

# Information and Consent for Q Switched Nd: YAG

# **Tattoo/Pigmented Lesion Removal**

## **Important Background to the Consent Process**

Your clinician wishes to help you make an informed decision about your treatment options and any relevant alternative options. You may at any time decline treatment even after giving your consent.

Whilst your clinician will make every effort to understand what significance you would attach to any particular risk it is important to us that you feel comfortable enough to question the clinician on any point of concern during this process. Please feel you have as much time as you wish to reflect on the information given before agreeing to proceed with the treatment.

# **Purpose of Treatment**

You have presented with concerns which have formed the basis of a clinical discussion and examination. The purpose of the proposed treatment is to address your concerns either individually or in combination with other modalities of treatment.

### Outcomes

Your clinician will endeavour in good faith to employ the principles of best practice in delivering your treatment. Each patient is individual and response to treatment will vary from patient to patient and treatment to treatment. As such it is difficult to guarantee outcomes will always meet your expectations.

### **Background Information**

Tattoo ink consists of insoluble indigestible coloured particles that are inserted into the dermis. The Q switched laser is specifically designed to treat tattoos. The laser targets black and dark blue pigment, other colours may fade, but are not as suitable. During the treatment short pulses of light are absorbed through the skin. This light energy fragments the pigment particles, releasing them into the dermis. The particles are then eliminated through the body's natural processes.

### **Commonly experienced adverse events**

Immediately after treatment the area may be raised, swollen and bruised, and the tattoo may have white crusting over the top Bleeding Oozing of fluids Tattoo ink darkening Tattoo partial removal

#### Less Common Risks

Allergic hypersensitivity to tattoo dye, which may rarely be acute and severe, requiring immediate treatment. Burns Blistering Scarring/Keloid formation Infection

### **Important Considerations**

Every care is taken to deliver the treatment in a manner which will minimise risk, however you should be aware of the risks, as one may exist upon which you place particular significance. Patients are advised to take in to account all these potential risks before consenting to treatment. Please make your clinician fully aware of your expectations prior to giving consent.

#### Safety Profile

Protective eye wear must be worn at all times when receiving any treatment that involves light energy.

#### **Contraindications and Relative Contraindications to treatment**

If you are pregnant or breastfeeding Currently taking photosensitising medications Immune hyperactivity- especially in relation to tattoo particles Uncontrolled diabetes Epilepsy History of keloid scaring If the area is highly vascular If you have a suntan or your skin colour is darker than the tattoo If the tattoo is less than six months old

Limited or no clinical data exists regarding the efficacy and tolerance of this treatment in patients having a history of, or currently suffering from, auto-immune disease or auto-immune deficiency or being under immunosuppressive therapy. The clinician shall therefore decide on the indication on a case by case basis according to the nature of the disease and its treatment and the need for monitoring post-treatment. Your clinician will discuss the need for a preliminary skin testing for hypersensitivity if necessary, or in the case of patients with severe or multiple allergies. Patients on coagulation medication or other substances known to increase coagulation time must be aware of the potential increased risk of bleeding and haematoma during and following treatment.

Your clinician will also discuss the suitability of treatment having considered your medical history and any medications you currently take, as appropriate. As such, it is imperative you disclose such medications at the time of your treatment.

#### **Additional Information**

We will carry out a test patch at no charge during your first consultation to ensure the treatment area is suitable. This reduces the likelihood of possible complications. We would aim to review the area after 48 hours and proceed with the treatment if indicated.

Multiple treatments are required, ranging anywhere from 5 to 15 sessions at 10 week intervals to allow time for the body to process the particles of dye that have been released. The tattoo will fade with each treatment, but commitment to the whole course of treatment is essential to achieve optimum results.

## Post treatment

If you have any crusting or pin point bleeding a dry dressing will be applied to protect the treated area and prevent infection. Aloe Vera can be applied at home, otherwise the area should be kept clean and dry, and make-up should not be worn for 5 days on the treated area. It is important to avoid sun exposure. Please ask your clinician for an after-care sheet which will give important contact details and a summary of our advice. Please do not hesitate to contact us should you have any concerns post treatment.

Should you feel unwell following your procedure it is important to seek specialist medical advice immediately. In the first, instance call our Clinical Team on one of the following numbers.
Occasionally, the phone will be directed to our emergency out of hours service who will contact Dr Curran or another member of the clinical team. Dr. John Curran can also be contacted directly in the event of an emergency or difficulty getting in contact with the clinic.

Jersey 01534 625090 Guernsey 01481 736699 (Mon-Fri 08.00 to 17.30)

Dr Curran's Mobile 07781 165797 Guernsey, Jersey Hayley Slater's Mobile 07911 735147 Guernsey, Jersey Dr Tania Laverde-Konig's Mobile 07700 733173 Jersey

# Consent Statement for Tattoo/Pigment Removal using Q Switched Nd: YAG

## **Consent Confirmation**

To help us assess that we have listened to, and responded to, your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

- 1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
- 2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks which I would attach particular significance to.
- 3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining the health and my psychological wellbeing.
- 4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
- 5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
- 6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
- 7. I am satisfied that I have sufficient knowledge of the treatment to give informed consent.

Patient has confirmed via E-Signature:

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

Clinician has confirmed via E-Signature: