

INFORMED CONSENT FOR  
BOTOX COSMETIC®, DYSPORT®, XEOMIN® INJECTION

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

(PLEASE REVIEW AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE)

**Before considering treatment with Botulinum Toxin A (BTA), I state that to the best of my knowledge, I do NOT have any of these conditions:**

- Diseases that affect muscles and nerves (such as amyotrophic lateral sclerosis [ALS or Lou Gehrig's disease], myasthenia gravis or Lambert-Eaton syndrome)
- Allergies to any botulinum toxin product
- Allergies to cow's milk products (Dysport only)
- Allergies to human serum albumin products (Xeomin only)
- Any past side effects from BTA (Botox, Dysport, Xeomin, MyoBlock)
- Serious breathing problem, such as asthma or emphysema
- Swallowing problems or inhaling food or fluid into your lungs (aspiration)
- Pregnancy or active breast feeding

### **INSTRUCTIONS**

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo treatment with botulinum toxin type A (BTA). This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your healthcare provider.

### **INTRODUCTION**

*Clostridia botulina* bacteria produce a class of chemical compounds known as “toxins”. The BTA is processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected, it produces a temporary paralysis (chemodenervation) of muscle by preventing transmission of nerve impulses to muscle. The duration of muscle paralysis generally lasts for approximately three months. BTA has been used to treat certain conditions involving crossed eyes (strabismus), eyelid spasm (blepharospasm), and motor disorders of the facial nerve (VII cranial nerve). It has been used in other “off-label” uses for the treatment of facial wrinkles and neck bands caused by specific muscle groups. Certain spastic muscle disorders with the neck and colorectal area have also been treated with this agent. BTA injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the eyelid region, forehead, and neck. BTA cannot stop the process of aging. It can however, temporarily diminish the look of wrinkles caused by muscle groups.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative types of surgery such as a blepharoplasty, face or brow lift when indicated. Other forms of eyelid surgery may be needed should you have intrinsic disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels, lasers, injection of filling material, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

### **RISKS of BTA (Botulinum Toxin A) Injections**

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your provider to make sure you understand the risks, potential complications, and consequences of BTA injections.

**Bleeding**- It is possible, though unusual, to have a bleeding episode from a BTA injection. Bruising in soft tissues may occur. Serious bleeding around the eyeball during deeper BTA injections for crossed eyes (strabismus) has occurred. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for two days before BTA injections, as this may contribute to a greater risk of a bleeding problem.

**Damage to deeper structures**- Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Corneal exposure problems**- Some patients experience difficulties closing their eyelids after BTA injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses, or surgery may be necessary.

**Dry eye problems**- Individuals who normally have dry eyes may be advised to use special caution in considering BTA injections around the eyelid region.

**Migration of BTA**- BTA may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects.

**Drooping Eyelid (Ptosis)**- Muscles that raise the eyelid may be affected by BTA, should this material migrate downward from other injection areas.

**Double-Vision**-Double-vision may be produced if the BTA material migrates into the region of muscles that control movements of the eyeball.

**Eyelid Ectropion**- Abnormal looseness of the lower eyelid can occur following BTA injection.

**Other Eye Disorders**- Functional and irritative disorders of eye structures may rarely occur following BTA injections.

**Asymmetry**-The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to BTA injection.

**Pain**- Discomfort associated with BTA injections is usually short duration.

**Skin disorders**- Skin rash and swelling may rarely occur following BTA injection.

**Unknown risks**-The long term effect of BTA on tissue is unknown. There is the possibility of additional risk factors may be discovered.

**Unsatisfactory result**-There is the possibility of a poor or inadequate response from BTA injection. Additional BTA injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

**Allergic reactions**-As with all biologic products, allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment.

**Antibodies to BTA**- Presence of antibodies to BTA may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to BTA is unknown.

**Infection**- Infection is extremely rare after BTA injection. Should an infection occur, additional treatment including antibiotics may be necessary.

**Long-term effects**- Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to BTA injections. BTA injection does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary.

**Pregnancy and nursing mothers**- Animal reproduction studies have not been performed to determine if BTA could produce fetal harm. It is not known if BTA can be excreted in human milk.

**Blindness**- Blindness is extremely rare after BTA injections. However, it can be caused by internal bleeding around the eyeball or needle stick injury. The occurrence of this is very rare.

**Drug Interactions**- The effect of BTA may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.

**Non-FDA Approved Uses**- We use only FDA approved products purchased directly from the manufacturer. However, the injections sites may be different than those approved by the FDA.

**RESULTS**

I understand that the amount (number of units) injected is an estimate of the amount of BTA required to paralyze the muscles in order to get a desired result. I understand the results are of temporary nature, and more treatments will be needed to maintain improvement. I also understand there is no guarantee of results of any treatment. Furthermore, I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

**ADDITIONAL TREATMENT NECESSARY**

There are many variable conditions in addition to risk and potential complications that may influence the long term result of BTA injections. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with BTA injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments 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, on the results that may be obtained.

**FINANCIAL RESPONSIBILITIES**

The cost of injection may involve several charges. This includes the professional fee for the injections, follow up visits to monitor the effectiveness of the treatment, and the cost of the material itself. It is unlikely that injections to treat cosmetic problems would be covered by your health insurance. Additional costs of medical treatment would be your responsibility should complications develop from filler injections.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your provider may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

**CONSENT FOR PROCEDURE**

1. I hereby authorize employees and assistants as may be selected to perform the following procedure or treatment:

**Botox, Dysport, Xeomin Injection**

I have received the following information sheet:  
**INFORMED-CONSENT for BTA Injection**

2. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
3. I consent to the photographing or televising of the procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
4. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
5. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5). I AM SATISFIED WITH THE EXPLANATION.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

## Confidential Health Questionnaire

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

### MEDICAL INFORMATION

Are you under the care of a physician? If yes, please explain. \_\_\_\_\_

#### Allergies None

Medications \_\_\_\_\_ Reaction \_\_\_\_\_

Environmental, including Latex \_\_\_\_\_ Reaction \_\_\_\_\_

#### Medications (including dietary supplements, nonprescription and herbal products)

#### Past Medical History and/or Skin Treatments/Conditions

- |                                       |                                       |   |  |
|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cold Sores                       | <input type="checkbox"/> Irregular Menses                |
| <input type="checkbox"/> Hepatitis    | <input type="checkbox"/> Keloid Scars | <input type="checkbox"/> Skin Infections                  | <input type="checkbox"/> Heart Problems                  |
| <input type="checkbox"/> Herpes       | <input type="checkbox"/> Hives        | <input type="checkbox"/> Use of acne products             | <input type="checkbox"/> Photosensitive Disorder         |
| <input type="checkbox"/> Menopause    | <input type="checkbox"/> Skin Cancer  | <input type="checkbox"/> Chemical Peels                   | <input type="checkbox"/> Autoimmune Illness              |
| <input type="checkbox"/> Lupus        | <input type="checkbox"/> Waxing       | <input type="checkbox"/> Use of Acne Products/Drugs       | <input type="checkbox"/> Tanning within the last 6 weeks |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Hypersensitivity to Skin Product | <input type="checkbox"/> Laser work of any kind          |

If Yes, Please Explain \_\_\_\_\_

Do you smoke or use tobacco? No Yes  
Do you drink alcohol? No Yes Drinks per week \_\_\_\_\_  
Do you use recreational drugs? No Yes  
Are you pregnant? \_\_\_\_\_ Medical Illness \_\_\_\_\_

#### Which areas are of concern to you?

- |                                      |                                 |                                     |
|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Forehead    | <input type="checkbox"/> Cheeks | <input type="checkbox"/> Loose skin |
| <input type="checkbox"/> Brow        | <input type="checkbox"/> Neck   | <input type="checkbox"/> Aging skin |
| <input type="checkbox"/> Eyelids     | <input type="checkbox"/> Skin   | <input type="checkbox"/> Scars      |
| <input type="checkbox"/> Lips        | <input type="checkbox"/> Nose   |                                     |
| <input type="checkbox"/> Chin        | <input type="checkbox"/> Ears   |                                     |
| <input type="checkbox"/> Other _____ |                                 |                                     |

#### Past Facial Treatments

- |   |
|---|
| <input type="checkbox"/> Botox, Xeomin, Dysport |
| <input type="checkbox"/> Injections or Fillers  |
| <input type="checkbox"/> Laser treatments       |
| <input type="checkbox"/> Facial surgery         |
| <input type="checkbox"/> Accutane               |
| <input type="checkbox"/> Other _____            |

#### How did you hear about us?

- Internet search  Doctor  Friend  Television  Magazine  Website  Other \_\_\_\_\_

Who can we thank for this referral? \_\_\_\_\_

**I ATTEST THE ABOVE INFORMATION TO BE TRUE, KNOWING MY PROVIDER RELIES ON THIS INFORMATION TO PROVIDE SAFE AND EFFECTIVE TREATMENT.**

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

INFORMED CONSENT FOR  
FILLER INJECTION  
( BELOTERO, JUVEDERM PRODUCTS, RADIESSE, RESTYLANE PRODUCTS, SCULPTRA)

BETWEEN

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

(PLEASE REVIEW AND BRING WITH YOU ON THE DAY OF YOUR PROCEDURE)

## **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help your healthcare provider inform you concerning a soft tissue filler injection, its risks, and alternative treatments. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your healthcare provider.

## **INTRODUCTION**

Dermal fillers are injected just under the skin's surface in order to temporarily correct wrinkles. They add volume, thereby filling lines, wrinkles and folds from the inside out. Treatment results are immediate. After the first treatment, an additional treatment of filler may be needed to achieve the desired level of correction. The need for additional treatments varies from patient to patient. Over time, the filler will gradually break down and be absorbed by your body. As a result, injections will need to be repeated to maintain the desired effect. Depending on the filler used, the results can last from 3 months up to 5 years. Some fillers have lasted longer than 5 years and may be permanent.

**ALTERNATIVE TREATMENTS**-Alternatives include not performing the treatment at all. Other alternative treatments which vary in sensitivity, effect and duration include animal derived filler products, dermal fillers derived from the patient's own fat tissues, synthetic plastic permanent implants or toxins that can paralyze muscles that cause some wrinkles.

**Disclaimer of "Off-Label" use** - Each filler is FDA approved for use in the specific areas of the face. However, once a product is FDA approved, it may be used in other areas of the face and body as determined by a medical professional. Therefore, any filler injection may include off-label use in an effort to give the best result possible.

**RISKS OF DERMAL FILLERS**-Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them to make sure you understand the risks, potential complications, and consequences of dermal fillers.

**Pain** -Dermal fillers are injected into the skin using a fine needle to reduce injection discomfort. You may choose to anesthetize the treatment area either topically, with a local block or both. Please consult your medical professional about pain management. Tenderness is seen occasionally and is usually temporary, resolving in 2 to 3 days.

**Skin Disorders** - It is common to have a temporary redness and swelling following a treatment. This will usually subside in the first few hours after a session, but may last for several days to a week. Minimize exposure of treated areas to excessive sunlight, UV lamp exposure, and extreme cold weather until any swelling and redness have disappeared. Avoid use of alcohol for the next 24 hours. While very rare, scarring can occur following treatment. Also, dermal fillers should not be used in patients with a known potential for keloid formation or heavy scarring. Some fillers may produce nodules under the skin which might be seen or felt by the patient. In rare cases, an inflammatory granuloma may develop, which could require surgical removal of the filler.

**Bleeding and bruising** - Pinpoint bleeding is rare, but can occur following treatments. Bruising is seen on occasion following treatments. Rarely, bruising can last for weeks or months and might even be permanent. Patients using Aspirin, Ibuprofen, Advil, Motrin, Nuprin, Aleve, garlic, Gingko Biloba, Vitamin E, or blood thinners have an increased risk of bleeding or bruising at the injection site.

**Unsatisfactory results** - There is the possibility of a poor or inadequate response from dermal fillers. There might be an uneven appearance of the face with some areas more affected by the filler than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. In some cases, though, this uneven appearance can persist for several weeks or months. 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, on the results that may be obtained. The use of laser treatments on top of the injection sites carries the risk of lessening or loss of the implant.

**Allergic reactions** - Dermal fillers should not be used in individuals with a known previous history of reactions. In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.

**Infection** - Although infection following dermal filler injections is unusual, bacterial, fungal, and viral infections can occur. Additional treatments or antibiotics may be needed. Most cases are easily treatable but, in rare cases, permanent scarring in the area can occur. If you have a history of herpes simplex in the area to be treated, we recommend prophylactic antibiotics before and after injection around the mouth.

**Swelling** - Some swelling (edema) is common after any injection and tend to resolve in a few hours. In some cases, swelling may last for a few days and rarely, there may be prolonged swelling lasting a few weeks or months.

**Lumps and tissue irregularities** - Some lumps or irregularities are possible but usually resolve with time or gentle massage. In rare cases, long-term lumps (granulomas) may occur requiring treatment.

**Need for reversal of injection** - If you are not satisfied with the result, some fillers can be "undone" with an injection of hyaluronidase. Radiesse and Sculptra CANNOT be undone.

**Damage to deeper structures**- Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent. This may results in skin loss causing wounds, scar, and deformity. Blindness is possible.

**Migration of filler** - The product may migrate from its original injection site to other areas and produce unintended effects.

**Eye Disorders**- Functional and irritative disorders of eye structures may rarely occur following filler injections.

**Asymmetry**- The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to filler injection.

**Pain**- Discomfort associated with filler injections is usually short duration.

**Skin disorders**- Skin rash and swelling may rarely occur following filler injection.

**Unknown risks**-The long term effect of filler on tissue is unknown. There is the possibility of additional risk factors may be discovered.

**Unsatisfactory result**-There is the possibility of a poor or inadequate response from filler injection. Additional filler injections may be necessary. Surgical procedures or treatments may be needed to improve results after filler injection.

**Long-term effects**- Subsequent alterations in appearance may occur as the result of aging, weight loss of gain, sun exposure, or other circumstances not related to filler injections. Filler injection does not arrest the aging process or produce permanent tightening of the skin. Future surgery or other treatments may be necessary.

**Pregnancy and nursing mothers**- Animal reproduction studies have not been performed to determine if filler injections could produce fetal harm. It is not known if filler material can be excreted in human milk.

**Blindness**- Blindness is extremely rare after filler injections. However, it can be caused by internal bleeding around the eyeball or due filler material traveling in a blood vessel to the eye.. The occurrence of this is very rare.

#### **ADDITIONAL TREATMENT NECESSARY**

There are many variable conditions in addition to risk and potential complications that may influence the long term result of filler injections. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with filler injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments 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, on the results that may be obtained.

#### **FINANCIAL RESPONSIBILITIES**

The cost of injection may involve several charges. This includes the professional fee for the injections, follow up visits to monitor the effectiveness of the treatment, and the cost of the material itself. It is unlikely that injections to treat cosmetic problems would be covered by your health insurance. Additional costs of medical treatment would be your responsibility should complications develop from filler injections.

#### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your provider may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

#### **DURATION OF RESULTS**

While exact duration of filler effects cannot be promised, typical results are as follows:

- BELOTERO BALANCE** - 3 months
- JUVEDERM PRODUCTS** - 6months
- RADIESSE** - 12 months
- RESTYLANE PRODUCTS** - 6 months
- SCULPTRA** - 1 to 2 years
- VOLUMA** - 12 months

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

**CONSENT FOR DERMAL FILLER TREATMENT**

- 1. I hereby authorize your employees and assistants as may be selected to perform the following procedure or treatment:

**Soft Tissue Filler Injection**  
**BELOTERO BALANCE, JUVEDERM PRODUCTS, RADIESSE, RESTYLANE PRODUCTS & SCULPTRA**

I have received the following information sheet:  
**INFORMED-CONSENT for FILLER INJECTION**

- 2. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- 3. I consent to the photographing or televising of the procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
- 4. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
- 5. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_

Patient Name (Please Print)

\_\_\_\_\_ Date \_\_\_\_\_

Patient Signature

\_\_\_\_\_ Date \_\_\_\_\_

Witness Signature

A Overview & Guide to Care

**Botulinum Toxin A (BTA) and Filler Injections**

*Including*  
*Pre & Post Treatment Instructions*

Please review before the day of your procedure.

## **Botulinum Toxin A (BTA) and Filler Injections: Overview and Guide to Care**

### **Introduction**

BTA procedures are performed to improve frowns and wrinkles on your face. Fillers are used to improve facial appearance, specifically lines, creases, wrinkles and hollowness. The information below tells you what to expect and explains recovery as well as instructions on care for after the procedure. Some of the information in this booklet may not apply to you.

### **BTA And Filler Injections**

You have chosen to undergo Filler and/or BTA injections so that your inner self will now truly be reflected by your outer appearance. We will do everything possible to make sure your experience is as smooth as possible. The goal of filler and BTA treatments are to improve the look of your skin by reducing the amount of wrinkling, which will lead to a more youthful and refreshed appearance.

### **Differences Between BTA and Fillers**

All injectable treatments are aimed at reducing the visibility of wrinkles in the face. However, they work differently to achieve this result. Wrinkles in the skin may be caused from the natural aging process and loss of collagen and structure in the skin, or they may be caused by muscle actions underneath the skin. Fillers work to fill in the wrinkles that are on your face all the time, whether you are moving your face or not. Botox, Dysport and Xeomin on the other hand, work to decrease the muscle actions underneath the skin, thereby reducing the amount of wrinkling. Fillers may also be used to add volume and fullness to the face, whereas Botox, Dysport and Xeomin cannot do this. Both injectable products have valuable uses. You may require use of both products to optimally correct your problem.

### **What to Expect Before Your Procedure: Pre-Treatment Instructions**

To reduce the risk of bleeding and bruising for both BTA injections and Filler injections, **avoid** the following for **2 days prior** to treatments:

- Alcoholic Beverages
- Anti-inflammatories
- Aspirin
- Vitamin E
- Ginkgo Biloba
- For filler procedures, if you have a history of oral herpes simplex, you should be pre-treated prior to the procedure.

### **What to Expect During Your Procedure**

During your procedure, a medical professional course will examine your face and speak to you about your expectations. A treatment plan will be discussed with you, and upon your acceptance the procedures will be preformed. We may have to remove some of your make-up in preparation for the procedure. During the procedure, you may feel some pain from the injections, but it is generally a light pain. Patients uniformly tolerate these injections quite well. It is possible to have some bruising following these procedures, though uncommon. Holding

cold compresses on your face following the procedure can minimize swelling (for filler treatments) and prevent bruising. Bruising, if present, should not last beyond a week and usually resolves within a few days.

### **What to Expect After Your BTA Procedure: Post-Treatment Instructions**

It takes approximately 3-7 days to start seeing the results of BTA so it is important to be patient. You should notice an improvement in your wrinkles and facial appearance by the end of the first week. You may have some redness of the skin around the injection sites for the first day - this is not an allergic reaction. You may also notice some very slight swelling that will subside by the first day or two. Though uncommon, you may have a small amount of bleeding from the injection sites and may develop bruising. If you notice either of these, hold pressure for fifteen minutes and apply cold compresses for a few minutes. Other important factors to remember include:

- Remain upright (no bending over or reclining) for four hours
- Do not massage or scratch the injection site
- Exercise the treated muscles every 15 minutes for four hours
- Avoid makeup for two hours after injections

### **What to Expect After Your Filler Procedure: Post-Treatment Instructions**

Depending on the filler material used, you will begin to see the results from your procedure immediately or soon after the procedure. For most injectable filler products, you should notice an improvement in your wrinkles and facial appearance either by the time you leave the course or by the end of the first week. You may have some redness of the skin around the injections sites for the first day - this is not an allergic reaction. You may also notice some very slight swelling that will subside by the first day or two. Though uncommon, you may have a small amount of bleeding from the injection sites and may develop bruising. If you notice this, hold pressure for fifteen minutes and apply cold compresses frequently for a couple of days. Bruising, if present, should not last beyond a week and usually resolves within a few days.

Other important factors to remember include:

- You may apply ice, as needed, for the remainder of the day to reduce swelling
- Gently massage any nodules that may appear during the next 24 hours
- Avoid prolonged sun or UV exposure for two weeks
- Avoid saunas and steam baths for two weeks
- Avoid makeup for four hours after injections

## FREQUENTLY ASKED QUESTIONS

### **How long does BTA treatment last?**

It generally takes 3-7 days before you begin to see the effects of your BTA treatment and the effects will generally last between 3 to 4 months.

### **How long does filler treatment last?**

There are so many different types of filler products available, each with its own duration of action. Generally, temporary fillers last between 3 months and 2 years depending on the specific product. You may discuss this at the course so we develop a treatment plan that works for you

### **Is BTA safe?**

BTA is very well tolerated and safe when used for non-invasive cosmetic treatments. There have been reports of problems after BTA treatment, but these have been cases where large doses of BTA were used. (The amount of BTA used for cosmetic purposes is very small). While BTA does “paralyze” the muscles in the face, the effects are temporary and do not cause permanent problems.

### **Are fillers safe?**

While injectable treatment carries some risk, most fillers are very well tolerated and safe when used for cosmetic enhancement. Most fillers carry very few risks.

### **Where should I use BTA?**

BTA can be used to treat any wrinkle in the face caused by the muscle actions under the skin. The most common places targeted include the forehead, glabella (“elevens”), around the eyes, and lip lines. It can also be used to raise the eyebrows, raise the corners of the mouth (to make it look like you have more of a smile instead of a frown), and soften the “bands” in your neck.

### **Where should I use fillers?**

Filler injections can be used to treat wrinkles all over the face. Both shallow and deep wrinkles can be treated with cosmetic filler products. Filler products are also used extensively to add volume to the face, including the cheeks and lips to give you a more youthful appearance.

### **I've read the term “off-label.” What does that mean?**

When injectable products are approved to be used in the United States, the Food and Drug Administration (FDA) lists specific uses for those products. Most injectable products have been “approved” to treat specific areas of the face, and list these approved treatment areas on the product label. However, the principle effects of the product may be the same if used elsewhere on the face. When a product is used on an area of the face not specifically listed on the FDA package insert label, the use of the product is considered “off-label”. For example, Botox Cosmetic® may only be FDA approved to treat the wrinkles in the glabella area (“elevens”), resulting in an elimination or softening of those wrinkles and improved facial appearance. However injection of Botox Cosmetic® around the eyes may achieve the same cosmetic effect, but has not been officially approved by the FDA for that purpose. It is acceptable for medical professionals to use the products in an off-label manner in the United States, but you need to be informed and aware that the products are being used in this way.