

**INTENSE PULSED LIGHT (IPL)
INFORMED CONSENT BOOKLET
VENUS VERSA**

Patient Name: _____

INSTRUCTIONS

This informed consent booklet has been prepared by (provider) _____ to help to inform you about the potential benefits and associated risks of, as well as the alternatives to, Venus Versa Intense Pulsed Light (IPL) treatments.

During your consultation and medical assessment, (provider) _____ will have reviewed with you the potential benefits and associated risk of, as well as the alternatives to, the Venus Versa IPL treatments that are outlined in this booklet. They will have also provided you with answers to any questions you may have had about the procedure.

INTRODUCTION

Venus Versa IPL treatments are proven, advanced skin care procedures. Published studies indicate that Venus Versa IPL treatments can significantly improve the appearance of fine lines, wrinkles, pore size, textural irregularities, and vascular and pigmentation blemishes in over 80% of cases; clients report a noticeable improvement in the cosmetic appearance of their skin during and at the completion of their treatment program.

Venus Versa IPL treatments directs IPL energy to the skin in targeted treatment areas. This energy passes through the outer surface of the skin, called the epidermis, and penetrates into the lower layer of the skin, called the dermis. Once in the dermis, the IPL energy stimulates a cell called a fibroblast to produce new collagen. Over several treatments, this new collagen smoothens and softens the appearance of wrinkles, oversized pores, and textural irregularities. The treatment utilizes special filters to control the wavelength of the IPL energy to improve the appearance of rosacea, sun-damaged skin with pigmentation abnormalities, and vascular blemishes such as spider veins.

Venus Versa IPL treatments are simple office procedures performed by a physician and/or a trained clinical treatment provider (PA or CRNP). They require no needles, medications or surgery. When delivering the IPL energy to the skin, it is important to cool the skin to avoid injury. A cooling crystal is integrated in the Venus Versa IPL applicator to assist with patient comfort and safety.

Following each Venus Versa IPL treatment, there may be a minor degree of redness and puffiness to the skin, with some tingling or discomfort that usually disappears in as little as 1 hour or up to 2 days. Occasionally some bruises occur which may take 1-2 weeks to resolve. You may apply makeup immediately following treatment and can return to your regular daily activities with no downtime. A skin care program consisting of broad-spectrum sunscreen SPF > 30 (re-applying every 1-2 hours) is recommended.

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Before beginning a Venus Versa IPL treatment program, you must first attend an assessment and information consultation with a treatment professional, during which your skin type, facial cosmetic concerns, expectations, and goals will be assessed and discussed. The treatment professional will work with you to select the best treatment or combination of treatments for your skin type, facial cosmetic concerns, expectations, and aesthetic goals. The estimated duration and cost of each session or series of sessions will also be provided to you during this time. If you are a qualified candidate, you may schedule your Venus Versa IPL treatments and test spots at the time of this initial consultation. This may occur on the same day (if time allows).

POTENTIAL BENEFITS OF VENUS VERSA IPL TREATMENTS

The primary potential benefits are an improvement in the appearance of red and brown sun damage including vascular and pigmentation blemishes as a result of aging or sun-damaged skin.

RISK ASSOCIATED WITH VENUS VERSA IPL TREATMENTS

Although the vast majority of Venus Versa IPL treatment clients never experience any complications, you should discuss each of them with your treatment provider to ensure you fully understand the alternatives, risks, and average outcomes of Venus Versa IPL treatments.

Venus Versa IPL treatments will leave your skin photosensitized for 48 hours after each treatment. You must avoid sunlight. Failure to do so will result in significant redness and swelling, and may increase the rare risk of disfiguring, and complications like blisters, scarring, or pigment changes.

Discomfort:

Venus Versa IPL treatments are very well-tolerated office treatments. Patient comfort is optimized with the cooling crystal that is integrated in the Venus Versa IPL applicator to assist with patient comfort. Topical anesthetic cream may also be used. You may experience a minor and tolerable degree of burning and/or a tingling sensation with each treatment.

Skin Wound:

It is exceedingly rare for Venus Versa IPL treatments to cause blisters or skin wound. However, this is more of a risk in darker or tanned skin types. If a blister or skin wound develops, it may take 5 to 10 days to heal and, in extremely rare instances, may lead to a noticeable whitening or darkening of the skin or, even more rarely a scar. Blisters or skin wounds are much more common if you do not follow the recommended avoidance of the sunlight, self-tanners, UV light exposure, and fluorescent light exposure post-treatment.

Scarring:

Scarring occurs in less than 0.1% of patients. If you have developed a wound and a scar, the scar may become flat and white (hypotrophic) or large and red (hypertrophic), or it may extend beyond the margins of the injury (keloid). Subsequent treatment or surgery may be required to improve the appearance of the scar. In some cases, the scar may be permanent. Failure to follow pre and post-treatment care instructions may increase the likelihood of a skin wound or scar.

Pigment Change:

With the IPL energy used in Venus Versa IPL treatments, it is common to have temporary **hyperpigmentation (increased pigment or brown discoloration)** or hypopigmentation (whitening of the skin). Usually, these pigment effects are temporary and resolve over several weeks or months. Permanent hyperpigmentation or hypopigmentation is very rare and may occur in less than one percent of cases. The majority of Venus Versa IPL patients will receive skin care products. The use of daily broad-spectrum sunscreen > SPF 30 is important to obtain optimal results.

Tanning:

It is essential that you do not tan your skin or use tanning creams prior to your Venus Versa IPL treatments, as the pigment in your skin will absorb some of the IPL energy, increasing your risk of pigment changes or skin wounds. If you have tanned skin, you should NOT have Venus Versa IPL treatments until the tan has faded appreciably (at least 6 weeks). Avoid tanning for 2 weeks post-treatment. If you are using artificial tanning creams, allow these to fade for 2 to 3 weeks prior to beginning treatment.

Bruising:

It is uncommon to have much skin bruising following Venus Versa IPL treatments. If bruising occurs, it can be camouflaged immediately using makeup and will usually resolve in eight to ten days. As the bruising fades, there may be a rust-brown discoloration of the skin (hyperpigmentation) that will resolve with time.

Infection:

Because Venus Versa IPL treatments involve no actual cutting, surgery, or skin penetration, infection is exceedingly rare.

Excessive Redness and Swelling:

A minor degree of redness and/or puffiness of the skin will follow treatment, usually lasting one to two hours. This may be easily camouflaged with makeup. In some instances, this redness and swelling may persist for 1 to 2 days.

Fragile Skin:

The skin overlying the treatment area may become quite fragile. Although uncommon, this fragile skin can become reddened and the outer layer may peel off, much like a blister. This usually settles in 8 to 10 days. Fragile skin or blisters may be more common after IPL treatments if post-treatment care instructions are not followed.

Viral Susceptibility:

If you are susceptible to cold sores, please notify your treatment provider prior to treatment, as cold sore eruptions can be common with Venus Versa IPL treatments. You may need to go on anti-viral medications during your treatment to control cold sore eruptions.

Isotretinoin:

If you are currently taking Isotretinoin, an acne medication (e.g. Accutane), you must stop taking it at least 3 months prior to your IPL treatments.

Additional Treatments:

In most instances, it is recommended that you book a Venus Versa IPL maintenance session every 6-12 months after completion of the initial course of treatments (if you desire).

Lack of Satisfaction:

Not all facial wrinkles, blemishes, and skin types respond the same to Venus Versa IPL treatments. Your skin's response may be subject to variation. However, the overwhelming majority of patients who have undergone Venus Versa IPL treatments report a noticeable improvement in the appearance of skin quality and youthful vitality, by 40 - 70%. There is a risk that you may not see an appreciable improvement in the quality and appearance of your skin.

Pregnancy:

Although Venus Versa IPL treatments have no known adverse reactions upon a fetus, we do not recommend proceeding with treatments if you are known to be pregnant.

Summary:

There are many variable conditions in addition to the risk and potential complications listed above that may influence your long-term results from Venus Versa IPL treatments. Even though risks and complications can occur infrequently, the risk cited in this booklet are specific to Venus Versa IPL treatments. Other complications and risks can occur but are even less common. Should complications occur, additional surgery or treatment(s) may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional treatment(s) to improve your results.

ALTERNATIVES TO THE VENUS VERSA

No treatment; FRAXEL, other laser or chemical peels (at another practice), Botox, Fillers or topical prescription creams.

HEALTH INSURANCE

Facial wrinkles, pores, textural irregularities, and vascular and pigment blemishes are cosmetic concerns that pose **no medical or healthcare threat**. All health insurances companies EXCLUDE coverage for these treatments.

Complications that may occur from such treatments are usually considered a healthcare concern and may be covered. Please carefully review the health insurance subscriber-information pamphlet specific to your plan if you have a private insurance carrier.

FINANCIAL RESPONSIBILITIES

The cost of treatment is not covered by any insurance plan, you will be responsible for all necessary payments. Additional costs may occur should complications develop from treatment. There are no refunds once a treatment has been performed.

Patient Name: _____

Patient Signature: _____

Date: _____



CONSENT FOR PROCEDURE AND/OR TREATMENT

I HAVE RECEIVED THE FOLLOWING INFORMATION/INFORMED CONSENT BOOKLET FOR: VENUS VERSA IPL TREATMENTS

1. I hereby authorized (provider) _____ and/or such assistants as may be selected to perform the following procedure and/or treatment: Venus Versa IPL treatments.
2. I recognize that during the course of the procedure/treatment unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and/or assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I understand that the signature of the witness (if a non-physician) on this document indicates only that the signing of my name has been observed and not that the witness has necessarily provided information regarding the procedure.
5. IT HAS BEEN EXPLAINED TO ME BY MY PHYSICIAN AND/OR ASSISTANTS IN A WAY THAT I UNDERSTAND:
 - i. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - ii. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - iii. THERE ARE RISKS TO THE PROCEDURE/TREATMENT PROPOSED
 - iv. ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

I CONSENT TO THE PROCEDURE AND/OR TREATMENT AND THE ABOVE LISTED ITEMS (1-5).

I AM SATISFIED WITH THE EXPLANATION.

Patient Name: _____

Patient Signature: _____

Date: _____ Witness _____

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