Platelet Rich Plasma Consent

Description of treatment:

This treatment involves the initial collection of your blood (approximately 8 – 16ml). Your blood is then spun using a centrifuge to separate the plasma and platelet portion. 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).

You should not have PRP treatment done if you have, or are suspected to be suffering from any of the following skin conditions and diseases including**:**

- Facial cancer (past and present)
- Systemic cancer
- Chemotherapy
- Steroid therapy
- Dermatological diseases affecting the face
- Blood disorders and platelet abnormalities
- Anticoagulation therapy (i.e. Warfarin).
- Platelet dysfunction syndrome
- Critical thrombocytopenia
- Hypofibrinogenaemia
- Haemodynamic instability
- Sepsis
- Chronic liver disease
- Hepatitis
- Any other acute or chronic infections

Side Effects:

You may experience mild to moderate swelling of the treated area. This will last for about 12- 24 hours; if required, ice or cold compresses can be applied to reduce swelling. You may notice a tingling sensation while the cells are being activated. In very rare cases skin infection may occur, which is easily treated with an antibiotic.

Patient 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 sessions to obtain my desired outcome.

The procedure and side effects have 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 authorise my Practitioner to perform the injection of PRP (Platelet Rich Plasma) for rejuvenation.

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

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

I confirm that I am not currently taking any Aspirin, or Anti-inflammatory medications, such as Nurofen, Voltarol, Diclofenac or Naproxen etc, or am currently or have recently taken Vitamin E or Fish Oil supplements that may have a thinning effect on my blood.

I confirm that I do not have, or am suspected to be suffering from any of the skin conditions or diseases listed, that contra-indicate the PRP treatment.

I consent to the taking of photographs and authorise their anonymous use for the purposes of medical audit and education.

The cost of treatment per session has been discussed with me and I agree to pay this amount.

Signed: