

Kybella Consent

Kybella is an FDA approved cosmetic injection indicated for improvement in the appearance of submental fullness associated with submental fat in adults.

_____ The results of Kybella are not immediate. At your first treatment visit you will receive a series of injections in the submental area. At the time of the injection and for several days following the injections you will have swelling in the submental area. Kybella will cause the fat cells to diminish gradually over the course of the next month following your injection in the treated area. A series of treatments may be necessary to achieve optimal results and these will occur at no sooner than the one month interval. Your doctor will decide the appropriate number of treatment sessions and the amount of Kybella you will need at each session. Most patients will need two or more treatments

_____ You should not be pregnant, nursing an infant, have a history of a bleeding disorder or infection around the treatment area.

_____ I understand that the **expected short term effects** of Kybella injections are the following:

- **Discomfort** (The treated area will be sore for 2-6 weeks, **Swelling** (Moderate to severe swelling of the treated area for 2-8 weeks will occur.), **Itching** (itching may occur in the treated area for 1 week after the treatment), **Redness** and **Numbness** (numbness will occur in the treated area and may persist for 2-5 months, however these time frames are estimates and some patients may experience shorter or longer symptoms)

_____ I understand that the **possible risks** of the procedure are the following:

- **Bruising, Allergic Reaction, Dysphagia** (Difficulty swallowing. This is usually due to swelling in the neck. In rare cases it may be due to effects on the nerve), **Incomplete Removal of Fat**

_____ I understand that the **unexpected but possible risks** of the procedure are the following:

- **Pigment changes** (there is a possibility that the treated area can become darker in color compared to the surrounding skin. This is usually temporary but on a rare occasion it can be permanent. You should avoid sun exposure after the treatment and **use sun block** to minimize the risk), **Infection, Scarring, Reappearance of Fat, Unevenness of Fat Removal**

_____ I understand that the **unexpected but serious risk** of the procedure is the following:

- **NERVE INJURY:** Numbness, which may occur as a result of damage to a nerve. If this were to occur it will likely resolve in a few months. It is unexpected but possible that the numbness will not resolve. In the research studies that led to FDA approval, a few subjects experienced nerve injury that resulted in drooping of the lower lip and an asymmetrical smile; this resolved with time in all of the patients. It is possible that the lip asymmetry and drooping of the lower lip will not resolve.

_____ I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

_____ I have had the opportunity to ask any questions about the procedure including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner.

_____ I release Big Sky Dermatology, Medical staff, and providers from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

NOTE: All prices are subject to change without prior notice.

Printed Name _____

Signature _____ Date _____

Clinician Signature _____ Date _____