



ÖZEL

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Hastanesi

BOTOX® COSMETIC: PATIENT INFORMATION

BOTOX® (botulinum A toxin) has been used for nearly two decades in children and adults to improve medical conditions characterized by muscle spasms. BOTOX® cosmetic is for the cosmetic treatment of frown lines (the wrinkles between the eyebrows), forehead wrinkles, wrinkles around the eyes (“crow’s feet”), upper lip wrinkles, chin, neck and nose (“bunny lines”). BOTOX® is also used to treat excessive underarm perspiration, migraine headaches, and overactive bladder among many other uses.

Injection of small amounts of BOTOX® cosmetic into muscles of the face and neck cause these to weaken, thereby improving the appearance of the overlying wrinkles, reducing frowning, and resulting in a softer, smoother appearance of the overlying skin.

Treatment Results:

The results of BOTOX® treatment are reliable and predictable with high rates of patient satisfaction. Some residual muscle movement is necessary and natural. The goal is not to appear “frozen” but to look rested and relaxed. Visible results typically develop over 3-10 days. There is a gradual weakening of the treated muscles that is maximal at about 2-4 weeks after treatment. Results typically last 3-5 months and can vary from patient to patient. Treatment with BOTOX® is not permanent. Over time, as the material is slowly absorbed, fine lines or wrinkles will reappear. Further treatment may be repeated to maintain correction, if so desired. With continued treatment, patients often note that their results tend to last longer. After multiple treatments, a majority of patients come in only twice yearly to maintain improvement and some even less often.

Most patients are very pleased with their results from BOTOX® injection. However, as with any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that fine lines or wrinkles will disappear completely, or that you will not require additional treatments to achieve the results you seek. Sometimes, the initial correction is just what you wanted but seems to wane quicker than you expected. Other times, the correction is less than what you had hoped for or expected. In either circumstance, additional treatments may be required to try to meet your expectations. Occasionally, results can be improved or prolonged when fillers are used with BOTOX®. Costs for treatment are based upon the amount of BOTOX® injected and filler if used.

Over time, alterations in face and eyelid appearance may continue to occur as a result of aging, weight loss or gain, sun exposure or other circumstances not related to BOTOX® injections. Although there is some evidence to suggest that continued treatment with BOTOX® may help to prevent the development or deepening of fine lines and wrinkles, BOTOX® does not arrest the aging process.

Risks and Complications:

Complications and side effects from BOTOX® are generally mild and transient. Most people have lightly swollen pinkish bumps at the sites of injection, which generally last for a few hours or less. Other potential side effects include bruising, numbness, irritation, or tenderness at an injection site, and headache. Rarely, an adjacent muscle may be weakened following an injection. This may cause double vision or difficulty in raising the eyelid or eyebrow. This complication can last several weeks or longer and occurs in less than 3% of treatments. If this complication occurs, eye drops can be prescribed to minimize the effect. In a very small number of individuals, the injection is not as effective as expected.

As everyone has slight differences in facial musculature, there may be an uneven appearance of the face with some muscles more affected by the BOTOX® than others. In most cases, this uneven appearance can be corrected with additional treatment. However, in rare instances, this appearance can persist for several weeks or months. Several treatment sessions may be needed to obtain desired results.

Rarely, uncommon reactions have been reported such as headache, flu-like symptoms with mild fever, respiratory problems such as sinusitis and bronchitis, dizziness, nausea, infection, nerve damage and allergic reaction.

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BOTOX PRE-TREATMENT INSTRUCTIONS:

- ❑ Please come to the office with a clean face free of makeup and moisturizers in the area to be treated.
- ❑ To minimize the possibility of bruising, non-essential blood-thinning medications or supplements should be discontinued for 10-14 days prior to treatment if possible. These include aspirin, ibuprofen, Advil, Motrin, Midol, Aleve, Excedrin, Alka-Seltzer, vitamin E, green tea, garlic, ginkgo biloba, ginseng, and St Johns wort. Please note that if you have been prescribed aspirin or another blood thinning medication such as Plavix or Coumadin for medical reasons, do NOT discontinue these medications. Please be advised the bruising does not affect the success of treatment.
- ❑ BOTOX® injections are generally very well tolerated with minimal discomfort. The use of a topical anesthetic is optional and generally not required. If you wish to apply a topical anesthetic at home, please notify your physician for a prescription.
- ❑ If you are pregnant, breast-feeding, or trying to become pregnant, please alert your physician, as you are not a candidate at this time.
- ❑ If you are unable to keep your appointment, please call 413-733-9600 to cancel or reschedule. Patients will be charged for any missed appointment that is not cancelled at least 24 hours in advance.

BOTOX POST-TREATMENT INSTRUCTIONS:

- ❑ Do not lie flat for at least four hours after your treatment. After four hours, you may resume your normal activities.
- ❑ Do not touch, massage, or in any way manipulate the injection sites.
- ❑ In order to minimize redness and bruising, avoid anything that will make your face or body flush such as direct sunlight, exercise, alcohol, hot showers, or spicy foods for 24 hours. If bruising does occur, it will go away in several days.
- ❑ You may apply cool water compresses to the treatment sites if they are uncomfortable or red.
- ❑ If you develop a headache, Tylenol is permissible. Do not take aspirin or ibuprofen as these agents may increase the risk of bruising.
- ❑ You may wash your face gently the evening of treatment but you should not resume your normal facial care including makeup until the next day.
- ❑ As every patient has a different facial anatomy, asymmetry of the treatment result can occur with BOTOX® injections. Sometimes the correction is less than what you had expected or wanes quicker than you had expected. Additional treatments may be required to try to meet your expectations. Please call our office to be seen for follow-up should any of these concerns arise.
- ❑ If you develop a droopy eyebrow or eyelid, do not be alarmed. This uncommon side effect is not serious. You should call our office, as there are eye drops that can be prescribed which will alleviate this problem. This problem generally resolves in several weeks to several months.



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COST AND PAYMENT POLICY: Since the use of BOTOX® is considered cosmetic, you will be responsible for the cost of treatment including the cost of additional treatments if necessary or desired. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the estimated cost of treatments prior to undergoing the procedure. Your treatment may be more or less than the estimate depending on the amount of BOTOX® used to achieve your correction. If you have any questions, please make sure they are answered to your satisfaction.

We are pleased that you have chosen New England Dermatology & Laser Center for your skin care and we appreciate your confidence in us. If you have any questions or concerns regarding your treatment, please call us at (413) 733-9600.

All blanks on this form were filled in prior to my signature. I have read and understand the content of this form, and I have received a copy of this entire Consent For botox cosmetic information, if requested.

Signature of Patient or Legal Representative/Date

Relationship (Self, Parent, Legal Guardian, etc.)

Print Name of Patient or Legal Representative/Date

Witness Signature/Date