



# Pacific Clinic

## **Penile Enlargement – Dermal Filler**

### **Consent Form**

#### **A. Purpose & Background**

- a. As my patient, you have requested administration of dermal fillers to be used for the augmentation of the penis. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure and its risks in advance so that you can decide whether to proceed with the procedure.

#### **B. Procedure**

- a. This product is administered via syringe, as an injection, into the areas of the penis sought to be filled with dermal filler to increase the girth.
- b. An anesthetic (numbing medicine) will be used to reduce the discomfort of the injection.
- c. The treatment site(s) is washed first with an antiseptic (cleansing) solution.
- d. Dermal fillers are to be injected under your skin in between the bucks and superficial fascia of the penis or in the subnormal space using a thin gauge aesthetic microcannula or needle. Dermal fillers are FDA cleared for use in the face. Use of dermal fillers for penile girth enhancement is “off label”.
- e. Multiple injections may be made depending on the site, size of existing penis, presence of previous procedure to the area and desire of size.



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- f. Following each injection, the injector may gently massage the correction site to conform to the contour of the surrounding tissues.
- g. If the treated area is swollen directly after the injection, ice may be applied on the site for a short time.
- h. After the first treatment, additional treatments may be necessary to achieve the desired size. A specific size is not guaranteed after one or more treatments and specific or satisfactory results may not be achieved.
- i. Periodic touch-up injections can help sustain the desired size.

### C. Risks

- a. **Infection:** Infection is a low risk of the procedure. Standard precautions associated with injectable materials have been taken but infection of the injection site or the filler is a possibility. Antibiotics are normally prescribed. Please ensure you take the full course of antibiotics provided to you at the clinic as instructed. Please inform the nurse or doctor if you are allergic to any antibiotics. Should you suspect an infection please contact the doctor as soon as possible. See additional information on Infection.
- b. **Allergy:** An allergic reaction to Hyaluronic acid or calcium hydroxyapatite is rare and usually mild. An allergic reaction may appear as a rash on the skin. If an allergic reaction should occur, treatment with Hyaluronidase, sterile water and antihistaminic medication may be necessary and may lead to the dissolving of some or all of the filler.



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- c. Irregularities:** Filler can be molded during the first 2-3 days by the patient. Additional filler can be added at the patient's expense to improve the result if necessary. However, in some cases, it may not be possible to mold out all irregularities and it may be necessary to treat such irregularities or lumps with Hyaluronidase (dissolving) enzyme (applicable to Hyaluronic acid fillers only. See more information regarding Hyaluronidase below.
- d. False expectations:** For example; a patient might incorrectly believe that it is possible to change the size of their penis from very small, to very large, with only a small amount of filler. A patient might also incorrectly believe that this procedure will increase their erect penis length when this is not an expected outcome. Only increasing the girth in the erect position is possible however it does often elongate the length slightly when flaccid due to the weight of the filler pulling on the suspensory ligament of the penis. Most patients are pleased with the results of dermal fillers. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that you will achieve the size you desire, the appearance you desire, or that you will not require additional treatments to achieve the results you seek. While the effects of dermal fillers can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, involving additional injections for the effects to continue.
- e. Numbness:** The penis can feel numb for a few days particularly the dorsal (upper) side of the penis.



- f. Pain:** The penis can be tender for 1 week after the procedure.
- g. Swelling:** It will usually take up to 2 weeks for swelling to go down. If a large amount of filler is injected or if the body responds with significant swelling, it can take 1 month to completely disappear. Only after 2 to 4 weeks, once the swelling has gone down and the filler has fully integrated with the skin and tissues, will the patient know the result of the procedure.
- h. Bruising:** This varies significantly from patient to patient and is usually resolved within 1 week. In rare cases bruising and hematoma can be substantial. Non-steroidal anti inflammatory drugs such as Advil or aspirin or related medications may worsen bruising.
- i. Delayed onset inflammation or allergic reaction:** In rare cases, inflammation, granulomas or nodules in the penis can occur months after the procedure and in some cases will require the filler to be dissolved away, or additional treatment to be undertaken such as antibiotics, steroids or further injections or surgery. Dermal fillers should not be used in patients who have experienced hypersensitivity, those with severe allergies to latex or xylocaine products (including but not limited to: xylocaine, novocaine, zylocaine, benzocaine, prilocaine, or tetracaine) and should not be used in areas with active inflammation or infections (e.g. cysts, pimples, rashes or hives).



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- j. Filler migration:** It is possible for dermal filler to move from the area in which it was first injected. Filler is more likely to move during the first week after it has been injected and before it has integrated with the surrounding tissue. Please refer to the Instructions Document regarding limiting physical activity and the wearing of appropriate undergarments. Other rare serious complications: Abscess, granulomas, delayed or immediate hypersensitivity reactions, fistula formation, hematoma, seroma, extrusion, induration formation, inadequate healing, skin discoloration, damage to surrounding structures such as blood vessels, nerves and urethra. Interference with local circulation if injected into a blood vessel resulting in vessel laceration, occlusion, embolism, infarction, and abscess at implant site which may result in induration and/or scar formation.
- k. Inform your doctor:** If you have a history of dysmorphia, mental illness, any past urinary or genital infection such as MSD, herpes, mycosis, chlamydia but also HIV, hepatitis or immune disease and any Sexually Transmitted Infection (STI). Your doctor should be informed of all previous surgery, medical conditions, and details of penile augmentation procedures performed in the past as well as any medication you are taking.

### **D. Filler Life Expectancy**

- a.** The life expectancy of Hyaluronic Acid(HA) fillers depends on the type of filler used and varies from patient to patient. Generally, in the case of HA filler, after approximately 12 to 24 months, depending on the exact model of filler and unique patient characteristics, around half the filler will remain. The rest will have



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been metabolized and passed out of the body. In exceptional circumstances the body can metabolize HA filler at a rapid rate, meaning that the filler is absorbed after a period of a few to several months, although this is highly unlikely.

- b.** The body's immune system can also cause the HA filler to be absorbed rapidly. Filler reabsorption rates are impossible to predict and vary from person to person, therefore they are not guaranteed.

### **E. Photographic Release**

I authorize my medical photographs of the treated area to be used for medical, educational, training and promotional use. I give permission to the medical provider to use my photographs for said purposes and to reveal pertinent limited information about my medical condition in an effort to give clinical presentation regarding my treatment and outcomes if deemed necessary. In the usage of said photographs and limited information, this practice will not identify me by name, face or any other method that would allow for identification of me in association with my photographs and/or medical history. I may request copies of my photographs but acknowledge that they are the property of the medical provider and I may not use them for any purposes other than for my own personal medical records.

### **F. Audio Release**

I consent to my physician taking audio recordings of the office visit and procedure, which will remain in the physician's custody, for purposes the physician has explained.



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### **G. Consent**

Your consent and authorization for this procedure is strictly voluntary. By signing this consent form, you hereby grant authority to the physicians at the **PACIFIC CLINIC** to perform penile augmentation and/or filler therapy injections using the dermal filler of your choice for any related treatment as may be deemed medically necessary, or advisable in the treatment areas you so choose.

The nature and purpose of this procedure, with possible alternative methods of treatment as well as complications, have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent form and certify that I understand its contents in full. I have had enough time to consider this information from the medical provider and I feel that I can sufficiently consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after being fully informed of the risks and benefits involved.

### **H. Non-Disparagement**

By signing this consent form, you agree not to make any negative, disparaging, or defamatory statements, whether written or verbal, about the medical provider @ the Pacific Clinic, Pacific Clinic PLLC, The Upsize Clinic, The Upsize Procedure, Upsize LLC, Urosculpt LLC or their employees, franchisees, products or services. This includes but is not limited to, comments made on social media, review websites, or to third parties. Any breach of this clause may result in legal action being taken against you. However, your safety and satisfaction are our primary



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concerns and if you are unsatisfied with the services you receive, we will strive to resolve any issues in an amicable manner.

### **I. Advanced Filler (Radiesse/Calcium Hydroxyapatite Dermal Filler)**

For patients who opt for the hydroxyapatite dermal filler (Radiesse) in a mixture with HA dermal filler: While HA fillers are fully reversible, hydroxyapatite fillers are not but may be partially reversible, and can last for up to five years or longer. Hydroxyapatite dermal fillers, while generally considered safe, carry certain risks and potential side effects. These can include temporary redness, swelling, bruising, and itching at the injection site. In rare cases, more serious complications such as infection, allergic reactions, and the formation of lumps or nodules may occur. Additionally, there is a risk of asymmetry or overcorrection, which may require further treatment to correct. You acknowledge that proper aftercare is of paramount importance to achieve optimal outcomes and that proper aftercare has been fully explained to you by the doctor.

Initial Here: \_\_\_\_\_

### **J. Responsible Provider**

Please note that (the medical provider) is solely responsible for patient's care and all related treatment decisions and services. The medical provider may use firms such as Upsize LLC or Urosculpt LLC to provide certain booking and marketing support, but neither Upsize LLC nor Urosculpt LLC is involved in the treatment and has no responsibility for the same. Patient agrees that they shall hold Upsize LLC, Urosculpt LLC harmless for any claims or potential claims in any way related to the services provided by the medical provider.





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### K. Please initial the following:

\_\_\_\_ The details of this procedure have been explained to me in terms I understand.

\_\_\_\_ Alternative methods and their benefits and disadvantages have been explained to me.

\_\_\_\_ I am aware that smoking during the pre and post-operative periods could increase chances of complications.

\_\_\_\_ I have informed the doctor, or nurse of all medications I am currently taking including prescriptions, over the counter medications/remedies, herbal therapies and any other. I have informed the doctor of all allergies including latex.

\_\_\_\_ I am aware and accept that no guarantees regarding the result of this procedure have been made or implied.

\_\_\_\_ Prices are subject to change. The pricing I receive during this treatment is only for today's treatment. Any additional treatments, products, or services will be billed at rates effective at time of additional treatments.

\_\_\_\_ I have been advised to seek immediate medical attention if swelling, pain, discoloration, numbness, nausea, vomiting, fever, or any other systemic or local area of concern develops.

\_\_\_\_ I will take the full course of antibiotics prescribed or given to me.

\_\_\_\_ I will not have sexual intercourse for one week.

\_\_\_\_ I understand it may necessary to mold and smooth filler as advised by the doctor) Failure to do this may result in a sub optimal appearance.

\_\_\_\_ Contacting the doctor as soon as you have questions, difficulties, concerns or unsatisfied appearance will be the only way to correct issues without incurring any cost.

\_\_\_\_ Once the filler is “set” it will be unable to be corrected without incurring a cost. If I am uncircumcised, I understand how to ensure the



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filler does not end up in the foreskin area. I understand that filler setting in the foreskin area may require dissolving and may be at my expense.

\_\_\_\_ I understand that failure to follow these instructions properly can result in poor cosmetic results.

\_\_\_\_ Poor cosmetic results due to not following or understanding these aftercare instructions may be able to be fixed at the patient's expense.

This may include requiring more filler and/or requiring dissolving of existing filler. Individual syringes of filler cost \$750 (price subject to change) per syringe and dissolving enzyme costs \$150 per vial used.

\_\_\_\_ I have been given an opportunity to ask or clarify any of these instructions with the doctor.

\_\_\_\_ The doctor has given me his personal phone number to call any time with any questions to ensure I am able to complete these instructions properly.

I certify that I have read and understand this agreement and that all spaces for initials were filled prior to my Signature.

**PRINT NAME:** \_\_\_\_\_

**PATIENT  
SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_