

 **Dr. Jaclyn A Klimczak, MD** 
Facial Plastic Surgery

POST TREATMENT INSTRUCTIONS AFTER MORPHEUS8

PRETREATMENT CONSIDERATIONS:

- Schedule your treatment at a time when minor swelling or bruising will not disrupt your social obligations. Each time you are treated, outcomes may vary.
- To lessen the likelihood of bleeding or bruising, discontinue use of blood thinning products for 10 days prior to treatment, if approved by your primary care provider.
- Alcohol is also to be avoided 24 hours pre- or post-treatment, as it is also a blood thinner.
- **DO:** consider taking Arnica Montana natural supplement to help bruising
- **DO:** notify your provider if you have any history of cold sores, as we will consider pre-medicating with an antiviral prescription prior to treatment
- **DO:** arrive to your appointment with a clean face. Any makeup will be removed, and the face cleaned prior to treatment. Men should be cleanly shaved for best results.
- **DO:** Cancel your appointment if you have any open sores in the treatment area. It is important that you alert us of any medical conditions you may have and/or any prescribed medications you are taking prior to your treatment.
- **DO NOT:** use sun-tanning or self-tanners 4 weeks prior to treatment. This includes spray tans, tanning lotions, tanning beds, sun exposure, etc.
- **DO NOT:** use topical products such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, or any "Anti-Aging" products for 2-4 days prior
- **DO NOT:** wax, bleach, tweeze, or perform hair removal cream on the area to be treated for 1-2 weeks prior
- **DO NOT:** take anticoagulants (aspirin, mobic, ibuprofen, naproxen) for one week if medical condition allows (a medication to avoid list will be provided)
- Any procedure introduces the risk for infection. For this reason, the following is taken into consideration when proceeding with treatment. We will delay Morpheus if you:
 - Have had any infection, cold, virus, or flu in the past 30 days.
 - Have had a surgical procedure in the past 30 days or are anticipating a surgery or procedure.
 - Have had any immunizations in the past 30 days or if you're anticipating immunizations.
 - Have had any tattooing or permanent makeup within the past 30 days.
 - Take any immunosuppressive/injectable medications (ex: Biologics such as Humira, Skyrizi, Stelara, Enbrel, Taltz, Cosentyx, Tremfya).

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WHAT TO EXPECT:

- Immediately after your treatment most patients will experience a clinical endpoint of erythema (redness) for 1-3 days, however for more aggressive treatments this may last longer.
- Slight to moderate edema (swelling) and mild to moderate sunburn sensation are also common post treatment and may last 1-3 days.
- Skin may crust and peel for 2-7 days depending on the treatment setting.
- Skin may feel warm and tighter than usual
- Skin may crust and peel for 3-7 days after treatment
- Redness and swelling may last for 3-4 days

POSTCARE INSTRUCTIONS:

- **DO:** use a topical ointment (Recommended: ZO Obagi Growth Factor Serum, Cerave Facial Lotion, Aquaphor) or lotion cleared by your physician to be applied to the treated areas after the procedure. This should be continued until all of the crusting/redness has resolved.
- **DO:** use arnica cream/tablets and bromelain tablets - after your treatment.
- **DO:** use Tylenol as needed to reduce any pain
- **DO:** sleep elevated the first 24 hours after treatment to reduce swelling
- **DO:** use **COOL** compresses over the area in the first 24 hours (do not use direct ice)
- **DO:** use SPF 30 (recommended ZO Obagi Smart Tone sunscreen) 24-48 hours after treatment
- **DO:** only touch your face to apply ointments with **CLEAN** hands. Your skin is sensitive and dirty hands to the skin can introduce infection
- **DO:** limit the use of mask wearing after treatment to avoid irritating the skin
- **DO:** use only lukewarm water with **NO** soap to clean the face in the **first 24 hours**. After 24 hours you can start using a gentle cleanser

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.....**DO NOT**.....

- **DO NOT:** itch, massage, or pick around the treatment site. This is normal and generally disappears within a few days. Immediately after the treatment, there may be redness, bruising, swelling, tenderness, and/or itching
- **DO NOT:** drink alcohol for 24 hours after treatment
- **DO NOT:** apply or engage in activities where intense heat is over the area--sunbathing, tanning, saunas, hot tubs, or hot wax.
- **DO NOT:** engage in yoga or other rigorous exercise activities for the first 24 hours after treatment. This may cause temporary redness, swelling, and/or itching
- **DO NOT:** get any skin care treatments or lasers for 4 weeks or until cleared by your physician
- **DO NOT:** sleep on your side or stomach for 24 hours post-treatment to prevent increase in swelling. We recommend you sleep elevated on your back and use pillows to stabilize yourself.
- **DO NOT:** take Advil, Vitamin E, Ginger, Ginko, Bilboa, Ginseng, and Garlic for 1 week since this may increase the risk of bruising. You may shower and do most other regular daily activities.
- **DO NOT:** apply makeup for at least 24 hours after treatment or until redness/crusting has faded.
- **DO NOT:** scrub the area after the treatment. Bath as normal using gentle cleanser after 24 hours
- **DO NOT:** go in the sun after treatment until redness/swelling/crusting resolves to reduce the chance of hyperpigmentation (darker pigmentation).

Multiple treatments over a period of several months may be required to achieve the desired response. You will notice immediate as well as longer term improvements in your skin. The time for skin cell turnover is 28 days so most people will begin to see increased results after this time.



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PLEASE REPORT TO THE CLINIC OR CALL IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:

1. Temperature elevation
2. Sudden swelling or discoloration
3. Excessive Bleeding
4. Blisters
5. Discharge from the wound edges or other evidence of infection
6. Development of any drug reaction
7. Severe Pain not responding to pain medications

Finally, please contact us at should you have any questions at the following number:

Telephone: (561) 939-0900

I certify that I have been given a copy of these instructions

Patient name: _____

Relationship to patient: _____

Patient Signature: _____

Date: _____ **Time:** _____

Witness: _____

Date: _____ **Time:** _____