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Erin Klingler PA-C

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Subcision Procedure Consent

Subcision is a procedure used to treat acne scarring. The procedure may require multiple sequential treatments.

Prior to treatment, the area to be treated will be anesthetized with a topical numbing cream or lidocaine injections. You may be given a Valium for your comfort prior to the treatment.

Following your treatment, you may experience pain, swelling and redness, and bruising.

Risks of this procedure include, but are not limited to, the following:

Pain - Stinging or sharp pain may be present after the procedure and throughout the healing process.

Bruising – This treatment will cause significant bruising of the treated area. The bruising may be present for weeks.

Swelling – Swelling will be present after the procedure and should likely resolve after 1-2 weeks.

Pigmentary Changes – The treated area may heal with altered pigmentation (either lighter or darker skin).

Scarring – There is a risk of scarring with this procedure at any time during the healing process. Nodules may form at subcision insertion sites. The scarring may be discolored and may be permanent.

Bleeding – The subcision treatment will cause bleeding, sometimes significant, which should stop within a few minutes without any lasting effect when pressure is applied. The bleeding may not reach the upper level of the skin and may result in a dark reddening of the skin. The red color will darken to purple and purple-yellow and will disappear in one to two weeks.

Scabbing – A scab may be present at some of the subcision insertion sites. The scabbing will disappear during the natural wound healing process of the skin. *Scarring or discoloration may result from any scab formation.*

Infection – An infection of the wound is always possible. Any sign of infection must be brought to our attention as soon as possible. Such signs are excess pain, swelling, redness, or drainage / pus. Any infection could last seven to ten days and could lead to scarring.

Failure to Achieve Desired Results – It is very possible that this procedure may fail to achieve your desired results. Strict adherence to the pre-op and post-op instructions is essential. You may need to repeat your treatments to achieve the desired results.

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Consent

I, the undersigned, have read and understand the information contained within this consent form. My signature indicates that I have read and understand the information in the consent. I hereby release the dermatology office and my physician from all liability associated with this procedure. Furthermore, my signature below indicates my consent to the treatment described and my agreement to comply with the requirements placed on me by this consent form.

Signature

Printed Name

Date

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