



Zen Medical Care, PLLC  
Janis L. Enzenbacher, MD

## Solid Filler Smoothing and Lifting Threads Consent Form

PATIENT NAME \_\_\_\_\_

**The PDO (polydioxanone) Thread Lift and Smoothing** procedure uses absorbable surgical sutures placed into the subdermal layer of the skin to initiate collagen production. The procedure can result in increased firmness and elasticity of the skin in the treated area. The nature of cosmetic procedure may require a patient to return for numerous visits in order to achieve the desired results.

### Possible Risks and Side Effects Associated with PDO Thread Lift Procedure:

**Discomfort:** Some discomfort may be experienced during treatment.

**Scarring:** May cause scarring; sutures are inserted using a small needle, which must heal. A tiny scar at entry point may occur.

**Bruising, Swelling, Infection:** With any minimally invasive procedure, bruising of the treatment area is likely to occur, along with the potential for swelling. With any injection or incision into the skin the possibility for infection exists, but is rare.

**Bleeding:** You may experience some bleeding during the procedure. Your practitioner will put pressure on the area to stop any bleeding. A hematoma (small blood clot) may occur and will usually resolve with continuous pressure to the area. There is a higher risk of bleeding if you have taken any anti-inflammatory medications (Advil, Motrin, Aspirin, Ibuprofen) within 10 days preceding the procedure.

**Damage to Deeper Structures:** Deeper structures such as nerves, blood vessels and muscles may be damaged during the procedure. Though unlikely, injury to deeper structures may be temporary or permanent.

**Allergic Reaction:** Allergies to tape, suture material or topical preparations have been reported. Allergic reactions may require additional treatment.

**Partial Laxity Correction:** Solid filler smoothing and lifting threads may not correct all your facial laxity or sagging.

**Delay Healing:** Complications may ensue as a result of smoking, using a straw, or similar motions. Smoking and similar actions are **STRONGLY** discouraged. Slight asymmetry, redness, visible sutures, suture breakthrough may require additional treatment or removal of the sutures.

### PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving smoothing/lift threads. I certify that I do not have multiple allergies or high sensitivity to medications, including but not limited to lidocaine.

**Initial** \_\_\_\_\_

### PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment.

**Initial** \_\_\_\_\_

**FOLLOW UP APPOINTMENT**

I will schedule and attend to the best of my ability a 2 week follow up appointment after any new treatment.

**Initial** \_\_\_\_\_

**RIGHT TO DISCONTINUE TREATMENT**

I understand that I have the right to discontinue treatment at any time.

**Initial** \_\_\_\_\_

**PUBLICITY MATERIALS**

I authorize the taking of clinical photographs and videos for practitioner records and possible use.

**Initial** \_\_\_\_\_

I understand this is an elective procedure and I hereby voluntarily consent to treatment with PDO lifting/smoothing threads for skin rejuvenation, smoothing and lifting of the skin to help establish proper lip and smile lines and improved esthetics. The procedure has been fully explained to me. I also understand that any treatment performed is between me and Dr. Enzenbacher who is treating me and I will direct all post-operative questions or concerns to her. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history, I will notify Dr. Enzenbacher who treated me immediately.

\_\_\_\_\_  
Patient Name (Print)

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

\_\_\_\_\_  
Date