Alabama Functional Medicine

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Consent for Vampire Breast Lift® Procedure

Purpose:
Using blood-derived growth factors (platelet-rich fibrin matrix (PRFM), the Vampire Breast Lift® is a safe procedure for renewing the skin of the breast and for correcting shape.

Benefits:
This treatment is natural in that your own cells are used, treated with a chemical that is not foreign to the body, and injected into the specified areas. Since a distillate of growth factors from your own blood (PRFM) is used, there should be no side effects from the material injected. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue. This builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes the color more attractive). You should see improvements immediately, although there is usually a return to prior treatment status in 3 to 5 days as the water is absorbed and prior to the complete action of the cellular regenerative process. Within 2 to 4 weeks you will see improvement with continued positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The PRFM stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment should last for at least 8 months to two years, but results may vary and the research documenting the longevity of results are ongoing.

Treatment:
You may take a pain medication, such as Tylenol or a prescription medication may be requested. Do not take aspirin, Advil, Motrin, Aleve, non-steroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. You may ask for an anti-anxiety medication to use prior to the treatment. A topical anesthetic (numbing) cream (lidocaine, bupivacaine, and tetacaine) is applied to the breasts and arm for blood draw. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure. The platelets are treated with calcium chloride (which tricks the cells into thinking that they are in the body and the body has been injured). The platelets release growth factors into the platelet rich fibrin matrix (PRFM). The PRFM liquid is transferred into a syringe and injected into your breasts using a tiny needle and a process is used to distribute the growth factors and increase their effectiveness.

Foreseeable Risks and Discomforts:
The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. The injections at the treatment locations cause pain similar to an intramuscular injection (since a small needle and

topical anesthetic (numbing) cream are used). There is a potential for bruising at the injection sites. Pain from bruising could occur. Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block the response of the stem cells. There may be some variation in achieving the results requested as everyone's body type is different and may have a different response. The introduction of the needle into the skin always presents the possibility of infection, scarring, loss of sensation, or change in muscle strength. A difference in size of the breast on one side compared to the other can very rarely occur.

Post-Treatment:
Dr. McWhorter will follow-up with you to check on your progress and answer any questions. You may call to report on your progress or ask questions to his office at (334) 819-8190.

Privacy:
Your privacy is protected.

Photographs:
I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

Payment:
I understand this is a cosmetic procedure and that payment is my responsibility.

I have read the above and understand it.

If this procedure involves the use of other materials (like a hyaluronic acid filler (Juvederm) then a separate and additional consent form may be used.

The doctor, nurse, and/or staff have answered my questions satisfactorily. I accept the risks and complications of this procedure.

_____
Printed Patient Name

_____ _____
Patient Signature Date

_____ _____
Witness Date