



## PRP (Platelet Rich Plasma) Informed Consent

### Purpose & Background

Platelet Rich Plasma, also known as “PRP” is a treatment whereby a person’s own blood is used to help fight the visible signs of aging skin. Platelets contain a concentrated amount of growth factors and these growth factors can help slow and even reverse some of the visible signs of aging by stimulating new collagen production. PRP can be injected and/or microneedled into the skin. When this is done it causes mild inflammation that triggers the healing cascade. During this process platelets release a number of enzymes and growth factors to promote healing. As a result, new collagen develops. Generally, 2-3 treatments are advised, however, more may be necessary for some individuals. Follow up treatments may be done approximately once a year after the initial group of treatments to help boost and maintain results.

**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 Treatments

Always remember that PRP treatments are elective treatments and that there are alternative treatments to consider, such as: No treatment, topical products, different aesthetic procedures (chemical peels, BBL, micro-needling without PRP, etc.), dermal fillers and neurotoxin treatments, surgery.

### Procedure

**Pre-treatment** – for the best results it is recommended to avoid any anti-inflammatory medications for 2 weeks prior to the procedure. This allows for increased platelet function and growth factor release.

1. Approximately 30cc of blood is drawn from the patient.
2. The tube(s) are then placed into a centrifuge where the blood is spun in order to separate the PRP from the red blood cells.
3. The PRP is then drawn up into syringes.
4. The PRP is then either injected into the skin by a Physician or RN and/or a Licensed Clinical Esthetician will microneedle the PRP into the skin. (See microneedling consent form for more detail)
5. When the PRP is injected just beneath the skin it is common to see unevenness in the treated area for up to a week. During this time, you may even be able to feel lumps in the treated area.

**Post-treatment** – For the best results avoid anti-inflammatory medications for 1-4 weeks. Reduce physical activity and exercise for several days after the injections. Light exercise and normal daily activities are permitted.

### Risks/Discomfort

Tenderness, bleeding, bruising, and infection as with any type of injection

Short lasting pinkness/redness of the skin

Swelling – apply ice pack as needed

Lumps/bumps in treated area or migration of PRP to adjacent areas

Asymmetry – The human face is normally asymmetrical in its appearance and anatomy. There can naturally be variation from one side of the face to the other in terms of the response to PRP.

Allergic response

Minimal effect from treatment

**Contraindications**

- Pregnant
- Abnormal platelet function or on anti-coagulation therapy
- Cancer/Chemotherapy treatments
- Acute and chronic infections
- Chronic liver disease
- Systemic use of steroids within the two weeks of the procedure

**Most patients are pleased with the results of PRP 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:** \_\_\_\_\_