

# Informed consent for the injection of hyaluronidase to the intimate areas

Gyn Krup Inc.



## PATIENT INFORMATION

First name	
Last name	
Date of birth	
Address of permanent residence	
Insurance number	
Health insurance company code	

### 1. Indications:

- complications arising after hyaluronic acid injection to the intimate areas, including swelling or allergic reaction;
- dissatisfaction of the patient with the result of hyaluronic acid treatment of the intimate areas.

### 2. Information on the treatment:

The treatment consists of the injection of hyaluronidase enzyme (specifically SRS Hyaluronidase 1500 IU) to the intimate areas. Hyaluronidase is used to break down or reverse hyaluronic acid product. Thus, the aim of the treatment is to reduce or eliminate the adverse effects of hyaluronic acid application, including swelling of the treated area or an allergic reaction. The procedure can also be performed if the patient is not satisfied with the effect of hyaluronic acid treatment (including filler injections).

### 3. Contraindications:

A contraindication to the procedure is an allergy to the hyaluronidase enzyme.

### 4. Treatment restrictions and post-treatment regimen:

No alcoholic beverages may be consumed before, during or immediately after the treatment. It is recommended to massage the treated area after the procedure. The patient should avoid intense sporting, sun exposure and extreme temperatures for 14 days following the procedure.

### 5. Possible side effects:

Occasional side effects of hyaluronidase injection include allergic reactions. These usually take the form of local skin symptoms (rash, redness). Allergic reactions may rarely (with an incidence up to 1 in 1000 patients) result in symptoms typical of shock. Rare side effects also include an increase in body temperature or higher intensity of menstrual bleeding.

### 6. Patient's consent to the procedure:

I, the undersigned, declare that I have been instructed by the attending physician on the treatment procedure and the benefits and the risks of the proposed procedure. I consent to the proposed procedure. I further declare that I have been informed of the regimen and the restrictions following the procedure.

Date: .....

Patient's signature: .....

### 7. Physician's statement:

I hereby certify that I have informed the above-mentioned patient in a comprehensible manner about all the above-mentioned facts and have informed her about the nature of the procedure, its risks and complications. The patient has also been informed of the planned method of anaesthesia and advised of the risks and possible complications of the procedure in view of her medical condition. She understood these instructions and had opportunity to ask the instructing physician all the relevant questions, which were answered in an understandable manner.

Date: .....

Physician's signature: .....