

Dr. Michele Zormeier

INFORMED CONSENT FOR LASER TREATMENT OF SCARS

A scar can develop in the skin anytime there is an injury or trauma to the skin. Sometimes a more severe type of scar will develop that may be red and raised (hypertrophic) or grow into a large nodule that extends beyond the margins of the original wound (keloid). Hypertrophic scars and keloids affect an estimated 4.5% to 16% of the population and have been difficult to treat in the past because they have a tendency to return.

Laser surgery using a new pulsed dye laser has been shown to improve these scars by reducing their redness and height, altering the skin texture to one that is more normal, improving pliability (softness), and eliminating symptoms, such as burning or itching. As few as one or two laser treatments are usually necessary; however, with thicker scars, several more sessions may be needed to achieve the desired amount of scar improvement. The treatments are delivered every 6 to 8 weeks to allow adequate time for proper healing of the skin. Immediately after treatment, the scar will appear bruised. The deep purple or black color will last approximately 1 to 2 weeks, after which time the scar will begin appearing less red and will become flatter and softer. You may notice some itching during the healing phase. In patients with darker skin tones, hyperpigmentation (or a brownish skin discoloration) within the laser-treated scar may develop, which will eventually disappear. When used properly, the pulsed laser should not lead to additional scarring.

Knowing the alternative procedures available to me and with an understanding of the laser treatment protocol, I agree to participate and cooperate with Dr. Michele Zormeier M.D. I have been given the opportunity to ask questions and have had them answered to my complete satisfaction. I also agree to have photographs taken, which will identify only the areas to be treated. The photographs may be used for medical records and if, in the judgment of my practitioner, medical research or education will benefit by their use, such photographs and information relating to my case may be published in professional journals or medical books or be used for any other purpose that is deemed proper in the interest of medical education, knowledge, or research, provided that I shall not be identified by name.

Area to be treated:

Patient Signature: _____ Date: _____

Witness: _____ Date: _____