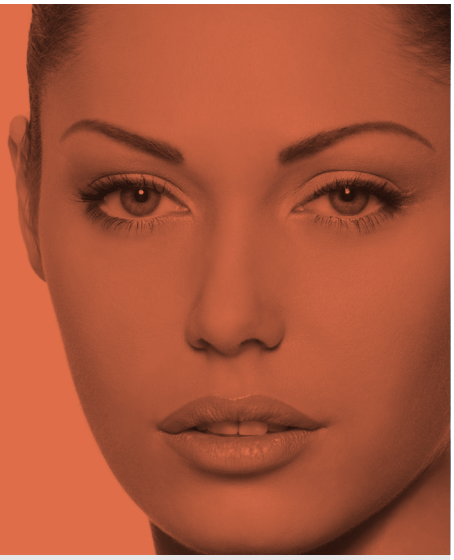
SEFFILLER®

INFORMED CONSENT

Tissue regenerative treatment with autografting of adipose tissue containing vascular stromal fraction (SVF) and adipose derived mesenchymal stem cells (ADSCs)



A. GENERAL INFORMATION

The **SEFFILLER®** technique originates from the SEFFI technique (Superficial Enhanced Fluid Fat Injection). This very delicate medical-aesthetic treatment aims to **regenerate the skin, the subcutaneous and mucosal tissues** using the most natural, compatible and safe existing substance: **the cells of your body**, i.e. the stromal vascular fraction (SVF) and the mesenchymal stem cells (ADSCs) present in your adipose tissue.
This treatment can improve the looks of your skin and the nourishment of subcutaneous and mucosal tissues thanks to the regenerative action of the grafted cells.

This technique is used in particular in the facial region to improve the appearance and tone of the skin and mucous membranes and can also be used in other parts of the body with the same goal. This method can be associated with other medical procedures such as fillers, traction threads, needling, laser, peeling, botulinum toxin, etc. This **autologous tissue graft** first involves a modest harvesting of adipose tissue from one area of the body through a small cannula connected to a syringe, and subsequently the implantation of this tissue, by means of injections, into the face (or other areas of the body) to regenerate tissues.
The regenerative treatment can be performed under **local anesthesia** and it lasts about 40 minutes. The grafted cells will follow their normal life cycle so, in order to maintain, prolong and support the regenerative action, you will be advised to repeat the treatment over 12, 6 or 4 months, depending on your general conditions.

B. BEFORE THE TREATMENT

- Report to your doctor any ongoing drug therapies, any previous or current illnesses;
- report to your doctor any allergies to drugs or food;
- report to the doctor previous material implants in the areas to be treated if any;
- in the previous days, carefully treat the skin of the region to be treated, keeping it nourished and hydrated with appropriate cosmetic products;
- report to the doctor any relevant pathologies and in particular the conditions listed below, which are to be considered as absolute contraindications to the treatment:
  - ongoing infections in the area of collection or grafting,
  - presence of neoplasias in the area of collection or grafting,
  - pregnancy or breastfeeding,
  - current anticoagulant therapies or severe clotting disorder,
  - allergies to local anesthetic,
  - dysmorphophobia,
  - ongoing immunosuppressive therapies,
  - severe physical debilitation.

C. ON THE DAY OF THE TREATMENT

- Eat light and digestible food;
- Fast 3 hours before treatment.

D. AFTER THE TREATMENT

- Rest for a few hours, with abstention from any medium-high intensity physical activity;
- strictly follow the drug therapy if prescribed;
- DO NOT remove dressings;
- do not expose yourself to the sun or tanning lamps for at least 7 days after treatment;
- carry out the checks recommended by the doctor;
- a moderate bleeding, evidenced by small spots of blood on the dressing at the harvesting point, is to be considered normal for the first 12 hours;
- for any doubt or problem, contact your doctor immediately.

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E. COMPLICATIONS

Complications arising from autologous grafting of adipose tissue are extremely rare. However, given the type of medical treatment, the risks and potential complications that must be considered are: hematoma, ecchymosis, infection, fibrous edema, hyper- or hypopigmentation of the skin, skin irregularity in the harvesting and grafting areas, asymmetries, oily cysts, embolism, allergic reactions.
For any need, doubt or desire for clarification do not hesitate to contact us at the following telephone numbers:

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F. DECLARATIONS OF THE PATIENT

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I, THE UNDERSIGNED

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BORN ON IN

- ☐ declare that I have been informed about the type of treatment and the relative procedures for its execution, as well as its aims (as per point a.)
- ☐ declare that I have been fully informed that the treatment will take place under local anesthesia (as per point a.)
- ☐ expressly declare ☐ I am / ☐ I am not in one of the conditions indicated as absolute contraindications to the treatment (as per point b.)
- ☐ have been fully informed about the possible risks associated with the treatment (as per point e.)
- ☐ am aware that the doctor cannot guarantee the achievement of the result I hoped for, and that further sessions may be necessary in a variable number based on my reaction to the treatment (as per point a)
- ☐ have been fully informed about the conduct to be taken before, during and after the treatment (referred to in points b., c. and d.)
- ☐ believe that the description of the above has taken place in a clear and understandable way and I consider the time allowed to evaluate the contents and to ask any questions was appropriate. I am satisfied with the answers I received and I had the neces sary time to take my decisions serenely
- ☐ am aware of the possibility of REVOCATING this consent at any time before treatment.

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DATE AND PLACE

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SIGNATURE OF THE PATIENT / LEGAL REPRESENTATIVE STAMP AND SIGNATURE OF THE DOCTOR

PLACE HERE THE ADHESIVE LABEL OF THE SEFFILLER® KIT
USED IN THE PROCEDURE

SIGNATURE IN CASE OF CONSENT WITHDRAWAL

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SIGNATURE OF THE PATIENT / LEGAL REPRESENTATIVE DATE AND PLACE OF THE WITHDRAWAL