



## **PLATELET RICH PLASMA GEL (PRP) REGENERSTEM FACIAL**

### **Informed Consent for Aesthetic Applications and Skin Rejuvenation**

**Platelet Rich Plasma, or also known as "PRP"** is an injection treatment whereby a person's own blood is used. A fraction of blood (20cc-55cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation, which removes 500cc. The blood is spun down in a special centrifuge (*according to standard Harvest Techniques*) to separate its components (Red Blood Cells, Platelet Rich Plasma, and Plasma). The platelet rich plasma is first separated then activated with a small amount of calcium to allow the release of growth factors from the platelets, which in turn amplifies the healing process. PRP is then injected into the area to be treated. Platelets are very small cells in your blood that are involved in the clotting process. When PRP is injected into the damaged area it 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. As a result new collagen begins to develop. As the collagen matures it begins to shrink causing the tightening and strengthening of the damaged area. When treating injured or sun and time damaged tissue they can induce a remodeling of the tissue to a healthier and younger state. The full procedure takes approximately 45 minutes - 1 hr. Generally 2-3 treatments are advised, however, more may be indicated for some individuals. Touch up treatment may be done once a year after the initial group of treatments to boost and maintain the results.

**BENEFITS of PRP:** Along with the benefit of using your own tissue therefore eliminating allergies there is the added intrigue of mobilizing your own stem cells for your benefit. PRP has been shown to have overall rejuvenating effects on the skin as in: improving skin texture, fine lines and wrinkles, increasing volume via the increased production of collagen and elastin, and by diminishing and improving the appearance of scars. Other benefits: minimal down time, safe with minimal risk, short recovery time, natural looking results, no general anesthesia is required.

**CONTRAINDICATIONS:** PRP used for aesthetic procedures is safe for most individuals between the ages of 25-80. There are very few contraindications, however, patients with the following conditions are not candidates: 1) Acute and Chronic Infections 2) Skin diseases (i.e. SLE, porphyria, allergies) 3) Cancer 3) Chemotherapy 4) Severe metabolic and systemic disorders 5) Abnormal platelet function (*blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenaemia, Critical Thrombocytopenia*) 6) *Chronic Liver Pathology* 7) Anti-coagulation therapy, 8) Underlying Sepsis, 9) Systemic use of corticosteroids within two weeks of the procedure, and 10) pregnant or breastfeeding.

**RISKS & COMPLICATIONS:** I have been informed that some of the Side Effects of Platelet Rich Plasma include: 1) Pain or itching at the injection site 2) Bleeding, Bruising, Swelling and/or Infection 3) Short lasting pinkness/redness (flushing) of the skin 4) Allergic reaction to the solution.



**RESULTS:** Results are generally visible at 3 weeks and continue to improve gradually over the next 3-6 months with improvement in texture and tone. Advanced wrinkling cannot be reversed and only a minimal improvement is predictable in persons with drug, alcohol, and tobacco usage. Severe scarring may not respond. Current data shows results may last 18-24 months. Of course all individuals are different so there will be variations from one person to the next.

**PHOTOGRAPHS:** I authorize the taking of clinical photographs for historical, training, and/or promotional purposes. I understand confidentiality will be maintained.

#### **POST CARE FOR INJECTED PRP WITH REGENERSTEM FACIAL**

- **What to Expect After Treatment:** Immediately following the procedure, the most commonly reported temporary side effects are redness, swelling, bruising, tenderness, tingling, numbness, lumpiness, and/or a feeling of pressure or fullness at the injection sites and/or in the treated area(s). Cold gel packs/ice may be gently applied immediately after treatment to reduce swelling.
- **To Avoid Bruising:** Avoid alcohol consumption for a minimum of 6 hours and refrain from taking blood thinners such as Aspirin and NSAIDs for several days. Tylenol is recommended if needed for discomfort.
- **To Maximize Results and Prevent Complications:**
  - o Avoid touching or scrubbing at the injection sites for 24 hours after treatment.
  - o Sleep on your back with your head elevated and avoid rubbing the treated area for 2 weeks.
  - o Avoid direct high heat (blow dryer, sun exposure, sauna, steam room, very hot shower, hot yoga, strenuous exercise, etc.) for 24 hours after treatment.
  - o Makeup may be applied immediately after the treatment if desired.
- **No Facials, Facial Massages, or Laser Treatments for 2 Weeks Afterward:** Most facials, chemical peels, laser, and light treatments may be done immediately prior to the treatment but not for 2 weeks after the treatment. Botox® may be injected immediately before or after.
- **Combination Therapy for Optimal Results:** PRP Therapy stimulates your skin to grow new, younger tissue however; it does not prevent muscle movement or resurface the skin. Most patients see best results when combining their PRP treatments with other anti-aging procedures such as Botox®, HA Filler, AFT, FOCUS, etc.
- **Follow up Appointment:** Most patients see improvement within 2-4 weeks with continued improvement for up to 12 weeks. If the desired level of correction has not been reached within 4-12 weeks then we recommend repeating the procedure at 4-12 week intervals until you achieve the result you desire.
- **Maintenance Treatments:** The results of this treatment can last up to 2 years, but results vary and research documenting the longevity of results is ongoing. Maintenance treatments are recommended every 6-12 months.

#### **POST CARE FOR TOPICAL APPLICATION OF PRP WITH REGENERSTEM FACIAL**

- **To Maximize Results:** For a minimum of 8 hours after the PRP has been applied to your skin, do NOT: Wash your skin, expose the treated area to direct high heat, or engage in activities that will get the skin wet or cause you to sweat (blow dryer, sun exposure, sauna, steam room, Jacuzzi, very hot shower, hot yoga, strenuous exercise, etc.)



**CONSENT: My consent and authorization for this elective procedure is strictly voluntary.** By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform **Platelet Rich Plasma. PRP injections** to area (s) discussed during our consultation, for the purpose aesthetic enhancement and skin rejuvenation. I have read this informed consent and certify 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 agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for 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.

I hereby give my voluntary consent to this **PRP** procedure and release **Nikko Cosmetic Surgery and Dermatology** 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 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 either location Galleria Office in Houston (713-960-1311) or Cypress Office (832-653-3316) immediately so that timely follow-up and intervention can be provided.

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| Physician Signature (print) | Physician Signature | Date |
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