

**LCM SKIN AND LASER CLINIC**  
**RISKS AND COMPLICATIONS FORM**



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**\*\*\* PLEASE READ THIS TOGETHER WITH OUR GENERAL TERMS AND CONDITIONS FORM WHICH YOU COMPLETED WHEN YOU VISITED THE PRACTICE FOR THE FIRST TIME. \*\*\***

**GENERAL TREATMENT RISKS, COMPLICATIONS AND INSTRUCTIONS**

*(These are applicable to all lasers & treatments done in the clinic in general) (Specific risks, complications and instructions to your treatment will be discussed by your doctor/ therapist)*

**PRE-TREATMENT RECOMMENDATIONS**

It is important to ensure that you prepare for your \_\_\_\_\_ in the best possible way.

**The following are some pre-treatment instructions to help you along the way to a successful result. All treatments are highly dependent on your cooperation.**

1. Treatment cannot be provided to clients that are recently tanned or sun burnt, therefore please stay out of the sun and avoid the use of tanning beds and self-tanning creams for a minimum of 4 weeks prior to treatment. Tanning is the most important negative factor that clients can inadvertently do to decrease either the safety or efficacy of their treatment.  
**NOTE:** Please do not use any product that discolours skin for a minimum of 4 weeks prior to treatment.  
No treatment can be done before skin has returned to normal skin colour.  
**EXCEPTION:** Continue using hydroquinone or whitening agents.
2. No facials/ exfoliation, microdermabrasion or any form of chemical peel within 3 – 4 weeks prior to treatment and thereafter. Avoid any irritants to your skin including glycolic and salicylic acids, benzoyl peroxide, astringents and Vitamin C and depilatory creams.
3. No masks or scrubs 2 weeks before & after treatment.
4. Roaccutane (or generics) usage to be stopped at least 3 months prior to treatment, depending on dose.
5. Avoid Retin-A products or any other topical retinoids (Differin etc) 2 weeks prior and 2 weeks after the treatment.
6. Do not use antibiotics for 2 weeks – 1 month prior to treatment.
7. No cortisone (oral & topical) 1 month before & after treatment.
8. No medication which thins skin or makes it sensitive to sun. Sensitive skin due to harsh treatments should first return to normal. If any laser treatments which might have caused peeling/ scabbing have been performed, skin should first be fully healed before another treatment can be done.
9. Do not wax, tweeze or use depilatory creams 1 week before treatment.
10. If you have a history of perioral herpes (fever blisters) begin prophylactic antiviral therapy the day before the treatment.
11. It is best not to wear make-up on any area to be treated.
12. Patients with the following are excluded from treatment:
  - a. Light-triggered seizures
  - b. Patients with open wounds or skin that is actively infected
  - c. Implanted medical devices such as pace makers
13. Inform your therapist if you are pregnant or think you are pregnant.
14. Inform therapist of any changes in medical history and of all medications you are taking e.g. Anti-coagulants (blood thinners) or Diuretics, iron supplements, herbal supplements.
15. Individual patient characteristics such as skin condition, age, medications may influence the response and efficacy associated with treatment.

## **NORMAL SKIN REACTIONS DURING AND AFTER TREATMENT**

1. Immediate stinging or burning, itching and redness. Redness may be present for up to one week.
2. 2% of the population may experience a Glycolic sensitivity (can result in mild discomfort and red bumps that can last for 48 hours).
3. Post treatment swelling and redness may last from 2 – 5 hours to several days.
4. Post treatment tightness of the skin may occur for the first 24 - 48 hours.
5. Your skin may begin to flake and peel, usually starting between the eyes, around the mouth and nose.
6. Sun damage spots might turn darker during treatment.
7. Flushing or erythema may last 1 – 24 hours or longer.
8. Marked reaction can last up to 3 weeks with erythema and crusting.
9. If swelling occurs, use ice water compresses for 24 – 48 hours intermittently as needed.
10. Response to treatment and skin reaction may vary on subsequent visits.

## **POST –TREATMENT INSTRUCTIONS**

**Once you have undergone your treatment, you should follow some post-treatment instructions to make the most of your treatment.**

1. Absolutely no sun exposure for 48 hours or till redness settles.
2. Start using sun block SPF 30 or greater the day after the treatment. Apply SPF as a thick layer at least 20 minutes before sun exposure. Your therapist would recommend the best product.
3. Do not pick, peel, scrape or scratch the treated skin – this will cause scarring.
4. Rinse the treated area with water and pat dry for 1st day after treatment. Do not scrub. Use cool or tepid water.
5. For 3 - 5 days after treatment, ideally avoid shaving, waxing, tweezing or depilatory creams on the treated area.
6. Moisturisers and other skin care products (dye, perfume and fragrance free) are recommended to use after treatment to reduce skin irritation. Moisturise the treated area at least 4 times per day. Your therapist can recommend the best product.
7. There are no restrictions on bathing except to treat the skin as gently as possible, as if you had sunburn, for the first 24 hours.
8. No facials/ exfoliation, microdermabrasion or any form of chemical peel within 3 – 4 weeks prior to treatment and thereafter.
9. No masks or scrubs 2 weeks before & after treatment.
10. Do not use Retin-A products 2 weeks prior and 2 weeks after treatment.
11. No medication which thins skin or makes it sensitive to sun.
12. Make-up may be applied 24 hours after treatment as long as there is no inflammation, irritation or severe redness of the treated area. If scabbing or crusting occurs, no make-up should be applied until these have cleared.
13. You may want to avoid wearing tight fitting glasses for the first day or two. Pressure from the nose piece could cause deepening of the treatment in that area.
14. Do no exercise few hours after treatments, since perspiration may aggravate the treated area.
15. In order to achieve maximum benefit from the treatment, it is best done as a series of treatments while in conjunction with simultaneous use of products recommended by you therapist.
16. Please contact your therapist if you are unsure of any reaction after treatment.

## **INFORMED CONSENT TO TREATMENT**

I acknowledge that:

1. I have received a **detailed verbal explanation** (and, if applicable, written information) by \_\_\_\_\_ the treating Therapist/ Doctor at LCM Skin and Laser Clinic.
2. I have had all the **treatment options** with my condition explained as well as the **expected results**, the benefits and I have freely and voluntarily chosen this particular option.
3. I understand all **post-procedure** recommendations, instructions and requirements and agree to adhere to them.
4. I have had the opportunity to ask questions in order to understand the **process and treatment plan** clearly and all questions have been answered to my satisfaction and understanding.
5. I have the right to **consent to or refuse** any proposed procedure at any time prior to its performance. The implications of refusal have been explained to me.
6. I understand it is of great importance that the therapist is made aware of any **medical conditions/ health care** changes and that this must be discussed prior to this or subsequent treatments.
7. I agree that should I feel uncertain about the procedure or if I have any questions or queries, I will contact LCM Skin and Laser Clinic.
8. I have confirmed the information contained in the **Health Checklist** with the Therapist and further confirm that the information contained therein is accurate and correct.
9. I Understand that, as with most healthcare interventions, results and outcomes of treatment may vary from person to person.

I further understand that the procedure may cause **swelling** of my face, or area being treated and this may be uncomfortable. The procedure may cause my skin to appear **red** and **peel** as if sunburned.

During and after the procedure, the following may be experienced; **stinging, itching, burning, mild pain, tightness, peeling and scabbing** of the superficial layers of the skin. These sensations will gradually diminish over the course of the week as the skin returns to its normal appearance. However, some patients may react differently. For example, in severe cases the skin may **turn very red, blister, swell and later scab and crust**. The skin may be uncomfortable and look like a very bad sunburn. The peeling usually last about three to seven days, although it may last longer. **I understand that there is a risk (although small) of developing a temporary or permanent pigment (colour) change in the skin**. There is a small incidence of the reactivation of **“cold sores”** (herpes infections) in patients with a prior history of herpes. There is also a small incidence of a **flare of acne** like lesions after the peel. There is a rare **incidence of scarring and infection**. According to available data hair removal by laser or IPL (intense pulse light) can cause **increased hair growth** in some individuals. The highest risk groups for this response are females of Mediterranean, Middle Eastern and South Asian heritage with treatment on the face and neck. I am aware of the fact that it is important to wear a SPF30+ sun block on a daily basis. Also, the use of medicines such as Roaccutane, any Retin A and antibiotics may cause complications. It is of great importance that your therapist is made aware of any medical condition, for this must be discussed before any treatment can be given.

My signature below constitutes my acknowledgement that I, \_\_\_\_\_  
(*print full names and surname*) am a competent, consenting adult of at least 18 years of age.

I have read and understood and signed the **terms and conditions, treatment consent, pre-, and Post treatment instructions and risks** of LCM Skin and Laser Clinic (e.g. on when I should pay, etc.) and understand that it forms part of the agreement to receive the treatment I am hereby consenting to.

I have received a **quotation/ estimate** for this treatment/procedure which quotation/ estimate I have accepted and payment has been arranged. I understand that my medical scheme will not cover the costs of this treatment and that I cannot claim reimbursement from my medical aid for these treatments. I understand that I am liable for all costs associated with the treatment. I understand that I have to settle the account for my treatment before leaving the clinic.

I therefore freely and willingly consent to the treatment/ treatment plan.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Full Name of Signatory

\_\_\_\_\_  
Date