# HYALURONIDASE (HYLENEX) FILLER DISSOLVER AFTERCARE AND CONSENT FORM

## Procedural Description

The Hyaluronidase Filler Dissolver is a service that softens or removes hyaluronic acid-based fillers using hyaluronidase, an enzyme that safely breaks down filler particles. This procedure may be chosen to adjust filler placement, refine areas of concern, or achieve a more natural look. Following the dissolver application, re-treatment with filler cannot be performed for at least **2 weeks**, allowing the area to settle and reducing the risk of complications.

## Before Your Treatment

- **Avoid Blood Thinners:** Refrain from blood-thinning medications and supplements (e.g., aspirin, ibuprofen, fish oil, vitamin E) for at least 7 days prior, unless otherwise directed by your healthcare provider.
- **Avoid Alcohol and Smoking:** Limit alcohol and avoid smoking for 48 hours before treatment to reduce bruising risks and support healing.
- **Consult Allergies:** Inform your provider if you have any known allergies, especially to bee stings or hyaluronidase, as this may contraindicate treatment.
- **Cold Sore Precaution:** If you have a history of cold sores, please inform your provider for potential preventive care.
- **Hydrate:** Drink plenty of water leading up to your appointment to support optimal skin health.
- **Arrive with Clean Skin:** Please arrive with no makeup on the treatment area to maintain a sterile environment.

## Post-Treatment Instructions

- **Avoid Touching or Rubbing:** Refrain from touching or rubbing the treated area for at least 24 hours.
- **No Makeup:** Avoid applying makeup on or around the treatment area for 24 hours to reduce infection risks.
- **Cold Compresses:** Gently apply a cold compress if you experience swelling or bruising.
- **Stay Hydrated:** Continue to drink water to support healing.
- **Avoid Strenuous Activity:** Avoid intense exercise, saunas, hot tubs, and direct sun exposure for 48 hours post-treatment.
- **Do Not Schedule Filler Immediately:** Filler re-treatment cannot be performed until at least 2 weeks after the dissolver application to allow for full resolution and assessment.

## Potential Risks and Complications

While hyaluronidase is generally safe, there are potential risks and side effects associated with filler dissolver, including but not limited to:

- **Bruising and Swelling:** Mild bruising and swelling are common and usually resolve within a few days.
- **Tenderness or Discomfort:** Temporary tenderness or discomfort may occur at the injection sites.
- **Allergic Reaction:** There is a risk of allergic reaction to hyaluronidase, which may include redness, swelling, itching, or more severe symptoms in rare cases.
- **Incomplete Dissolution:** In some cases, additional sessions may be required to fully dissolve the filler.
- **Temporary Volume Reduction:** There may be a temporary loss of natural hyaluronic acid in the treated area, which will gradually restore on its own.
- **Asymmetry or Irregularities:** Minor asymmetry or irregularities may result from the dissolution process and can be corrected with additional treatment after 2 weeks, if desired.

## Expected Results and Maintenance

- **Immediate Reduction:** Results from hyaluronidase are typically noticeable within 24-48 hours, though full effects may take up to 2 weeks as the filler is completely dissolved.
- **Follow-Up:** It is recommended to follow up with your provider to assess the results and discuss any further treatment if desired.
- **Re-treatment Waiting Period:** Filler re-treatment cannot be performed until 2 weeks after the dissolver application.

## Contraindications

This service is not suitable for individuals who:

- **Are Pregnant or Breastfeeding:** Hyaluronidase is not recommended during pregnancy or lactation.
- **Have Severe Allergies to Hyaluronidase or Bee Stings:** Please inform your provider if you have any known allergies to bee stings or hyaluronidase.
- **Have Active Skin Infections or Conditions:** Such as active acne, cold sores, or inflammation in the treatment area.
- **Have Certain Medical Conditions:** Including autoimmune disorders, blood clotting disorders, or other significant health issues that could impact healing. Please discuss your medical history with your provider.

## Consent to Clinical Photography

For documentation purposes and to track progress, photographs may be taken before and after your procedure. These images are confidential and will be used solely for clinical records and treatment evaluation. They will not be used for marketing or educational purposes without separate, explicit consent.

# WRITTEN CONSENT

By signing below, I confirm that I have read and fully understand this consent form for the Hyaluronidase Filler Dissolver. I acknowledge the potential risks, benefits, and aftercare requirements and agree to follow all recommended aftercare instructions. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I consent to the administration of the Hyaluronidase Filler Dissolver by the trained professionals at Honey Skincare Studio.

PRINTED NAME:

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SIGNATURE:

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DATE:

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