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INFORMATION AFTER BOTOX PROCESS

- Facial muscles that are injected with botulinum toxin should be exercised in the first 2 hours.
The eyebrows should be raised, flushed, or the eyes should be narrowed. This process will increase the effectiveness of botulinum toxin on the muscles.
- In order to reduce edema, redness and bruising that may occur on the face, a cold compress should be applied to the face with an ice pack wrapped in a towel for 15 minutes every 2 hours, starting immediately after the treatment. Ice application should be continued for the first 24 hours.
Despite all these precautions, bruising may occur on the face; but this bruise will disappear on its own.
- If the physician deems it appropriate, various creams and oral medications can be used for the treatment of edema, redness and bruising on the face. No cream should be applied to the face and oral medication should not be used without consulting a physician.
- Do not lie face down for the first 4 hours. It will be more appropriate to sleep on your back with a high pillow for the first night.
- In the first 24 hours, the face should not be rubbed, make-up or massage should be applied to the face, hair should not be dyed and eyebrows should not be removed.
- Hot baths and showers may cause facial redness and edema in the first 24 hours. should not be done, bath, solarium should not be entered and intense sun should be avoided.
- In the first 24 hours, heavy and intense sports, bodybuilding, pilates and yoga should be avoided, which may increase blood pressure and cause redness and edema on the face.
- During the first 3 days, you should not enter the pool due to the risk of infection.
- For the first 3 days, alcohol, smoking, aspirin, painkillers (ibuprofen, naproxen), blood thinners (coumadin, warfarin, clopidogrel), green tea, garlic, fish oil, vitamin C, vitamin E, niacin, ginkgo, ginseng, Echinacea and foods containing high levels of sugar, sodium and caffeine should not be taken.
- During the first week, skin care and peeling should not be done on the face.
- Since the application of methods such as mesotherapy, PRP, HIFU (High Intensity Focused Ultrasound), laser and radiofrequency to the same area after botulinum toxin injection will shorten the effect time of botulinum toxin, these applications should not be performed without the approval of the physician.

Diagnosis _____

Treatment/procedure to be applied _____

Side/grade if applicable Right sided Left sided Both sided Grade _____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

Patient's Full Name: _____ Date of Birth: _____ Signature: _____ Date: _____ Time: _____
Legal Representative's Full Name: _____ Degree of Relationship: _____ Reason why the consent is delivered by legal representative of the patient: <input type="checkbox"/> Patient is not conscious <input type="checkbox"/> Patient is under 18 <input type="checkbox"/> Patient is not entitled to make decision <input type="checkbox"/> Emergency Signature: _____ Date: _____ Time: _____
Witness' Full Name: _____ Signature: _____ Date: _____ Time: _____
Informing Physician's Full Name: _____ Signature: _____ Date: _____ Time: _____
Interpreter's (If required) Full Name: _____ Signature: _____ Date: _____ Time: _____

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.