

# **BBL™ – Broad Band Light Therapy Informed Consent**



## **Purpose and Background**

BBL™ is an innovative technology that treats skin conditions associated with aging and active lifestyles. BBL™ offers a safe, FDA cleared option for sun damage, anti-aging and skin rejuvenation. BBL™ energy allows us to precisely treat age and sun spots, pigmented lesions, vascular lesions (small vessels), freckles, roseacea and uneven skin texture. The light energy delivered by BBL™ will gently heat the upper layers of the skin. The heat absorbed by the target areas will stimulate your skin cells to regenerate new collagen. This process will make your skin smoother, more vibrant and younger looking. In addition, the photothermal energy will eliminate fine vessels that cause redness and will reduce unwanted melanin that produces pigmented lesions. BBL™ can also be used to target unwanted hair.

**The purpose of this consent form is to make you aware of the nature of the procedure and its risks so that you may decide if you would like to move forward with the treatment.**

## **Alternative Treatment**

Always remember that BBL™ therapy is an elective treatment and that there are alternative treatments such as no treatment, topical skin care products, chemical peels, micro-needling, among others.

## **Procedure**

BBL™ is administered by a Licensed Esthetician or RN. Treatment begins with a consultation which includes Fitzpatrick Skin typing and a test patch. During the treatment, each pulse sends a beam of light through the skin. A flashing light, audible tone and a mild sensation on the skin will occur when the hand piece is being pulsed and light is being absorbed. Generally topical anesthetic is not needed; however, your provider may choose to use some on more sensitive areas. Various cooling methods keep the light pulses mild and skin-safe. This allows for more comfortable treatment. Your eyes will be protected with safety shields or glasses.

The number of treatments required will vary from patient to patient and your provider will personalize a treatment plan based on the level of improvement that you desire. Although one treatment is beneficial a series of treatments is usually recommended. After your initial treatment series (commonly 3-6 treatments spaced 4-6 weeks apart), periodic maintenance will be necessary to maintain your results. Your provider may also combine treatment with other popular aesthetic procedures to further personalize your treatment and enhance your results.

## **For Hair Reduction**

Concentrated pulses of light loosen the hair and disable the cells responsible for new hair growth. Treated hair will continue to appear for 7-30 days. At any given time, some hair follicles are in a growth phase and others are in a rest phase. Because of this, multiple treatments will be necessary to affect the growth of **all** the unwanted hair.

## **Risks/Discomfort**

Prior to receiving treatment, you will need to inform the Licensed Clinical Esthetician or RN about any conditions that you may have bearing on this procedure, such as any medical conditions and all medications that you are currently taking. Although every safety precaution is taken, common treatment-related reaction(s) may occur. Temporary redness and mild sunburn sensation that may last 2-24 hours but can persist in some up to 72 hours. Mild swelling may accompany this reaction and most often resolves in 2-3 days. Treatment for benign pigmented lesions and vascular lesions cannot be accomplished without producing some epidermal damage and this may take 2-4 weeks to resolve. Pigment changes – light or dark spots on the skin – lasting 1-6 months or longer may occur. There is an increased likelihood of coincidental hair removal when treating pigmented and /or vascular lesion(s) in hair bearing areas. Other potential risks include blistering, crusting, bruising, scabbing, scarring, swelling and failure to achieve the desired result.

**Contraindications**

BBL™ should not be used with patients who:

- have been exposed directly to UVA/UVB lamps (i.e. tanning beds) and sun exposure within 30 days prior to treatment.
- are sensitive to light or on medication that is known to increase sunlight sensitivity, such as Accutane and some antibiotics.
- are using Retin-A, Renova, Differin, Tazorac, tretinoin or products containing retinol, alpha-hydroxyl acid (AHA) or beta-hydroxy acid (BHA) or benzoyl peroxide.
- are pregnant.
- have a history of seizures.
- are using oral steroids, anti-coagulants and /or St. John’s Wort within 6 months of procedure.
- have Herpes 1 and/or 2. A Valtrex prescription can be called in if client is prone to cold sores.
- are being treated for an active infection and/or a lesion within the target area.

**Avoid the following after your BBL™ treatment:**

Direct exposure to tanning booths or sun, excessive exercise (sweating may aggravate the treated area), chlorinated water, saunas, hot tubs, steam rooms, aggressive scrubbing, exfoliants, scrub brushes and or microdermabrasion for 7-10 days.

Exposure to any of the above may cause complications. Contact Licensed Esthetician, RN or staff physician if any of these occur.

Most patients are pleased with the results of BBL™, however, like other cosmetic procedures, satisfaction is not guaranteed. There is also no guarantee as to the results of this procedure and no medical claims are expressed or implied due to the many variables, including but not limited to, skin condition, environmental damage, climate and patient medical history, as each case is individual.

**Most patients are pleased with the results of BBL™ treatments, however, like other cosmetic procedures, satisfaction is not guaranteed. Also, there is no guarantee that additional treatments will not be required to achieve the final result that the patient is looking for.**

**Consent**

Benefits and risks of the procedure have been explained to me including alternative treatments. I have been provided with the opportunity to have any questions answered. I have read this consent and certify that I understand its contents in full. I have had enough time to consider the information and I feel that I am sufficiently advised to consent to this procedure. I further agree to follow all pre and post treatment care instructions as directed. I hereby give my consent to this procedure.

**THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.**

**Patient Name (please print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address (if you would like to be notified of specials, promotions, and events)** \_\_\_\_\_

**Witness Name (please print):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_