

# COMMONWEALTH

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## FACIAL PLASTIC SURGERY

### Consent for Use of BOTOX®/Dysport™

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*I have requested that Matthew A. Bridges, M.D., attempt to improve my facial expression lines with BOTOX®/Dysport™.*

#### Indications and alternatives

BOTOX®/Dysport™ are brand names for botulinum toxin type A, a neurotoxin that blocks messages between muscles and the nerves that control them. The temporary effects of BOTOX®/Dysport™ become apparent 2-5 days after injection and generally last for 4-6 months. The FDA has approved the use of BOTOX®/Dysport™ to treat facial dystonias (spasms), strabismus (crossed eyes), and to temporarily soften facial rhytids (wrinkles) between the eyebrows. While the FDA has not approved injections to improve the appearance of wrinkles in other areas of the face, physicians may perform these “off-label” procedures. There are alternatives to BOTOX®/Dysport™, including no treatment, or medicines or surgery on my facial nerves and muscles.

**Side effects and complications** include but are not limited to:

1. Bruising
2. Allergic reaction
3. Undercorrection (not enough effect) or overcorrection (too much effect)
4. Facial asymmetry (one side looks different than the other)
5. Paralysis of a nearby muscle leading to: droopy eyelid, double vision, inability to close eye, difficulty whistling or drinking from a straw
6. Generalized weakness
7. Permanent loss of muscle tone with repeated injection
8. Flu-like syndrome or respiratory infection
9. Nausea or headache
10. Development of antibodies to BOTOX®/Dysport™ that may lessen the effects with subsequent injections
11. BOTOX®/Dysport™ contains human-derived albumin and carries a theoretic risk of virus transmission. There have been no reports of disease transmission through BOTOX®/Dysport™ .

**Contraindications** You should not have BOTOX®/Dysport™ if: you are pregnant, nursing, allergic to albumin, have an infection, skin condition, or muscle weakness at the site of the injection, or have Eaton-Lambert syndrome, Lou Gehrig’s disease, or myasthenia gravis.

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I agree to follow any instructions given to me to the best of my ability before, during and after the procedure. The instructions include:

1. I will not touch or rub the injection site for 24 hours.

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2. I will remain upright for 4 hours after the injection and will avoid exercise for 24 hours as these activities might allow BOTOX®Dysport™ to migrate to unwanted areas and produce unwanted results.
3. I will not take ibuprofen, aspirin, or vitamin E for 24 hours after injection.

*The procedure, BOTOX®Dysport™ injection, has been explained to me in an understandable language for me. I acknowledge that there are no guarantees concerning the outcome of the procedure in that medicine deals with humans and therefore is not always a predictable science. I understand that in some patients, additional procedures might be necessary to reach optimal result and that these would be disclosed to me if predictable.*

*I understand that BOTOX®Dysport™ injections are not permanent and that repeated injections are necessary to maintain or strengthen the correction. This is **not** a permanent solution to eradicate wrinkles and frown lines.*

*I certify that I have read, and fully understand, the above indications, alternatives, and risks associated with BOTOX®Dysport™ injection, and that I have had sufficient opportunity for discussion and to ask questions.*

*I consent to be photographed before, during and after the procedure(s) to be performed, for the purpose of being included as a part of my record.*

**Are you pregnant? \_\_\_\_\_ yes \_\_\_\_\_ no**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Matthew A. Bridges, M.D.

\_\_\_\_\_  
Date