



LASER SKIN RESURFACING CONSENT FORM

Dr. _____ has explained to me that I am a good candidate for laser resurfacing treatment and that although laser surgery has been shown to be highly effective, no guarantees can be made that I will benefit from treatment. I understand that the most common side effects and complications of this laser treatment are the following:

1. **Pain.** The sharp, burning sensation of each laser pulse may produce a moderate to severe amount of discomfort. Anesthetic injections or intravenous sedation will be used to block the pain during the procedure. Oral pain medication will be prescribed for the postoperative period.
2. **Swelling and oozing.** Areas most likely to swell are around the eyes and neck. A clear fluid (serum) will also be present in the lased areas and may create a crust (or scab) if the areas are not kept moist. The swelling, crusting, and oozing stage subsides within 5 to 7 days with regular application of ice and prescribed healing ointments.
3. **Prolonged skin redness.** The laser-treated areas will initially appear bright red in color. After the first week, the redness can be camouflaged with opaque makeup. The redness fades to pink over several weeks, and normal skin color returns in about 3 months.
4. **Skin darkening (hyperpigmentation).** This can occur in the treated areas and will eventually fade within 2 to 6 months. This reaction is more common in patients with olive or dark skin tones and can worsen if the laser-treated area is exposed to the sun.
5. **Skin lightening (hypopigmentation).** This can occur in an area of the skin that has already received prior treatment or can be a delayed response to the laser surgery. The light spots can darken or re-pigment in several months, but could be permanent. This is a rare complication.
6. **Scarring.** The risk of this complication is minimal, but it can occur whenever the skin's surface is disrupted. Strict adherence to all advised postoperative instructions will reduce the possibility of this occurrence.
7. **Infection.** A skin infection in the postoperative period can result. This risk is minimized by the use of antibiotics and good skin care.
8. **Allergic reaction.** It is possible that an allergic reaction to the anesthetic, topical cream or oral medication can occur.
9. **Ectropion.** In rare instances, a downward pull of the eyelids can result after periorbital laser resurfacing.
10. **Acne or milia formation.** Flare-up of acne or formation of milia can occur in the postoperative period.
11. **Hazards pertaining to the use of laser equipment.** Lasers are a form of light energy which can injure surrounding tissue including the eyes. Appropriate protective safeguards are taken to reduce this possibility.

By providing my signature below, I acknowledge that I have read and understood all of the information written above. I feel that I have been adequately informed of my alternative treatment options, the risks of the proposed laser surgery, and the risks of not treating my condition. I hereby freely consent to the laser surgery to be performed by **Dr.** _____ and authorize the taking of clinical photographs, which will be used solely for my medical records unless my physician deems that their anonymous use (in lectures or scientific publications) could benefit medical research and education. ***They will not be used for advertising without my written consent.***

Patients or Guardians Signature

Date

Witness's Signature

Date