

IPL TREATMENTS

POST-PROCEDURAL CARE INSTRUCTION BOOKLET

INTRODUCTION TO THE VENUS VERSA™ IPL POST-PROCEDURAL CARE INSTRUCTION BOOKLET

The post-care instruction booklet has been created to help prepare you for care after your treatment in the clinic is complete. Following these instructions will maximize your aesthetic outcome. The booklet will also provide you with a few of the post-procedural warning signs that may herald a complication. As you discovered from our informed consent booklet and your discussion with _____, most potential complications tend to be minor and can be effectively managed if we are notified promptly. Please read this booklet carefully, initial each page, and sign the last page to indicate you have read and fully understood its contents. If you do not understand any of the items in the post-care instruction booklet, please do not hesitate to call the clinic and speak with _____. In the rare instance that you are unable to contact _____ with a post-care concern, and you feel it is of an urgent nature, please proceed to the emergency room of your nearest hospital. Remember, your excellent aesthetic outcome and quality of care is our goal. We are here to help you!

CONTACTING THE OFFICE

Office:

After Hours:

POST-PROCEDURAL CARE INSTRUCTIONS

YOUR PROCEDURE

The treatment you have selected is Venus Versa™ IPL for skin rejuvenation, pigmentation, vascular lesions, acne, and hair removal. (Please highlight the treatment(s) of your choice.)

POST-PROCEDURAL CARE - DAY 1 TO 7

The healing time for any given treatment varies between different clients. The following represents the general recovery phases you might expect. Individual clients may experience variations from this course.

IPL Hair Removal:

Perifollicular erythema and edema can appear following IPL hair removal treatments. These symptoms can last approximately 5 to 7 days and may be accompanied by itching sensations in the area.

Pigment IPL Treatments:

Browning or darkening of the skin pigment, and purplish or black tints to a dark pigment, as well as crusting of the pigmented area over a few days, may all occur as part of normal post-treatment healing. Crusting will flake off, and while erythema and edema may also appear, these symptoms will resolve in 3 to 7 days.

Vascular Lesion IPL Treatments:

Blanching, greying, or a deep purple tinting or blackening of the vessel may occur over the course of a few days as the damaged tissue will be broken down and absorbed. This may last approximately 3 to 7 days.

Acne IPL Treatments:

A deepening in color of the treated lesions, tenderness to the lesions (if cystic), blanching/greying of vessels/vascular scars, and intense edema and erythema may occur, lasting 5 to 10 days.

Swelling/Discomfort/Redness:

Significant swelling and redness may occur following your procedure for up to 24 – 48 hours. It is not uncommon for patients to experience swelling in the under-eye area for the first 1 to 2 days post-treatment. This swelling will subside. You may also experience some redness and slight warmth emanating from the treatment area for the first 24 hours post-treatment, akin to a mild sunburn. This is a normal part of your skin's post-treatment healing response. However, excessive or severe pain is unusual; if this occurs, immediately notify the clinic.

Activity:

Post-treatment discomfort is mild, and you may immediately return to your regular activities. It is advised that you avoid hot baths, saunas, Jacuzzis, and pools for the first 2 days following treatment, as bacteria found in these environments could cause an infection. It is best to avoid applying ice or cooling compresses to the treated area, as the heat emanating from the skin is the body's natural healing response. However, if you are experiencing extreme heat or discomfort, you may use cold compresses to soothe the area.

Moisturizer:

Moisturizer may be applied 24 hours after each treatment. Moisturizer should then be applied regularly throughout the course of your treatment program.

Make-Up:

After 24 hours, most patients are able to apply makeup to hide the pinkness of the skin. It is important that you remove all makeup that is applied to the skin at night. Do not sleep with makeup on the treated area.

Client Initials: _____ **Date:** _____

Avoiding the Sun:

Sun avoidance should become a permanent component of your long-term skin care program. Always use a broad-spectrum sunscreen of SPF 30 or greater. Sun exposure, tanning beds, and artificial sunless tanning lotions should be avoided in the treated areas throughout the course of your treatment program.

Long-Term Skin Care:

In addition to sun avoidance, we suggest all patients prioritize long-term skin care to optimize their rejuvenated post-treatment appearance. We offer a program for your long-term facial skin maintenance, featuring state-of-the-art rejuvenating creams that are only available and administered by our medical team.

WARNING SIGNS

The following are some of the symptoms that should alert you to the possibility of an impending or existing complication. Should you experience any of the following symptoms, contact the clinic immediately.

Infection:

Infection may be present if you notice:

- (i) Increased (rather than decreasing) facial swelling after the first 24 - 36 hours.
- (ii) Redness spreading beyond the area of resurfacing, that is warm and tender to touch.

VENUS VERSA™ IPL POST-PROCEDURAL CARE INSTRUCTION BOOKLET - ACKNOWLEDGMENT AND RELEASE

I, _____ have had an opportunity to review the Venus Versa™ IPL Post-Procedural Care Instruction Booklet. I understand the items it contains and have initialed each page. I have been given an opportunity to ask any questions regarding these instructions and have had these questions answered to my satisfaction.

I understand that my cosmetic outcome may be compromised or a complication may ensue by:

1. Failure to attend any scheduled post-procedural visit.
2. Failure to follow post-procedural care instructions.
3. Failures to report symptoms or signs that are unusual or concerning.

_____ Patient or Person Authorized to Sign for Patient	_____ Please Print Name Here
DATE: _____ WITNESS: _____	

Client Initials: _____ **Date:** _____