



## **KYBELLA (deoxycholic acid) INFORMED CONSENT**

I, \_\_\_\_\_, understand that I choose to be injected with Kybella (deoxycholic acid) in the submental area under my chin to attempt to reduce the appearance of a “double chin” or submental fullness.

Kybella (deoxycholic acid) is an FDA approved injection indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat, also called “double chin,” in adults. Kybella is injected into the fat under the chin.

### Risks of Kybella Injections:

- Kybella injections commonly cause swelling, bruising, pain, numbness, redness, and areas of hardness in the treatment area. Kybella injections can also cause tingling, nodules, itching, skin tightness and headache. These side effects typically resolve without treatment and do not commonly result in patients discontinuing treatment.
- Other less common potential side effects include:
  - **Nerve Injury:** Kybella injections can cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In clinical trials weakness resolved without treatment in an average of 6 weeks, however injury may be irreversible.
  - **Swallowing:** Kybella injections can temporarily cause trouble with swallowing.
  - **Skin Ulceration:** Kybella injections can cause superficial skin erosions or necrosis.
  - **Alopecia:** Kybella injections can cause small patches of hair loss in the treatment area.
  - **Unsatisfactory Results:** There is a possibility of an unsatisfactory result from injections of Kybella. The procedure may result in unacceptable visible deformities or asymmetry in the treatment area, or persistent fullness despite multiple treatments.
  - **Allergic Reaction:** In rare cases, allergic reactions have been reported.
  - **Infection:** Kybella should not be injected if there is a preexisting infection in the treatment area. In the rare event that an infection occurs after treatment, additional treatment including antibiotics or additional procedures may be necessary.
- Patients should inform their healthcare provider if they develop signs of marginal mandibular nerve paresis (i.e. asymmetric smile, facial muscle weakness), difficulty swallowing, or if any existing symptom worsens.
- I understand that it is my responsibility to give my surgeon a full and truthful health history including any medical conditions in or near the treatment area, bleeding problems, if I am taking blood thinners or any medications that prevents blood clotting, are pregnant, plan to become pregnant, breastfeeding, or plan to breastfeed.

**I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments. Multiple treatments will likely be required to achieve adequate results.**

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Kybella treatments with the above understood. I hereby release the doctor, the person injecting the Kybella, and the facility from liability associated with this procedure.

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