

## Informed Consent for Medical Dermaroller Treatment for Collagen Induction Therapy

\_\_\_ I understand that the treatment for chronic skin changes associated with aging and sun damage is difficult and challenging. I understand that the Dermaroller is a novel device which has shown to have a favorable effect on the appearance of fine lines and wrinkles and some scars. This effect occurs due to the penetration of the skin into the dermis with many tiny micro needles. The needles create a type of “injury” to the dermal tissues. The response to this “injury” is the regeneration of new blood vessels and collagen which then tends to restore some youthfulness to the skin. This results in smoothing and improved appearance. The repair process releases numerous growth and healing factors that participate in the formation of new collagen to be deposited under the skin surface. The repair process will actually extend over a 12 to 16 week period after treatment as new collagen is formed. I also understand that I may require a series of treatments to achieve the maximum cosmetic result especially if there are significant aging and sun damage changes. I also understand that adherence to a comprehensive skin care program to include daily sun protection is needed to maintain any improvement seen with the Dermaroller.

\_\_\_ I have been advised that the object of the procedure I have requested is improvement in appearance, not perfection. It is possible for imperfections to persist, and that the result might not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science and that any reputable physician cannot guarantee results. I acknowledge that no written or implied verbal guarantee, warranty, or assurance has been made to me regarding the outcome of the procedure that I have requested and authorized.

\_\_\_ I understand alternatives to this treatment are to do nothing, utilize products with active ingredients, microdermabrasions to even the skin surface, superficial or medium depth chemical peels to destroy abnormal tissue and stimulate growth of new skin, various laser resurfacing procedures, fillers and/or a combination of these. I have considered these alternatives and have not chosen them. These procedures are still possible however after the results of the Medical Dermaroller are achieved.

I understand the complications of a Medical Dermaroller Procedure to be:

\_\_\_ **Erythema:** The skin may remain red for 3-4 days after treatment. As the skin heals, the erythema will resolve. Six hours after treatment makeup can be used if desired.

\_\_\_ **Bruising:** Some micro bruising or more noticeable bruising may occur in the treated areas. Bruises on the face resolve in about a week but on the body may persist for several months.

\_\_\_ **Hyperpigmentation:** Some patients, especially those with Fitzpatrick Type IV-VI may experience hyperpigmentation of the skin surface at the site of treatment. I will protect my skin with some form of sun protection. This pigmentation should resolve in several months with the use of a bleaching agent.

**Herpes Lesions:** Some patients with a history of herpes simplex (cold sores) may experience a flare up of the disease. If I have had herpes sores, I will inform Dr. Christian so that he can pre treat me appropriately.

**Infection:** Infection is a rare possibility.

**Further Understandings:**

I understand that Dr. Christian has the right to discontinue my treatment at any stage if he or she thinks that I am not following instructions, or if he believes that no further improvement is possible.

I consent to have photographs taken before, during, and after my treatment. These will be used for documenting my progress and educating future patients. My name will not be used.

I understand the above and have had all my questions answered. I hereby give my informed consent for a Medical Dermaroller Treatment by Dr. Charles B. Christian, Jr.

I have been given a copy of Post Procedure Instructions and agree to follow them. Variations from these instructions may affect the results of the procedure and the development of complications.

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

\_\_\_\_\_  
**Date**

## Post Medical Dermaroller Instructions

### Post Procedure Expectations and Instructions

Expect a little redness and some swelling in the treated areas for a few days.

Expect for a week the skin to have some slight itching, stinging and to be sensitive to hot water, wind, the Sun and heat.

### Products to use Once or Twice Daily

#### For Cleansing

SkinCeutical Foaming or Gentle Cleanser or similar item first week then your routine cleanser if the skin is not red or tender.

#### For Healing and Collagen Stimulation

Neocutis Bio-Serum on small areas or entire face or

Neocutis Bio-Restorative Skin Cream entire face

Home Dermaroller can be used after 7 days if the skin is not red or tender to touch.

#### For Moisturizing

Neocutis BioGel or other product for Moisturizing. We will give you a small amount of a Copper Product for use afterwards also.

#### For Sun Protection

SPF30-50 with Zinc/Titanium for Sun Protection

Don't use any of your other skin care products such as the CE Ferrulic, Phloretin, Intense Line Defense, Retin A (Vitamin A), acne products or your Clarisonic Skin Care Brush until the skin is not red and tender to touch.

Report any signs of infection, drainage or outbreak of Herpes to Dr. Christian.