

INFORMED CONSENT - HAIR TRANSPLANTATION

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning **HAIR TRANSPLANTATION** surgery(s), its risks, and alternative treatment(s)

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

Hair transplantation surgery involves the harvesting of hair follicles, individually or in groups, for grafting into areas where hair restoration is needed.

Hair restoration may require more than one transplantation session to achieve optimal results. Results of hair transplantation procedures depend on a variety of factors, including completion of the necessary number of procedures, compliance with instructions before and after the procedure, and the quality and amount of preexisting hair, among others. It is not realistic to expect to have hair of the same thickness/density as prior to the onset of hair loss. It is important to have a good understanding of the goals of the procedure, as well as its limitations.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management include: doing nothing, wearing a hairpiece/wig, using prescription medication, using over-the-counter products, various light-based therapies, or having a transplant surgery. A combination of the above is also possible.

Risks and potential complications are associated with alternative forms of treatment.

RISKS of HAIR TRANSPLANTATION SURGERY-

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the surgical revision of scars.

Scarring- All surgery leaves scars, some more visible than others, although every effort will be made to make the scars inconspicuous. Scars are permanent. Superficial crusting, pinkness, or redness of the incision areas may occur, but these will likely be temporary. A thickened or raised scar (a hypertrophic scar/keloid) is possible. This is more likely to occur in patients with a history of this type of scarring. Wide scarring is also possible in the donor area if a donor strip is harvested. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks if sutures are used to close the wound. Scars may also limit motion and function. Additional treatments including surgery may be needed to treat scarring.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment. Do not take any aspirin or anti-inflammatory medications for fourteen days before surgery, as this may contribute to a greater risk of bleeding.

Infection- Infection is unusual after surgery, and very unusual after hair transplantation surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary.

Need for Additional Procedures- More operations may be recommended later due to ongoing loss of non-transplanted hair, or to further treat the area of hair loss. All recommendations made during

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consultation and treatment are estimates and may change later. If an additional procedure is necessary, additional fees will apply.

Further Hair Loss- The amount and location of future hair loss on the scalp, including the sides and back area, cannot be predicted. It is possible to lose existing hair at any point in the future. This may affect the appearance of the grafted area. Hair transplants may not be permanent. They are usually very long lasting, but rarely have fallen out in one to ten years.

If a donor strip is removed, there is a possibility of some temporary hair loss in the back of the scalp surrounding the donor area. In rare cases, there may be permanent loss of hair adjacent to the surgical incision.

In the transplanted area, shedding of existing hair, called telogen effluvium, may occur after the surgery. If this hair is at the end of its normal life span, it may not return.

Poor growth of transplanted hair- It is possible that some or all of the transplanted hair may fail to grow. Every effort will be made to give the maximum yield.

Patients who smoke have a higher rate of delayed wound healing and lower graft yield. Smoking is not recommend for 3 weeks prior to and following the procedure.

Damage to deeper structures- Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result- There is the possibility of an unsatisfactory result from the surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery. Because many variables exist, it is not possible to promise or guarantee good results.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation

Reaction to Medications- Including possible nausea and vomiting from pain medication

Excessive Swelling- This is usually self-limited and resolves after a few days.

Pain or Numbness- Some initial discomfort is expected. There may be a temporary headache. Persistent scalp pain or numbness is possible but not likely.

In-grown Hairs- This can occasional occur, results in cyst formation that may require treatment

Loss of Hair- Possible total loss of donor hair or transplanted hair. Possible complete failure of growth of transplanted hairs.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with **HAIR TRANSPLANTATION** surgery. Other

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complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient charges, depending on where the surgery is performed. Depending on whether the cost of surgery or other treatment is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with the revisionary surgery would also be your responsibility. You are responsible for payment for these services with no fee reimbursement regardless of procedure results. You understand that the fee paid is for the procedure and not for an expected result.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all your questions answered before signing the consent on the next page. By signing this consent form, you acknowledge that:

- 1. You have received a copy of pre-operative and post-operative instructions.**
- 2. This consent was read and signed while you were not under the influence of medications which cause drowsiness or other factors that impair your judgment.**
- 3. You have read this form or it has been read to you, the blank spaces have been filled in, and you understand its contents.**

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1. I hereby authorize Dr. Samaha, associate practitioners, hair transplant technicians, and such assistants as may be selected to perform the following procedure or treatment:

I have received the information sheet:

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2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physicians and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body part which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient Signature _____

Date _____

Witness Signature _____

Date _____

Physician Signature _____

Date _____