

Treatment plan

Informed consent



Cutis Clinic



Informed Consent - please read carefully before 1st consultation

DR. EMIL HENNINGSEN

We strive to achieve the best treatment outcome with the highest safety and follow up. Complete resolution of acne scarring is unlikely to be achieved. Multiple treatment modalities are often combined. Please read the information below before your consultation and feel free to ask any questions.

TCA CROSS / PAINT

TCA CROSS is defined as TriChloroacetic Acid Chemical Reconstruction of Skin Scars. TCA cross is an effective procedure to treat atrophic (ice-pick, linear, pitted, or boxcar) acne scars. The technique used is to place a small amount of high concentration TCA (60-100 percent) within the affected scar with a fine stick or a brush ("paint"). This results in a chemical reaction causing localized inflammation. The inflammatory process leads to new collagen fibers to be stimulated causing a change in the appearance of the acne scar.

Usually, 2-6 subsequent TCA CROSS treatments are required. Each treatment of TCA CROSS causes subtle raising of the level of scars from 'deep' to 'shallow'. Once the scars are deemed to be shallow enough, a laser, RF microneedling, or chemical peel can be used to level out the 'shallow' scars. Consider TCA CROSS as the first stepping-stone in removing shallow, deep scars and open pores.

Aftercare

Frosting of the acne scar caused by TCA application can remain for up to 24 hours following the procedure. The skin will have localized redness (PIE) for up to four weeks. The skin should be cleansed with a gentle cleanser and kept moist with a heavy moisturizer. If more scars are treated, the dermatologist may prescribe an antibiotic ointment to apply three times daily. Sun protection is encouraged to protect the skin from sunlight and the risk

of hyperpigmentation (PIH). If further TCA CROSS treatments are required it will be repeated at minimum four week intervals.

SUBCISION

Subcision is a surgical procedure used for treating tethered (fixed), depressed scars and wrinkles. It is also called subcutaneous incisional surgery. Subcision is performed using a special sharp needle (Nokor or Taylor Liberator), a regular needle, or a blunt cannula, which is inserted through a puncture in the skin surface. Subcision is used to break fibrotic fibers that are tethering the scar to the underlying tissue. The release of the fibrotic fibers and new collagen deposition caused by wound healing leads to cosmetic improvement of the scar.

Aftercare

Keep the skin clean and moist. When a filler is installed, please massage the treated area as instructed by us on the treatment day. Avoid activities that may delay healing or disrupt wound healing. It is advised to cease/avoid cigarette smoking prior/post treatment. For information on the Taylor Liberator, we kindly advise you to read the patient information on this procedure, as correct aftercare is crucial.

RADIOFREQUENCY MICRONEEDLING (RFM)

Microneedling with radio-frequency (RFM) treatment renews skin cells by inserting micro-needles and exposing RF energy in the dermis layer. RF is delivered accurately to the dermis to break down scar tissue (fibrosis) and to stimulate production of new collagen and elastin. Trauma to the skin surface (epidermis) is low and the downtime is low, compared to most lasers and chemical peels.

Short-term side effects such as redness, folliculitis, swelling, bruising, mild burning sensation or fine crusts of the skin are not uncommon. Pinpoint bleeding or small bruises may occur when hitting small vessels with the needles.

Depending on the settings, the downtime may be as short as 24h. Downtime may be longer for more intensive treatments or for certain combination treatments.

Needle grid marks may be visible for up to 2 months after this treatment. Light PIH (pigmentation) or redness (PIE) may be seen for some weeks and will resolve gradually. Redness is a sign of skin healing - not skin damage or complications.

LASER RESURFACING

The newest versions of lasers for skin resurfacing use very short pulsed energy that are delivered in a scanning pattern to remove thin layers of skin with minimal heat damage. The goal of laser skin resurfacing is to reduce scarring and rejuvenate the skin. Recovery takes up to two weeks.

Often we will combine multiple lasers (e.g. the Erbium YAG and CO2 lasers) at various settings to tackle individual conditions and regions.

Aftercare

We will inform you how to take care of your skin after your treatment with us. You have the option of purchasing a mild cleanser, a recovery cream, and eventually an antibiotic cream from us.

- If any crusts form, DO NOT PICK as this can cause scarring.
- Keep your skin cool but not cold. Avoid hot showers or saunas after the treatment.

It is vital that sun exposure be avoided for the first week following treatment. The use of hats, sunglasses and umbrellas are essential to protect your skin from sun exposure in the summer.

- Facial hair cannot be shaved / trimmed following treatment until your skin peels.

POSSIBLE SIDE EFFECTS AND COMPLICATIONS

Safety is our major concern and we aim for the shortest downtime possible. However, any effective treatment has potential side-effects and complications. We will always offer our full support and take care of any side-effects and complications. Be aware that you may need to visit us again in order for us to handle any side-effects and complications.

Discomfort / pain

Some discomfort may be experienced during and after your procedure. Numbing cream will be applied when applicable.

Redness / swelling

This will generally subside within 1-4 days, but can remain for a few months especially with RFM and laser resurfacing and this gradually decreases. Grid marks after RFM and fractional lasers may be visible for up to two months, depending on treatment intensity.

Infection

Infection is a possibility whenever the skin surface is compromised. Antibiotics are applied following procedures when indicated. Fever, increased pain and redness are signs of infection and you should consult your GP / doctor in that case.

Bruising / bleeding

Pinpoint bleeding or skin oozing (clear liquid) can present after treatment with lasers and RFM. After fully ablative laser resurfacing, oozing may persist for almost a week.

Subcision and/or other needle piercing can cause bruising, or a hematoma. Taylor or Nokor subcision may cause localized bruises and may be noticed as lumps under the skin. Lumps can be persistent and may be dissolved with a cortisone (steroid) injection or Hyalase.

Nerve Injury

Neuropraxia, the mildest form of nerve injury, can be a risk with subcision and local anesthetic, occurring in less than 0.1%.

Allergic Reactions

Rarely can occur to materials or medication used throughout treatment. Please advise if you are allergic or sensitive to anesthetic / numbing agents, etc.

Itching

The stimulation of collagen and the formation of new skin can be itchy.

Visible Skin Healing

Scabs and skin flaking are an expected process that occurs due to the exfoliation of old skin cells.

It is important to let the skin naturally heal.
Do not remove

or peel scabs / dry skin. Scabs may itch. Keep the skin moist when the skin starts to peel.

Frosting

Frosting (whitening) of the scar surface is natural after TCA cross for up to 24 hours.

Skin Colour Changes

Post-Inflammatory Hyperpigmentation (PIH) can occur when inflammation or trauma to the skin causes the release of inflammatory cells that then cause pigment cells (melanocytes) to produce more pigment in the skin. Hypopigmentation can also be a risk in aggressive treatments and may be permanent.

Eye Injury

With some lasers there is a risk of accidental eye injury by the laser energy or beam, which could cause blindness or burns of the eyeball.

This is extremely unlikely with most devices we use for scar revision like CO2 and Erbium laser or RFM.

Topical anesthetic will be applied to the skin, please avoid rubbing eyes to minimize eye injury.

Widening of scars

Following TCA cross, TCA paint or punch excision scars may widen near the surface. Areas of high risk are the tip of the nose of the nose and the convex part of the cheek.

Please advise us of the following:

- Products/medications you are using
- Medical history of Accutane / Isotretinoin < 6 months
- Immunosuppression
- Retinol/Retin-A/ Hydroquinone/Lytera
- Keloid scarring
- Exfoliating Cleansers
- Cold Sores / Herpes Simplex
- Photosensitizing Medication
- Bleeding disorders

- Implanted electronic device
- Recent Past or Upcoming Event
- Sun exposure/Fake Tan
- Pregnancy/Breastfeeding
- Waxing/hair removal to areas being treated in the last 6 weeks
- Other:

Consent

- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. I also consent to the use of photographs to be used for educational purposes provided that my identity is not revealed.
- I agree to be treated and understand the risks, benefits, costing, and the estimated number of treatments needed.
- I understand that no guarantee can be given regarding expected results and that clinical *results may vary* depending on the individual and my compliance with pre- and post treatment instructions.
- I understand that some scar types may not be treated and we cannot guarantee that we will be able to offer you treatment until we have assessed the scars in person.
- I have read and understand this form and my questions have been addressed and answered to my satisfaction.

Name:

Signature:

Today's date:

Clinics

Odense

Albani Torv 5, st.
5000 Odense C
+45 70 20 70 66

Kolding

Dieselvej 5
6000 Kolding
+45 70 20 70 66

Køge

Torvet 11, 2. tv.
4600 Køge
+45 70 20 70 66

Website

www.cutisclinic.dk

Email address

info@cutisclinic.dk

Social media

[@cutisclinicdk](#)

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