



SMILE AND LAUGH LINES (NASOLABIAL FOLDS) FILLER AFTERCARE AND CONSENT FORM

Procedural Description

The **Nasolabial Folds Filler Treatment** is designed to soften the appearance of smile and laugh lines, which deepen over time and can create pronounced creases around the mouth. Using hyaluronic acid (HA) dermal filler, this treatment targets multiple areas, including the nasolabial folds, piriform aperture near the base of the nose, and smile lines, employing precise techniques like the fern pattern and other layering methods. These methods provide structural support, reduce shadowing, and restore volume, creating a smoother, more youthful appearance. By addressing each area around the nasolabial folds, this treatment promotes overall facial harmony. For clients seeking a more balanced look, cheek filler may also be recommended to add foundational support, enhancing the lift and overall harmony of the mid-face area.

This procedure typically lasts 6-12 months, depending on individual factors like metabolism, skin type, and lifestyle.

Before Your Treatment

- **Avoid Blood Thinners:** Refrain from blood-thinning medications and supplements (e.g., aspirin, ibuprofen, vitamin E, fish oil) at least one week prior unless directed otherwise by your healthcare provider.
- **Avoid Alcohol and Smoking:** Avoid alcohol and smoking for 48 hours before treatment to minimize bruising and support optimal healing.
- **Cold Sore Precaution:** If you have a history of cold sores, notify your provider for potential preventive care.
- **Hydrate:** Drink plenty of water to support your body's natural healing and hydration.
- **Arrive with Clean Skin:** Please come with no makeup on to ensure a sterile treatment environment.

What to Expect During the Procedure

- **Consultation:** Your provider will assess the nasolabial folds and discuss your desired outcome to determine an individualized treatment plan.
- **Numbing Cream:** A topical numbing cream may be applied to enhance comfort during the injections.
- **Precise Injection:** HA filler is carefully injected along the nasolabial folds to fill and soften the creases.
- **Cheek Filler Recommendation:** In some cases, cheek filler may be suggested to provide additional lift and balance across the mid-face.
- **Aftercare Instructions:** Post-procedure care guidelines will be provided to ensure optimal healing and results.

Post-Treatment Instructions

- **Avoid Touching or Rubbing:** Refrain from touching or massaging the treated area for at least 24 hours.
- **No Makeup:** Avoid applying makeup on or around the treatment area for 24 hours to minimize infection risks.
- **Hydrate: Continue to drink water, which can help maintain filler hydration and support healing.**
- **Cold Compresses: Apply a cold compress gently if you experience swelling or bruising.**
- **Avoid Strenuous Activity:** Avoid intense exercise, saunas, hot tubs, and direct sun exposure for 48 hours post-treatment.
- **Sleep on Your Back:** Sleeping on your back with your head slightly elevated can help minimize swelling.

Potential Risks and Complications

As with any injectable procedure, there are potential risks and side effects associated with HA filler for nasolabial folds, including but not limited to:

- **Bruising and Swelling:** Mild bruising and swelling are common and should resolve within a few days.
- **Tenderness and Discomfort:** Some tenderness or discomfort at the injection sites may occur.
- **Asymmetry:** Minor asymmetry can occur; further treatment may be needed for correction.
- **Lumps or Nodules:** Small lumps or bumps may form in the treated area; these typically resolve on their own or with gentle massage.
- **Infection:** Though rare, there is a risk of infection at the injection site. Following aftercare instructions reduces this risk.
- **Allergic Reactions:** Allergic reactions to hyaluronic acid filler or numbing agents are rare but possible.
- **Vascular Complications:** Injecting near blood vessels can pose a risk of obstructing blood flow, which can lead to tissue damage. This risk is minimized through careful technique by a skilled provider.
- **Granulomas:** Hard nodules may develop and may require additional treatment.

Expected Results and Maintenance

- **Natural-Looking Enhancement:** HA filler is intended to provide a soft, natural look that reduces the depth of nasolabial folds without creating an overfilled appearance.
- **Gradual Improvement:** While results are visible immediately, full effects are seen over 1-2 weeks as any swelling subsides and the filler settles.
- **Longevity:** Results typically last 6-12 months. Maintenance treatments are recommended to retain a smooth, rejuvenated appearance.

Alternative Treatments

Your provider has discussed alternative treatments with you, including collagen-stimulating injectables, PRF (Platelet-Rich Fibrin) injections, and surgical options. If you prefer any of these alternatives, please notify your provider.

Contraindications

This treatment is not suitable for individuals who:

- **Are Pregnant or Breastfeeding:** Injectable fillers are not recommended during pregnancy or lactation.

- **Have Active Skin Infections or Conditions:** Such as active acne, cold sores, or skin inflammation in the treatment area.
- **Prone to Keloid Scarring:** Individuals prone to keloid formation or hypertrophic scarring should consult with the provider before treatment.

Consent to Clinical Photography

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

WRITTEN CONSENT

By signing below, I confirm that I have read and fully understand this consent form for the Nasolabial Folds Filler Treatment. 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 Nasolabial Folds Filler Treatment by the trained professionals at Honey Skincare Studio.

PRINTED NAME:

SIGNATURE:

DATE:
