



Kimberly Cockerham, MD, FACS  
Oculofacial Plastic Surgery  
Eyelid & Orbital Oncology  
Thyroid Eye Disease  
Neuro-Ophthalmology

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Informed Consent for OPUS Plasma / Radiofrequency / Microneedling

Location of Treatment: \_\_\_\_\_

### I declare that I understand the following information:

The goal of Opus radiofrequency plasma treatment is for skin tightening, reduction of skin laxity, reduction of scars and wrinkles, as well as treatment of stretch marks. Generally, the results of Opus RF plasma demonstrate improvement in the smoothness and tightness of the skin; however, a complete elimination of wrinkles or scarring is not a realistic expectation. The procedure can be repeated to enhance the outcome. Alternatives to Opus RF Plasma: The alternatives to Opus RF plasma include dermabrasion, chemical peels, and laser. The advantages and disadvantages (risks and benefits) of each of these alternatives to Opus RF plasma have been explained to me as well as the alternative of having no surgery, accepting my present skin condition, using cosmetics, and considering other methods of skin rejuvenation surgery.

### ***Possible Intra-Operative Complications of Opus RF Plasma:***

***Machine malfunction*** - Utilization of plasma energy raises the possibility of fire-related incidents. These are rare and are preventable by careful maintenance of the surgical equipment and stringent safety precautions. Remove all jewelry and watches prior to treatment.

\_\_\_\_\_ Please initial here after reading this section.

### **Short-Term Symptoms and Signs:**

1. Pain – The procedure is painful despite topical numbing. We highly recommend taking extra-strength Tylenol one hour prior to the procedure and 5-10mg of Valium while numbing.
2. Redness and swelling – Redness and swelling are to be expected and will last at least 24-72 hours.
3. Crusting/tracking – temporary scabbing may occur and will take at least one week to heal.
4. Rash – Contact dermatitis may occur in response to the topical lidocaine and will subside with antihistamines and corticosteroids.



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5. Herpes Simplex Dermatitis – blisters may occur that then become scabs that may take at least one week to heal. Valtrex 500mg twice daily is best started the day before treatment to avoid this side-effect.
6. Skin Itchiness – The treated skin will be itchy for 72 hours or more. Use vinegar water soaks and oral Benadryl to combat the symptoms.
7. Skin Hyper-pigmentation - Transient hyper-pigmentation (darkening of the skin) is possible. It is more common in darker skin.
8. Cellulitis or Skin Infections – a skin infection can occur. The skin should be kept away from dust, dirt and dander. If scabbing occurs, do not pick at skin. Notify Dr. Cockerham immediately if you have redness that is tender or hot.

\_\_\_\_\_ **Please Initial here after reading this section.**

#### **Possible Long-term Complications:**

1. Increased susceptibility to sun - Avoidance of sun exposure or protection against ultraviolet light damage to your skin by the use of sun-screening or sun-blocking lotions with SPF (sun-protective factor) of 50 or higher is strongly advised for optimal results.
2. Scarring - The risk of scarring exists with all skin treatments. It is variable and is often related to an individual's genetic makeup. Scarring can be reduced by carefully following appropriate pre-care, aftercare instructions and notifying the physician if a problem develops. Valtrex is strongly recommended to avoid the scarring associated with blister formation.
3. Skin Pigment Changes - Skin color and texture changes may occur. At the junction of the treated and untreated areas, there may be a difference in color, texture and/or thickness of the skin. Permanent hypopigmentation or hyperpigmentation may occur.

\_\_\_\_\_ **Please initial here after reading this section.**

\_\_\_\_\_ I understand that exposure to the sun and excess heat must be avoided at all costs for a period of 6 months. No unprotected sunbathing is permitted for 6-month s. To do so would encourage skin pigment changes.

\_\_\_\_\_ I understand this is an elective procedure and Opus RF plasma is not reversible.

\_\_\_\_\_ I also understand that more than one procedure may be required to achieve the optimal obtain-able results.



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\_\_\_\_\_ I understand the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results and procedure. It is not possible to state every complication that may occur because of Opus RF plasma. Complications or a poor outcome may manifest weeks, months or even years after Opus RF plasma treatment.

\_\_\_\_\_ My surgeon has explained Opus RF Plasma and its risks, benefits and alternatives and has answered all my questions about the Opus RF plasma procedure. I therefore consent to having Opus RF plasma treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_