PLATELET RICH PLASMA (PRP) Informed Consent

Platelet Rich Plasma, al so known as "PRP" is an injection treatment whereby a person’s own blood is used. A fraction of blood (20cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation which can remove 500cc. The blood is spun i n a special centrifuge to se p a r a t e its components ( Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and Buffy Coat). The Platelet R ich Plasma and Buffy Coat is first separated and combined then activated with a small amount of calcium chloride which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. Platelets are very small cells in your blood that are involved in the clotting and healing 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 t r e a t m e n t a r e a they release a number of enzymes to promote healing and tissue responses including attracting stem cells and growth factors 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 to an hour. Generally 2-3 treatments are advised, however, more may be necessary for some individuals. Touch up treatments may be done once a year after the initial group of treatments to boost and maintain the results.

**PRP'S** SAFETY has been established for over 20 years for its wound healing properties and *it's* proven effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery *(dental implants and sinus elevations),* urology, dermatology *(chronic wound healing),* and ophthalmology, cosmetic surgery. PRP's emergence into aesthetics and skin rejuvenation began i n 2004 in Europe, Asia, Australia, and South America in countries such as The United Kingdom, Japan, Spain, Portugal,

S wi t z e r l a n d and Argentina to name a few. Areas typically treated for aesthetic purposes and skin rejuvenation include: Crinkling skin around the eyes, cheeks and mid­ face, neck, jaw-line, chest and décolletage, back of hands and arms, lips, and to stimulate hair growth on scalp. Almost all skin tones show that **PRP** is safe and effective because your own enriched plasma is used.

**BENEFITS of PRP**: Along with the benefit of using your own tissue therefore virtually eliminating allergies, there is the added intrigue o f mobilizing your own stem cells for your benefit. **PRP** has been shown to have overall rejuvenating effects on the skin including: improving skin texture, thickness, fine lines and wrinkles, increasing volume via the increased production of collagen and Elastin, and by diminishing and improving the appearance of scars. The most dramatic results t o d a t e have been the crepey skin problems in areas such as under the eyes, neck, and décolletage. It is not designed to replace cosmetic surgery as there are some cases where t h o se procedures w o u l d b e more appropriate. Other benefits include: 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 18-80. Parental Consent required .for patients under 18. 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 4) Chemotherapy treatments 5 ) Severe metabolic and systemic disorders 6 ) Abnormal platelet function *(blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia)* 7) Chronic Liver Pathology 8) Anti-coagulation therapy,

9) Underlying Sepsis and 10) Systemic use of corticosteroids within two weeks of the procedure

**RISKS & COMPLICATIONS:** Some of the Potential Side Effects of Platelet Rich Plasma include: 1) Pain at the injection site; 2) Bleeding, Bruising and/or Infection as with any type of injection; 3) Short lasting pinkness/redness (flushing) of the skin; 4) Allergic reaction to the solution; 5) Injury to a nerve and/or

muscle as with any type of injection; 6) Itching at the injection site(s); 7) Nausea /vomiting; ( The following are possible with any simple injection and not specific to PRP Therapy).8) Dizziness or fainting;

9) Temporary blood sugar increase; 10) Swelling; 11) Minimal effect from the treatment.

**ALTERNATIVES to PRP:** Alternatives to PRP are: 1) Do Nothing; 2) Surgical intervention may be a possibility; 3) Injections with neurotoxins; 4) Injections of dermal filling agents; 5) Laser & light based treatments like Pulsed Light; 6) chemical peels.

**RESULTS:** Results are generally visible at 4 weeks and continue to improve gradually over ensuing months (3-6) 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 and their use for scientific and educational publications and presentations. I understand my identity will be protected.

**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 “aka" PRP injections to a r e a (s) discussed during our consultation, for the purpose of 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. A n y

e x p e n s e s 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 the clinic, its medical staff, and specific technicians from liability associated with the procedure. I certify that l 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 that if I should have any questions or concerns reg ar di n g my treatment *I* results I will notify this office and/or the provider immediately so that timely follow-up and intervention can be provided.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient Name (print) | Patient Signature | Date |
|  | Witness Name (print) | Witness Signature | Date |
|  | Physician Signature (print) | Physician Signature | Date |

# PRE-TREATMENT INSTRUCTIONS For

**Platelet Rich Plasma (PRP)**

**A few simple guidelines before your treatment can make a difference**

If you develop a **fever, cold *I* flu, or develop a cold sore,** blemish, **or rash, etc. in the area to be treated** prior to your appointment, you must reschedule *(we will* not *treat you).*

It is recommended, if you have a **special event or vacation coming** up that you schedule your treatment **at least 2 weeks** in advance (we prefer 3-4).

If you are being treated **in the lip area** and have a **history of Herpes (cold sores)** with outbreaks more than 4 times a year some practitioners recommended that you are pre treated with medication. This office recommends Valtrex 2GM the day before or the morning of the treatment and then another 2GM’s.12 hours after the first dose. \*\*Please *let us* know *that you need a* prescription if *you* do not *have this medication* on hand. \*\*

**Discontinue use of anti-inflammatory drugs** (steroidal and non-steroidal) such as: Aspirin, Motrin (or any other Ibuprofen drugs) at least 3 days to 1 week before your treatment. With PRP, we "want" inflammation this is one of the mechanisms of how PRP does its work.

If you are or have been on **Systemic use of Corticosteroids (steroids) within 2 weeks** of treatment,we cannot treat you. **Consult your physician for approval to discontinue use of steroids and receive treatment.**

**Discontinue use** of any other blood thinning agents such as: Vitamin E, Vitamin A, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Essential Fatty Acids (EFA's and DHA's) etc. at least 3 days to 1 week before and after treatment to minimize bruising and bleeding.

It is **recommended that you avoid:** Alcohol, caffeine, Niacin supplement, spicy foods, and cigarettes 3 days before and after your treatment. *(All* of *these may increase* risk of *bruising)*

Patient Name (print) Patient Signature Date

Witness Name (print) Patient Signature Date

**POST-TREATMENT INSTRUCTIONS**

Platelet Rich Plasma (PRP)

Please carefully read and follow these Instructions after your PRP treatment.

There are minimal restrictions after your PRP injections allowing you to return to your daily activities almost immediately

Do NOT touch, press, rub, or manipulate the treated area (s) for at least 8 hours after your treatment

AVOID Aspirin, Motrin, Ibuprofen, (all non-steroidal and steroidal anti-inflammatory agents), Gingko Biloba, Garlic, Flax Oil, Cod liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 3 days - 1week prior to and after your treatment. Remember, we are creating inflammation.

If you experience discomfort or pain you may take Tylenol or other Acetaminophen products

You may apply Ice if you wish to the injected area for 20-30 minutes after the procedure but we would prefer if you can refrain from this.

Do not wash or take a shower for at least 6 hours after your treatment

Do not use any lotions, creams, or make-up for at least 6 hours after your treatment

AVOID vigorous exercise, sun and heat exposure for at least 3 days after your treatment AVOID: Alcohol, caffeine, and cigarettes for 3 days before and after your treatment

Smokers do not heal well and problems recur earlier and results may take longer.

Maintain a healthy diet and Drink at least 64 oz.’s of water the day of the treatment. *(Fiji water is recommended due to its high content of Silica)* Continue water intake the first week after.

It is normal to experience: Bruising, Redness, Itching, Soreness, and Swelling that may last from 3-10 days following your procedure.

Please call our office should you have any questions or concerns regarding your PRP treatment or aftercare (phone number)

I certify that I have been counseled in post treatment instructions and have been given a written copy of these Instructions.

Patient Signature. Date

Witness Signature. Date \_

Patient Information Platelet Rich Plasma

This treatment involves the collection of your blood (approximately 8 – 16ml), then your blood is spun down using a centrifuge to separate out the plasma and platelet portion using the separator gel’ as a special filter. The PRP portion of your blood is then injected back into your skin to stimulate new collagen production, and to re-energise your cells into rejuvenating themselves. The product injected is 100% your own blood by-product (autologous).

**Contraindications:**

You should not have PRP treatment done if you have any of the following conditions:

**Skin conditions and diseases including:** Facial cancer, past and present. This includes SCC, BCC and melanoma, systemic cancer, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), Blood disorders and platelet abnormalities, Anticoagulation therapy (i.e.: Warfarin)

Comments: ………………………………………………………………………………………………………

Have you ever been told that you suffer from or suspect you suffer from: Platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenaemia, haemodynamic instability, sepsis, chronic liver disease, Hepatitis or any acute or chronic infections? **YES / NO** *(circle one)*

If yes, please state:

……………………………………………………………………………………………………

Are you currently taking any of the following medications: Aspirin, Anti-inflammatory such as Nurofen, Votaren, Diclofenac, or Naproxen etc..? St Johns Wort, Garlic, Vitamin E **YES / NO** *(circle one)*

If yes, please state which one/s and last date taken:

………………………………………………………………………………………………………

Are you currently taking, or have you recently taken (within 14 days) Vitamin E, or Fish Oil supplements that could have a thinning effect on your blood?

**YES / NO** *(circle one)* If yes, please state:

……………………………………………………………………………………………………

Anesthetic used: topical Cream/ Lignocaine 2% injection.

*SIDE EFFECTS: you will likely experience mild to moderate swelling of the treated area, this will last for about 12- 24. You may notice a tingling sensation while the cells are being activated. In rare cases skin infection may occur, which is easily treated with an anti-biotic.*

***Pain Relief Chosen****: Panadol 500mg 2 tabs 4hrly (max 8/day)*

**Client Consent**

I understand that due to the natural variation in quality of Platelet rich plasma, results will vary between individuals.

I understand that although I may see a change after my first treatment; I may require a series of up to 6 sessions to obtain my desired outcome.

The procedure and side effects has been explained to me including alternative methods; as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment.

I am aware that the PRP treatment is not permanent as natural degradation will occur over time.

I authorize { } to perform the injection of PRP (Platelet Rich Plasma) for rejuvenation.

This consent form will be valid for up to 6 applications of PRP, after which time I may be asked to compete a new form.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner and that all blanks were filled in prior to my signature.

When completing the medical questionnaire, I have answered the personal medical history questions fully and to the best of my ability.

Amount of Blood Withdrawn: 10mls

Amount of Plasma Prepared: 7mls

Name…………………………………………………………………………………………………………………

Signature……………………………………………………………………… Date ………………………………

Practitioner …………………………………………………………………….Date ……………………………….

**Consent Form for Autologous Platelet-Rich Plasma(PRP) Injection**

I,…………………………………………………………….……………consent to receiving an autologous (own blood) injection to assist with treatment of my **musculoskeletal condition**. For PRP, the injectable solution consists of your own plasma rich in platelets & growth factors plus sterile saline. There are no platelet activator chemicals added to the solution. Orthokine injections are purely serum produced from your own blood. The procedure will also involve the use of local anaesthetics (lignocaine or bupivacaine) and may be combined with additional glucose prolotherapy (containing glucose).

I have been informed on the process required to harvest ACS or PRP, patient suitability, possible adverse reactions, the risks associated with PRP injections (on information sheet) and of the prospect that even with due care that the injections **do not** achieve the intended result.

Signed:

Patient …………………………………………………………………………… Date……………..………

Witness …………………………………………………………………………… Date……………………..

**Consent for the Microneedling Combination PRP Facial Procedure**

Purpose

Using blood-derived growth factors (platelet-rich plasma (PRP), the Microneedling Facial Procedure is a safe procedure for renewing the skin of the face and other body areas for correcting texture and color.

Benefits

This treatment is natural in that your own cells are used and microneedled into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material microneedled. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue. This builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes the color more attractive). It may take 5 to 7 days to heal from microneedling.

Do not pick any of the scabs. Let these scabs naturally fall off so as to not produce any scars. Within 2 to 4 weeks you will see improvement with continued positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The platelet rich plasma (PRP) stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment should last for at least 6 months to one year, but results may vary and the research documenting the longevity of results are ongoing.

Treatment

Do not take aspirin, Advil, Motrin, Aleve, non-steroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. You may take a pain medication, such as Tylenol. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure as platelet rich plasma. This platelet rich plasma is applied to your face and other body areas using a gloved hand. Microneedling makes very small holes in your skin with little pain enabling the PRP to be driven deep into your skin. Foreseeable Risk and Discomforts The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and a potential for bruising at the site. There is generally minimal pain because the needles are very, very small. There is a potential for bruising at the injection sites. Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block the response of the stem cells.

There may be some variation in achieving the results requested as everyone’s body type is different and may have a different response. The introduction of the needle(s) into the skin always presents the possibility of infection, scarring, loss of sensation, or change in muscle strength.

Photographs I authorize the taking of clinical photographs and their use for scientific purposes in presentations. I understand my identity will be protected. Payment I understand this is a cosmetic procedure and that payment is my responsibility. I have read the above and understand it.

The doctor/nurse and staff have answered my questions satisfactorily. I accept the risks and complications of the procedure.

Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_