the red blood cells and plasma. The process concentrates the platelet count to 5 times normal. This platelet rich plasma is then injected into the scalp with the intention of causing regeneration. PRP causes a mild inflammation that triggers the healing cascade. As the platelets organize in the clot they release a number of enzymes to promote healing and tissue responses including attracting stem cells to repair the damaged area. The full procedure takes approximately one hour to ninety minutes.

Alternatives for Hair Treatment

PRP hair restoration is thought to stimulate and strengthen existing hair follicles but it does not create new hair follicles or restore follicles that have already died. Thinning hair is believed to benefit from PRP treatments, but PRP is not believed to treat complete baldness. There are alternative forms to PRP scalp treatments that are non-surgical and surgical. The non-surgical alternatives consist of pharmaceutical therapy such as Propecia, topical treatments such as Rogaine, and homeopathic treatments. The surgical alternatives of aesthetic injectables are Follicular Unit Extraction and FUT (strip procedure). Risks and potential complications are associated with alternative forms of treatment. Depending on your specific hair loss situation will determine which treatment option is best to achieve your desired results.

Patient Initials: _____

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Risks

There are risks of using any aesthetic PRP injection. Every cosmetic procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a cosmetic procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each risk with your provider or affiliated medical personnel.

Bleeding

It is possible to experience a bleeding episode during or after injections. Should post-procedure bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Ask your provider before taking any aspirin or anti-inflammatory medications for ten days before your procedure, as this may contribute to a greater risk of bleeding. Some patients experience a temporary blood sugar increase with PRP injections.

Hair Shock

Shock hair loss is a rare side effect of Platelet Rich Plasma injection. The hair loss is usually temporary.

Infection

Do not undergo PRP injections if you have current acute and chronic infections. Infection is unusual after injectables. Should an infection occur, additional treatment including antibiotics, or an additional procedure may be necessary.

Bruising

Bruising is common after injectables. You may experience short lasting pinkness or redness from flushing of the skin. You may have bruising within a week or more of having any injectables, so time your treatments with your schedule accordingly. You may be asked to take a medication to reduce or prevent bruising such as Arnica Montana. Contact our office if bruising last longer than a week or anytime if you are concerned.

Damage to Deeper Structures

Deeper structures such as blood vessels and muscles are rarely damaged during the course of a PRP and Microneedling and/or PRP injection treatment. If this does occur, the injury may be temporary or permanent.

Unsatisfactory Result

Although good results are anticipated, there is no guarantee or warranty express or implied, of the results that may be obtained from PRP injection treatment(s). Some patients do not achieve their desired goals or results, notwithstanding proper procedures being followed by the medical provider, relating to the PRP injection treatment(s). You may be disappointed with the PRP treatment(s). It may be possible but by no means a certainty to improve your results with additional treatments.

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Allergic Reactions

An allergic reaction although not common is possible with the use of local anesthetic which may include swelling, itchy, bruising, local discomfort, redness or itching. In rare cases, a severe allergic reaction to anesthetics may cause shortness of breath, respiratory distress or seizures. Anesthetics used with PRP injections may cause local discomfort, itching, bruising, redness, swelling and/or system reactions, including, wheezing, systemic itching, shortness of breath, respiratory distress or seizures.

Medication Reaction

Tell your provider if you are on, or were recently on any medications as they may interfere with the ability of the aesthetic injectables to function. Even use of antibiotics and Aspirin should be brought to your provider's attention. Systemic use of corticosteroids within two weeks of the procedure is not permitted.

Pregnancy

Women should not have PRP injections if they are pregnant or may become pregnant or are breastfeeding. Conditions that can prevent treatment.

Some, but not all, conditions that prevent PRP injections: Skin diseases (i.e. SLE, porphyria, allergies). Recent or Current Cancer or Chemotherapy. Severe metabolic and systemic disorders. Platelet and Blood Disorders. Chronic Liver Pathology. Anti-Coagulation Therapy. Underlying Sepsis.

Additional Treatments May be Necessary

In some situations, it may not be possible to achieve optimal results with a single PRP injection session. Touch up treatments should be done once a year after the initial group of treatments to boost and maintain the results. Should complications occur, additional treatments may be necessary. Keep in mind that lifestyle, body weight, health, diet, and the normal aging process can diminish the effects of any aesthetic treatment over time.

Disclaimer

Informed consent documents are used to communicate information about the proposed injectable treatment along with disclosure of risks and alternative forms of treatments. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. This informed consent should not be considered all-inclusive in defining other methods of care and risks encountered. Your provider or affiliated medical personnel may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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Even though risks and complications occur infrequently, the risks cited are the ones that are particularly, associated with aesthetic PRP injection. Other complications and risks can occur but are even more uncommon. The practice of medicine and aesthetic injectables 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. Please be advised that PRP therapy is not a permanent solution to hair loss. As a therapy, it is recommended to continue to treat the affected area with ongoing PRP therapy sessions. This procedure is still currently being researched, and you may not see results. Your medical provider recommendation is based on your current stage of hair loss.

Patient Initials: _____

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Please Read the Statements Below and Sign if You Agree

I hereby authorize the medical provider, and such assistants as may be selected to perform the following procedure or treatment: Scalp Treatments with Platelet Rich Plasma (PRP) aesthetic injectable treatment.

I recognize that during the course of the injectable treatment, unforeseen conditions may necessitate different procedures than those above. I, therefore, authorize the above affiliated medical personnel or designee(s) 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 medical provider at the time the procedure is begun.

I consent to the administration of such anesthetic considered necessary or advisable. I understand that all forms of anesthetics involve risk and the possibility of complications, injury, and sometimes death.

I acknowledge that a guarantee has not been given by anyone as to the results that may be obtained.

For purposes of advancing medical education, I consent to the admittance of observers to my aesthetic injections of PRP.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING

My Signature below evidences and confirms that:

1. I understand I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered by the medical provider.
2. The Procedure(s) has been adequately explained to me by the medical provider.
3. I have received all the information and explanation I desire concerning this Procedure(s).
4. I hereby authorize and consent to the Procedure(s).
5. I certify that I am a competent adult of at least 18 years of age and sign this Informed Consent of my own free will.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____