



PRP- (Platelet Rich Plasma) and Microneedling/Mesotherapy

PRP was first used for its healing effects in open heart surgery. It then became popular for treating sports injuries. In the aesthetic world PRP has many applications. PRP has skin rejuvenation effects leading to a younger appearance of the skin. PRP helps with scarring from acne or stretch marks. PRP can help thicken thinning hair, and help with receding hairlines.

HOW IT WORKS

A small amount of blood will be drawn. It will be put in a centrifuge and spun to separate the components into layers of red blood cells, PRP, Platelet poor plasma and buffy coat. The platelet rich plasmas concentration of growth factors can be 5-10 times greater than that found in blood. PRP can be injected in specific areas of the body for aesthetic effect. When PRP is injected it causes mild inflammation. This inflammation starts the healing cascade. Platelets release growth factors and attract stem cells, new collagen and elastic fibres start to develop. As collagen gets older it shrinks, this tightens and strengthens the tissue in the injected area. When treating aged, sun damaged or injured skin, PRP can leave the skin in a more elastic state which makes it appear younger and healthier.

The procedure will take approximately 60 minutes depending on areas covered. Generally 2-3 treatments are advised, however more may be necessary for some people. Touch up treatments once a year to touch up and boost results.

BENEFITS

Areas typically treated with PRP for aesthetic purpose and skin rejuvenation are fine lines around eyes, cheeks, midface, neck, jaw line, chest, lips, back of hands and arms and to stimulate hair growth on scalp. PRP can improve skin texture and thickness, fine lines. PRP stimulates the production of collagen and elastin which improves areas of volume loss due to aging and can improve the appearance of scars.

PRP has minimal downtime, is safe with minimal risk, natural looking result.

PRP because it comes from you, allergies are virtually eliminated.

CONTRAINDICATIONS

You are not a candidate if

1. You have acute or chronic infection
2. Skin diseases (SLE-lupis, porphyria, allergies)
3. Cancer/ Chemotherapy
4. Severe Metabolic/systemic disorders
5. Blood disorders
6. Chronic liver issues
7. Anticoagulation therapy
8. Underlying sepsis
9. Systemic use of corticosteroids with in 2 weeks of procedure

RISKS AND COMPLICATIONS

Any time you receive an injection for any reason, you are at risk for the following:

1. Pain at site of injection
2. Bleeding/bruising or infection
3. Flushing- pink/redness which is short lasting (PRP)
4. Allergic reaction to solution
5. Injury to muscle or nerve
6. Itching at injection site
7. Nausea and Vomiting
8. Dizziness and fainting (from receiving a needle)
9. Temporary blood sugar increase
10. Swelling
11. Minimal effect from PRP

ALTERNATIVES

1. Do nothing
 2. Injections with Neurotoxins and Fillers
 3. Laser treatment
 4. Chemical Peels
 5. Surgery
- Hair-** Wig or hair piece, Hair transplant, medications

RESULTS

Approximately 4 weeks until results are visible. Texture and tone will continue to increase for 3-6 months. Advanced wrinkling and scarring can not be reversed. Decreased to minimal improvement with drugs, alcohol and tobacco. Results last 18-24 months

DECLARATION

I hereby certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications. I understand that there can be no guarantee or assurance as to the final result that may be obtained. Duration of treatment is dependent on many factors. I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form. I accept the risks and complications of the procedure. I hereby release Kelly Woodwark RN from liability associated with this procedure. I certify that if I have any changes occur in my medical history, I will notify Evergreen Med-Aesthetics prior to any future treatments. This consent is valid for all future PRP treatments.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Print Name

Signature

Date

Signature of Provider

