



CHEMICAL SKIN PEELING AND SKIN TREATMENTS (PEELING) INFORMED CONSENT FORM

The purpose of this form is to raise awareness about your health issues and to ensure your participation in the decision to be taken.

While this form has been defined to meet the needs of most patients in many conditions, it should not be considered a document that includes the risks of all treatment modalities. Depending on your personal health situation, your doctor may give you different or additional information.

After learning the benefits and possible risks of diagnosis, medical treatment and surgical interventions, it is up to you to accept or not to accept the applications. Except for legal and medical obligations, you can refuse to inform or withdraw consent at any time.

Information About the Process

Chemical peels and other skin treatments have been used for years to treat a variety of skin conditions. is used.

Sunspots, wrinkles and uneven pigmentations can be treated with this technique. There are many different methods and applications in skin peeling and skin treatment. In some cases, chemical peels can be combined with other surgeries. Chemical peeling is not an alternative to skin tightening.

Possible Risks

There are risks and complications of skin treatment and resurfacing. The choice of the method to be applied by the individual is based on the comparison of the possible benefits and risks. Although most patients do not experience complications, you should discuss each of them with your physician to make sure you understand the potential complications and consequences of chemical peels.

• **Infection:** Infection is rare. Bacterial and viral infection can occur. If you have a history of HSV infection (herpes) around the mouth, there is a possibility of recurrence following chemical peeling. Special treatments before surgery to suppress these virus infections recommended. If a skin infection has developed, antibiotic treatment is required.

• **Scarring:** Abnormal scarring of the skin and deep tissues, although normal healing is expected may occur. In rare cases, keloid scars may occur. The scars are bad looking and they are different in color from the tissue. Additional treatments are required for scar treatment.

• **Discoloration:** Chemical peeling agents permanently lighten the natural color of your skin. There is a possibility of light and dark color changes to occur. Permanent darkening may occur after chemical peeling. A borderline may form between skin treated with chemical peels and normal skin. There is a possibility of staying red for a long time after chemical peeling.

• **Poor Outcome:** There is a possibility that the treatment will end badly. Skin peeling and skin treatment methods, unwanted visible deformities, skin crusting, loss of function and permanent discoloration of the skin. may result in changes.

Recurrence of Skin Lesions: In some cases, skin lesions may recur after chemical peels or skin treatments. Additional treatment or secondary surgery may be required.

• **Skin Cancer/Skin Diseases:** Skin peeling and skin treatment procedures do not protect against skin cancer or skin diseases that may develop in the future.

Allergic Reactions: In rare cases, to topical preparations, surgical suture materials, Allergy to plasters has been reported. Systemic reactions, which can be more serious It may develop depending on the drugs used during or after the treatment. Allergic reactions may require additional treatment.

Sunburn: Some chemical peeling agents make the skin sensitive to the harmful effects of the sun. can bring. After chemical peeling, there is a decrease in the normal tanning ability of the skin.

Non-Persistent Results: Chemical peels or other skin treatments are completely or does not prevent future wrinkles. These methods show signs of aging of the skin. cannot change. Additional surgical interventions are necessary to stretch loose skin. As a result of chemical peeling, you may need to continue your skin care programs.

Delayed Healing: Recovery after chemical peels and other skin treatments takes longer than expected. The skin is thin as it heals and can be easily damaged.

Heart Problems: Chemical peeling agents have been reported to cause heart abnormalities. If such a situation develops during the procedure, medical treatment is required.

- **Unknown Risks:** There is a possibility that additional risk factors may be present in the chemical peel and its treatment.

- **Surgical Anesthesia:** Both local and general anesthesia involve risks. Complications, injury, and death are possible with all forms of sedation or surgical anesthesia.

Additional Treatment or Surgical Requirements: Long-term use of chemical peels or other skin treatments.,

There are many different situations that affect the results of the period. However, complications and risks rarely occur. The main risks and complications are as mentioned above. Other than that, complications are much rarer. If complications occur, additional surgery or other treatment methods are required.

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:	Signature:	Date:	Time:
Date of Birth:			
Legal Representative's			
Full Name:	Signature:	Date:	Time:
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		
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.