Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – miraDRY Treatment

1. What is miraDRY treatment?

1.1 The miraDRY with its patented microwave (Mira Wave®) technology delivers microwave energy through a sterile single-use bioTip to the sweat glands and destroys them. Once the sweat glands are gone, they are gone forever. Therefore, the result is long lasting. miraDRY is the world's only FDA approved non-invasive technology for treating underarm sweat, odor and hair. There is a reduction in underarm sweat after one procedure session. Two procedures are typically required to maximize the results and duration. In controlled clinical trials between 70% and 90% of clients saw a significant reduction in their underarm sweat, and virtually all the subjects achieved some reduction.

2. How to prepare?

2.1. Before Procedure:

2.1.1 Shave both underarms 4-5 days before the procedure.

2.1.2 Do not wear any deodorant or antiperspirant 1 day before procedure.

2.1.3 Please inform your medical condition to medical staff (e.g. pregnancy, previous axillary surgery, underlying skin conditions, with either an implantable pacemaker, an Automatic Implantable Cardioverter / Defibrillator, or any other implantable electrical device are contraindicated, or have any history of allergic reaction after injection of local anesthesia.

2.1.4 Wear loose clothing.

2.2. During the procedure:

2.2.1. Lying down with arms positioned above the head during the treatment. The doctor will mark the skin of your underarm with removable markers and numb the treatment area by injecting local anesthesia. You may feel a pinch or stinging sensation with each injection. Multiple injections into the skin are used in each underarm to make the procedure more comfortable.

2.2.2. Once your skin is numb, the doctor will place the miraDRY device on your underarm skin on the marked area. You will feel suction of the skin and hear tones that indicate the energy is being delivered. This will be repeated multiple times. Please inform doctor immediately if you feel significant discomfort or pain either in the treatment area or your arm during the procedure.

2.3. After the procedure:

2.3.1. Iced therapy will be given immediately after the procedure to reduce potential swelling.

2.3.2. Continue iced therapy a few days after the procedure.

2.3.3. You can resume your normal daily activities after the treatment. Avoid any rigorous activity few days to few weeks.

3. What are the risks and side effects?

3.1. The most common side effects in treatment areas:

3.1.1. Redness and swelling Discomfort, tenderness or pain

3.1.2. Temporary altered sensation or tingling

3.1.3. Bumps under the treated skin

3.1.4. Partial underarm hair loss (may be long lasting)

3.2. Less common reports of undesired effects:

3.2.1. Swelling in the adjacent arm or torso

3.2.2. Hyperpigmentation (darkening of skin)

3.2.3. Blisters or rashes

3.2.4. Soreness in the shoulders or arms due to procedure positioning

3.2.5. Numbness or tingling in the arm due to the anesthesia

3.2.6. Shaking due to epinephrine in the anesthesia

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3.2.7. Recurrence
3.2.8. Tight band in the underarm

3.3. Rare reports of undesired effects:
3.3.1. Altered sweating elsewhere on the body
3.3.2. Arm or fingers weakness
3.3.3. Underarm pain requires medications
3.3.4. Infection / abscess
3.3.5. Burns

4. Remark

4.1. I understand the purpose of miraDRY treatment is for improvement of primary axillary hyperhidrosis. Clinical effects may vary with each individual, some patient may not achieve obvious improvement.
4.2. I understand and admit the liability for the complications and risks caused by the known or unknown reasons in miraDRY treatment. These complications and risks included, but not limited to those listed in the above information.
4.3. I acknowledge that I am not pregnant and do not implant with pacemaker, an Automatic Implantable Cardioverter / Defibrillator or any other implantable electrical device, as microwave or electric current may adversely affect these devices.
4.4. I acknowledge that I do not have any history of allergic reaction after injection of local anesthesia.
4.5. The presence of complications may vary among patients due to the patient's health conditions and may lead to death. If there is any complications, patient may need to receive treatment and remedial treatment. Please contact your dermatologist / plastic surgeon for any enquiries.
4.6. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____