

**DR. EDA KIBAR DERMATOLOGY CLINIC**

**PATIENT INFORMATION AND INFORMATIVE CONSENT FORM**

**DATE :** ...../...../.....

**PROCESS INFORMATION**

**PROCESS NAME : MESOTHERAPY**  
**REASON OF PLANNING THE PROCESS :**

**PATIENT INFORMATION**

<b>NAME&amp;SURNAME</b>	
<b>PASSPORT NO</b>	
<b>BIRTH DATE</b>	
<b>ADDRES</b>	
<b>TELEPHONE NO</b>	
<b>E-MAIL</b>	

**Dear Patient, PLEASE READ THIS FORM CAREFULLY**

- It is your most natural right to be informed about your medical condition and the proposed procedure/treatments for the diagnosis and treatment of your disease. The purpose of these explanations is to inform you about your health issues and to participate in this process more consciously.
- It is up to your personal decision to consent or not to consent to the procedure after learning about the benefits and possible risks of medical treatment.
- The purpose of this form is to inform you about the benefits, risks, undesirable results (complications) of the **MESOTHERAPY** that is planned to be applied, and what needs to be considered before and after the procedure, to ensure that you understand this procedure to be applied to you and give your consent with your own decision.
- If you have questions or points that you do not understand, state them and ask your doctor for help.
- If you have questions or points that you do not understand, state them and ask your doctor for help.
- You can allow a person you designate to participate in the process of consenting to the actions to be taken against you as a witness to the interview.

**Please fill in the fields below completely**

Do you have a chronic disease that requires or does not require continuous treatment?	Yes	No
Are there any medications you use regularly?	Yes	No
Do you have previous hepatitis B, hepatitis C, syphilis, HIV(+)?	Yes	No
Have you been diagnosed/treated for cancer?	Yes	No
Are you pregnant or breastfeeding? Is there any risk of pregnancy?	Yes	No
Do you have active skin disease?	Yes	No
Do you have a tendency to bleed?	Yes	No
Have you recently taken aspirin, blood thinners, green tea, coenzyme Q etc. or any nutritional supplements?	Yes	No
Do you have a systemic or local infection in the application area?	Yes	No
Do you experience recurrent herpes infection?	Yes	No
Have you had any previous surgery/s?	Yes	No
Do you have a history of allergies?	Yes	No
Do you use a cosmetic product on the application area?	Yes	No
Have you been exposed to intense sun or ultraviolet (with solarium device)? If yes, please specify when was the last: .....	Yes	No
Do you have a history of panic attacks?	Yes	No

Write in detail the situations, in which you answered yes to the questions asked, in the field below. If there are situations (any other disease, etc.) that you want to explain other than those asked, please explain in the space below.

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## 1. INFORMATION ABOUT THE MESOTHERAPY PROCESSES TO BE DONE

**Mesotherapy** is a technique in which a mixture containing natural plant extracts, homeopathic agents, drugs, vitamins and other bioactive substances is injected into the skin or subcutaneously, in very small amounts and in varying intensities, through multiple needle holes. This method is used in many fields other than dermatology, such as rheumatology, pain management and sports medicine.

Your photos will be taken in order to follow the progress of the medical procedure applied to you. Some of your photos may be used to support lectures at medical seminars and conferences. Some of your photos may also be used by your doctor for advertising purposes in order to show the effectiveness of the treatment as before and after the treatment pictures, without revealing your identity.

### A. HAND, FACE AND NECK REJUVENATION MESOTHERAPY

Mesotherapy is applied to the face, neck, hands and décolleté to renew, moisturize and revitalize the skin. The products used in hand, face and neck rejuvenation mesotherapy are hyaluronic acid, vitamins, peptides, proteins, minerals and similar substances. The mesotherapy method acts by causing the regeneration of the fibers that provide the elasticity of the skin and the regulation of the circulation under the skin.

### B. HYPERPIGMENTATION MESOTHERAPY

Hyperpigmentation is a condition that occurs as a result of an increase in the color substance called melanin and/or the cells that produce them (melanocytes) in certain areas of the skin, in the superficial and/or deep skin layers. It occurs as a result of factors such as ultraviolet, genetic, hormonal reasons, inflammation in the skin. In some hyperpigmentation diseases, signs of photoaging such as thinning of the skin, deterioration in collagen and elastin fibers, oxidative stress, increase in the number, diameter and density of blood vessels, and the displacement of color cells called melanocytes into the deep parts of the skin can be seen simultaneously.

In the mixture to be used in hyperpigmentation mesotherapy, substances that reduce the effect of enzymes that cause pigmentation increase, have antioxidant, anti-inflammatory and antiaging activities, and prevent the transition of melanin from color cells to the upper layer cells of the skin are used.

In hyperpigmentation mesotherapy, it is aimed to lighten the spot, not to go away completely. There is a risk of recurrence of pigmentation after treatments, as the presence of melanocytes (cells that produce melanin, the color substance in the skin) continues, although it is less if it is strictly protected from sunlight.

### C. HAIR AND SCALP MESOTHERAPY

1) **Hair mesotherapy;** It can be applied in the treatment of diseases such as androgenetic alopecia (male-type hair loss), telogen effluvium, alopecia areata, which cause hair loss, and/or as a support for treatment. It can be applied in addition to the treatment for the primary disease in diseases with active hair loss.

2) **Scalp mesotherapy;** It is a treatment method used in the treatment of diseases that cause hair loss and to contribute positively to the result after hair transplantation. The primary purpose of hair mesotherapy is to slow down and/or stop the existing hair loss,

to increase the quality of existing hair, to stimulate vellus hairs to become terminal hairs and is to activate new hair growth.

It can be applied alone or in combination with other systemic, topical and surgical (hair transplant) treatments, platelet-rich plasma (PRP) and low-dose laser treatments (LLLT).

#### **D. CELLULITE AND REGIONAL THINNING MESOTHERAPY**

Cellulite is a disease that occurs as a result of abnormal fat accumulation on the upper part of the fascia (connective tissue that surrounds or connects the muscles and internal organs) in the body, causing the appearance of an orange peel on the skin. It is mostly seen in post-pubertal women, especially in the hips, thighs and abdomen. The disease can be seen in both obese and normal weight individuals.

Regional fat accumulation is the name given to limited fat accumulation in certain areas such as the jaw line, jowl area, fat pads around the eyes, abdomen, calf area or arms.

While the mesotherapy process contributes to the reduction of the orange peel appearance on the skin in patients with cellulite, regional thinning helps to reduce the regional fat accumulations in the body. These methods alone are never enough. It must be supported by diet and exercise. These treatment methods do not contribute to obesity treatment in obese patients. It gives the best results in individuals with ideal or near ideal weight.

Mesotherapy solutions used in cellulite and regional thinning are usually prepared in the form of mixtures to benefit from the effect of many pharmacological and phytological (herbal) products. The mixtures are mainly substances with lipolytic effect (destroying adipose tissue), venostatic (reducing the pressure in the vein), substances that increase drainage, anesthetics, substances that destroy connective tissue and thyroid hormones, which cause a decrease in adipose tissue and increase the circulation of venous and lymphatic vessels. In addition, edema removers, substances that stimulate new collagen formation and various enzymes are among the other factors used in localized lipolysis. Lipolysis mesotherapy is mostly preferred in localized (limited) areas.

#### **E. STRIAE AND SCAR MESOTHERAPY**

**Scar** is the area that develops as a result of the replacement of normal skin with fibrous tissue after any damage. Scar formation occurs as a result of the abnormal wound healing process. Scars appear on the skin in 2 different ways. **Atrophic scars** are scars that occur as a result of tissue loss under the skin. **Hypertrophic scars** or keloids are scars that appear as raised from the skin.

Scars are caused by trauma, insect bites, burns, surgery, vaccination, piercings, acne, folliculitis and herpes zoster infection, as well as skin damage and irritation.

Striae are red or white skin formations that are often located on the abdomen, lower back, lumbar region, breasts, lateral thighs, and above the knees. They are most commonly seen in diseases such as rapid growth, frequent weight gain and loss, cortisone use, Cushing's and Marfan syndromes. Striae are generally in the weakest parts of the tissue and sensitive to mechanical stress; It settles in the form of transverse lines towards the area of high pressure. It is mostly seen in adolescents, overweight people and pregnant women. In the early

stages, they are red in color and slightly raised from the skin. In the late period, they appear in white/ivory color.

In striae and scars, subcutaneous tissues are repaired with mesotherapy and the appearance of the skin is tried to be corrected.

## **2. METHOD OF APPLICATION OF THE PROCEDURE**

The mesotherapy solution, which is prepared by using one or more substances for the needs of the skin, is injected into the skin with an injector or a mesotherapy gun. Pain can be reduced with local anesthetic methods (cream, cold, etc.) applied before or during the procedure.

The method can be applied alone or in combination with other methods (laser, radiofrequency, chemical peeling, creams or serums, PRP, etc.) that are thought to support this treatment.

The frequency of application is between .... and .... weeks, the number of applications is .... It is planned to be between .... and .... sessions. However, the frequency and number of applications may change with your doctor's recommendation during your follow-ups.

## **3. TREATMENT OBSTACLES OR RISKY SITUATIONS IN APPLICATION**

It can be applied for the age range of 18-80 and the younger ages with parental approval. People with the following problems are not suitable candidates for the above mentioned application.

- 1) Acute, chronic infections and sepsis
- 2) SLE (systemic lupus), porphyria, severe allergic reaction
- 3) Known allergy to any of the substances to be applied
- 4) Infection at the application site
- 5) Presence of cancer or receiving chemotherapy treatments
- 6) Those who have a disease that suppresses the immune system or use drugs that suppress the immune system
- 7) Those with severe autoimmune disease, organ failure or systemic disease (such as diabetes, kidney failure, liver disease)
- 8) Abnormal platelet (trombocyt) dysfunctions (blood diseases; circulatory disorder, hypofibrinogenemia, critical thrombocytopenia)
- 9) Chronic liver disease
- 10) Anti-coagulant therapy
- 11) Pregnancy and breastfeeding period
- 12) Use of corticosteroids in the last 2 weeks before the procedure
- 13) Those with active psychological/psychiatric disorders

#### **4. GENERAL RISKS AND UNDESIRE CONSEQUENCES (COMPLICATIONS)**

Since injection is used in mesotherapy treatment, side effects such as pain and burning sensation at the injection site, bleeding, edema, bruising, irritation, short-term pink/redness of the skin, itching, nausea/vomiting, dizziness, which are not specific to mesotherapy and can develop due to any simple injection. effects may occur.

Side effects such as infection, allergic reaction, small abscess or wounds, nodules, scars, spotting, collapse are other side effects that may occur due to the procedure.

An adequate response may not be obtained from the treatment. Although no serious side effects were observed in the clinical studies reviewed, serious side effects were reported very rarely. In the case of serious effects, the duration of treatment may be prolonged or additional treatments may be needed.

#### **5. SUCCESS STATUS**

The success of the treatment may vary from person to person, and adequate response may not be obtained as a result of the treatment. No guarantee can be given regarding the result of the procedure. There is no definite number of sessions. For this reason, mesotherapy treatment can be performed until the targeted cosmetic result is achieved, and there is no limitation in this direction.

#### **6. TRANSACTION AND TRANSACTION COST**

If you give approval after reading this form, you will also give your consent "that you have been informed about the cost of the transaction before the transaction and you have approved the cost of the transaction to be made".

You have the right to choose the auxiliary personnel that will participate in the applications. If you notify us, the most appropriate personnel exchange will be provided.

The side effects that will occur will be evaluated by your doctor and the improvement (prescription, medical intervention, emergency response) procedures will be done by your doctor and health personnel.

#### **7. ALTERNATIVE TREATMENTS**

If you give your consent after reading this form, you will also give your consent that you have been informed in detail by your doctor about the treatments that may be an alternative to the treatment to be applied.

#### **8. THINGS TO CONSIDER BEFORE APPLICATION**

- At least three days in advance; ginko biloba, blood thinners, high-dose vitamin E, green tea, aspirin, food supplements, non-steroidal anti-inflammatory (rheumatic) and blood thinners should be discontinued.
- No peeling or irritating medicine or cosmetic product has been used on the area to be treated for the last 1 week.
- While coming to the application, you should come well rested.
- Alcoholic beverages must not be consumed in the 12 hours before the application

**9. THINGS TO CONSIDER AFTER APPLICATION**

- Do not touch the application area.
- Make-up application should be done after at least 24 hours.
- Do not massage the application area for at least 1 week.
- Take care not to overuse your mimics in the application area for at least 3 days.
- Avoid contact with water, soap, cosmetics and similar products, irritating rubbing and scratching until 48 hours after the procedure.
- Avoid intense sports for 1 week.
- Avoid hot and steamy environments such as saunas and jacuzzis for 1 week.
- If lip augmentation has been made, do not contact with a hot-cold substance for 2-3 days.
- If anesthesia is given in the application of lip augmentation, do not eat or drink anything until the sensation returns (2-3 hours).
- Protect the application area from the sun after the application.
- Use the treatment recommended by your doctor.
- If an unexpected effect develops, please consult your treating doctor.

**10. BY SIGNING THIS FORM, YOU WILL AGREE ON FOLLOWING ITEMS :**

- I received detailed information about the **Mesotherapy** injection procedure for filling dissolution, which will be made by the doctor ..... regarding the diagnosis and treatment of my medical condition.
  - I was informed about the benefits of the treatment, the method of application, the obstacles to the treatment and the situations in which the treatment would be risky, the general risks and possible undesirable results, the frequency of application, the success status, the cost, alternative treatments, and the things to be considered before and after the application.
  - I was told that without my permission, any medical intervention or treatment cannot be applied on me unless it is necessary.
  - I was told that any additional action other than those described in this form could be taken against my will to prevent serious harm to my health and to save my life.
  - I was told that there may not be a definite success as a result of the procedure and that the success rate may vary from patient to patient and that no guarantee is given in this regard.

WRITE AND SIGN THE FOLLOWING STATEMENT IN THE BELOW FIELD BY YOUR HANDWRITING.

**“I WAS INFORMED ABOUT THE PROCEDURES AND APPLICATION METHOD OF MESOTHERAPY. I HAVE READ, UNDERSTAND AND ACCEPT ALL THE CONDITIONS WITH MY FREE WILL EXPLAINED IN THIS FORM. I RECEIVED ONE COPY OF THIS FORM.”**

THIS FORM HAS BEEN ISSUED IN 2 COPIES. 1 COPY WAS DELIVERED TO THE PATIENT.

**PATIENT**

NAME AND SURNAME :

PASSPORT NO :

INFORMATION DATE : ...../...../.....

SIGNATURE:

**WITNESS (IF POSSIBLE)**

NAME AND SURNAME :

PASSPORT (OR CITIZENSHIP) NO :

TELEPHONE :

SIGNATURE: