

INFORMED CONSENT FOR Nd:YAG 1064NM LASER PROCEDURES

I, _____, have given Dr. _____ permission to
(Patient's name)
perform Nd:YAG laser procedures on my _____ .
(area to be treated)

The LightPod Neo Nd:YAG 1064nm laser from Aerolase is FDA approved for a variety of podiatric procedures including but not limited to pigment removal, coagulation of soft tissue including fungal material, vein treatment, decubitus ulcers and scar revision (pigments). This form is designed to give you the information you need to make an informed choice of whether or not to undergo Nd:YAG laser treatment. If you have any questions, please do not hesitate to ask. Although the laser treatment is effective in most cases, no guarantee can be made that a specific patient will benefit from the treatment.

The laser emits an intense beam of light that is absorbed in specific body tissues within the skin, and depending upon the type of procedure, several treatments may be required at intervals specified by the physician.

Some of the possible complications of Nd:YAG laser treatment are:

1. Discomfort – The patient may experience a mild sensation of heat and pain in the treated areas. In areas of the foot and ankle aside from the toenails, treatment may also cause a mild sensation of heat and pain and may result in some degree of swelling, bruising, crusting and scabbing which should resolve within several weeks.

Initials _____
2. Scarring – There is a minor chance of scarring in areas of the foot and ankle aside from the toenails, including hypertrophic scars, or very rarely, keloid scars. Keloid scars are very heavy raised scar formations. It is important that any prior history of unfavorable healing be reported.

Initials _____
3. Pigmented changes – The treated area may heal with lighter or darker pigmentation, whether it is skin beneath a toenail or skin in other areas of the foot and ankle. This occurs more often in darker pigmented skin and following exposure of the area to the sun. It is recommended that you protect yourself from any sun exposure for at least three months following treatment. Hyperpigmentation usually fades in three to six months. However, pigment change can be permanent.

Initials _____
4. HSV Reactivation – The patient agrees to notify the physician if he/she has any history of Herpes viral infections, as the laser procedure may cause it to reactivate.

Initials _____

5. Lack of Treatment Response – There is a possibility that the targeted tissue and treated areas will not respond to the treatment. This is often a function of the specific body chemistry of the patient, including relative pigmentation and light absorption characteristics of the patient’s various body tissues.

Initials_____

6. Eye Exposure – There is also the risk of harmful eye exposure to laser surgery. Safeguards should be provided by the laser practitioner. It is important that you keep your eyes closed and have protective eye wear at all times during the laser treatment.

Initials_____

7. Photographs – I consent to be photographed before, during, and after the treatment and that these photographs shall be the property of the above doctor and may be published in scientific journals or for scientific or marketing reasons.

Initials_____

Additional risks and alternatives:

I certify that I have read or have had read to me, the content of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask any questions that I had and all of my questions have been answered.

Signed: _____ Date: _____ Time: _____
(Patient or person authorized to consent for patient)

Witness: _____ Date: _____ Time: _____