

Consent for treatment with Hyalase to dissolve hyaluronic acid dermal fillers

Hyalase (hyaluronidase 1500 units) is used in aesthetic medicine to dissolve HA fillers and, except in the case of emergency, requires the patient to undergo a skin patch test prior to injection of Hyalase. The skin patch test is carried out by injecting Hyalase into the subcutaneous tissue of the forearm and observed for signs of reaction. If a positive patch test result is observed, treatment with Hyalase cannot be carried out. Erythema or redness and slight vasodilation are common and expected side-effects.

Hyalase is an enzyme which breaks down hyaluronic acid fillers. It can also break down naturally occurring hyaluronic acid present in the skin. I understand that there will be loss of volume and there can be some skin laxity which in itself may not provide a good aesthetic result. Although some of the effects can be immediate, I understand that it can take up to one week for the final results to be seen and the treatment may need to be repeated.

Hyalase administration can result in anaphylaxis (a severe allergic reaction which in itself is life threatening and requires immediate medical attention) and I understand this and have been discussed this with my practitioner prior to the treatment with Hyalase.

The use of and the indications for the administration of Hyalase have been explained to me by my practitioner and I have had the opportunity to have all questions answered to my satisfaction. After the treatment some other common injection-related reactions might occur. These reactions include redness, swelling, pain, itching, bruising and tenderness at the injection site. They have generally been described as mild to moderate and typically resolve spontaneously a few days after injection. Bruising may occasionally be more significant.

I acknowledge that I will have to remain at the clinic for thirty minutes after the procedure so that I can be observed by the medical staff and that I may need to return to the clinic 1-2 weeks after treatment for further treatments with Hyalase.

I have answered the questions regarding my medical history to the best of my knowledge.

I consent to being treated with Hyalase.

Patient name _____

Date _____