



# Mountain State Dermatology



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## Consent Form for Nd: YAG Destruction of Brown Spots and Pigment Abnormalities

The Medlite laser is a Q-switched infrared laser. Benign pigmented lesions can be treated very quickly, efficiently, safely and with less risk of scarring, crusting, or stimulation of the pigment. The mechanism of action of this laser is to shatter the small-sub-cellular particles known as melanosomes. Due to the wavelength used, your natural skin color is usually not affected, and all skin color can be treated without difficulty.

### The Procedure:

You may note some minor stinging in the treated laser areas. This stinging usually resolves very quickly after the procedure. The laser procedure is fast and multiple brown spots can be treated during one session. After your laser treatment, the brown spots will look dark red, like a bruise. The brown spot pigment will peel away within 1-2 weeks after treatment. During this period it is important that a light coating of Vaseline or Aquaphor is kept on the brown spots, and that you avoid picking or scratching at the lesions to prevent scarring. It is important to emphasize that multiple treatments may be necessary to completely lighten the lesion. Finally, some brown spots are very resistant to treatment, and may require more destructive surgery to clear. Some brown spots may be prone to recur.

### Complications of the Procedure:

Complications are rare; however, they are possible and include crusting, bruising, secondary infection, scarring and skin pigmentary changes. Bruising of varying degrees is expected, and resolves without sequelae within 10-14 days of the laser procedure.

### Follow-up:

Re-treatments are done at 4-6 weeks intervals.

I have read and understand the above consent. The doctor has reviewed the consent form with me, and given me the opportunity to ask questions about the procedure, and any risks or the procedure. The doctor has also explained alternative therapies to me. I understand that the results of this treatment are not guaranteed, and that complications, including scarring, are possible. I understand that multiple treatments, at my own expense, may be necessary, and the use of bleaching creams may be necessary.

### Photographs:

I authorize the taking of clinical photographs and its use for scientific purposes both in publication and presentations. I understand my identity will be protected.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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