



PERSONS PLASTIC SURGERY
BARBARA L PERSONS, MD

Fraxel Dual 1550/1927 Laser Treatment

This form is designed to provide you with the information you need to make an informed decision on whether or not to have the Fraxel treatments performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

TREATMENT- I have requested treatment on the following areas:

Face Neck Chest Hands Arms Other

Fraxel Laser treatment is FDA cleared for correction of wrinkles and lines, correction of pigmented lesions including age spots and skin discoloration, resurfacing the skin, correction of melasma, acne scar and surgical scar correction.

_____ I understand that a single procedure will not remove all my skin problems completely and that optimal results may require multiple treatments.

_____ I understand that each individual's response will vary according to their skin type, area being treated, and their follow up care.

_____ I understand that post treatment skincare products to heal my skin are required at an additional cost.

CONTRAINDICATIONS-

- I do not have diabetes, autoimmune disorder, or history of cold sores..
- I am not pregnant and I am not breastfeeding.
- I am not using Accutane nor have I been on Accutane in the last year.
- I do not have a history of keloid scar formation or poor wound healing.
- I do not have allergies to Lidocaine or Tetracaine.

HERPES SIMPLEX

I understand that if I have ever, in my life, experienced a cold sore in the same area as my current treatment, I must start on an antiviral prophylaxis and I can get a prescription from this office by requesting the medication.

SIDE EFFECTS

The nature of the Fraxel procedure has been explained to me. Just as there may be benefits to a procedure, I understand that all procedures involve risks to some degree.

Pain- Most people feel some heat-related discomfort during the treatment. This discomfort is usually temporary during the procedure and localized within the treatment area. Topical anesthetic cream prior to the treatment and Zimmer Air Cooler during the treatment will be used to minimize this discomfort. A small number of patients have reported mild tenderness in the treatment area for the first several days post treatment.

Redness and Swelling- Laser treatment will cause varying degrees of redness and swelling in the treatment area. These common side effects last from several days to a couple of weeks depending upon the aggressiveness of the treatments. Cold packs and daily use of an antihistamine will reduce and resolve these symptoms.

Itching- This can occur as part of the normal wound healing process or may occur as part of infection, poor wound healing or contact dermatitis.

Acne or Milia Formation- A flare-up of acne or formation of milia, tiny white bumps or small cysts on the skin, may occur. These symptoms usually resolve completely.

Pigment Changes- During the healing phase, the treated area may appear to be darker. This is called PIH, post inflammatory hyperpigmentation. PIH occurs as a part of the normal skin reaction to injury. The skin functions become hyperactive during the healing process, including cells that produce pigment. PIH occurs more frequently with darker colored skin, after sun exposure to the treatment area, or with patients who already have a tan. To reduce the risk of PIH, the treated area must be protected from exposure to the sun with sunscreen for 6 months after treatment. However, in some patients, increased skin coloring may occur even if the area has been protected from the sun. This pigmentation usually fades in 3 to 6 months.

Hypo-pigmentation- In some patients who experience pigment changes, the treated area loses pigmentation and becomes a lighter color than the surrounding skin. This type of reaction may also be permanent.

Bleeding; Oozing; Crusting- Aggressive treatment may cause pin point bleeding and/or oozing. Crusting or scabbing may form after the drying of clear fluid or blood. These reactions need to be reported to the office for additional post care instructions.

Blisters; Burns; Scabbing- Heating in the upper layers of the skin may occasionally cause blisters or burns and subsequent scab formation. Steam from the heating may produce a separation between the upper and middle layers of the skin resulting in blister formation. The blisters usually disappear within 2-4 days. A scab may be present after a blister forms, but typically will disappear during the natural wound healing process of the skin. These reactions need to be reported to the office for additional post care instructions.

Scarring- Scarring is a possibility due to the disruption to the skin's surface and/or abnormal healing. Scars, which can be permanent, may be raised or depressed, and scarring could lead to loss of pigment or hypo-pigmentation in the scarred area.

Infection- This is rare following treatment if proper skin care is used after the procedure.

Eye Injury- Eye injuries may result from numbing cream getting into the eyes. Your eyes will be covered with protective goggles during the treatment and should remain closed during the treatment. The laser could cause direct eye injury in the absence of these precautions.

Anesthesia- Both local and oral anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of anesthesia and sedation.

NO GUARANTEES- Because all individuals are different, it is not possible to completely predict the benefits from this treatment. By signing this form I acknowledge that guarantees as to the final results of my treatment have not been made. Some individuals will have a very noticeable improvement after the first treatment, while others may have little or no improvement. I understand that additional treatments for additional fees may be needed to achieve my desired end result.

NO REFUNDS- This office has a strict no refund policy. This means that no refunds are given on procedures performed for any reasons.

By my signature, I acknowledge that I have read the foregoing informed consent form and have been adequately informed of the nature of my condition, the nature of the procedure, the expected benefits of this treatment, the risks of this treatment, the alternative methods of treatment, and the risks of not treating my condition. I hereby consent to this procedure.

Patient's Signature _____ Date _____
Staff Signature _____ Date _____

**Fraxel® DUAL 1550/1927 Laser
Patient Post Care Instructions**

What to Expect After Treatment

Fraxel® Laser Treatment produces side effects. The intensity and duration of your side effects depends on the treatment aggressiveness and your individual healing characteristics. Generally, patients who are treated more aggressively experience more intense and longer lasting side effects; however, some patients who receive a less aggressive treatment may experience side effects of greater-than-expected magnitude, while others receiving more aggressive treatments may experience side effects of less-than expected magnitude. Notify your physician if the severity of your side effects becomes a problem for you.

What you may feel and look like:

- Immediately after the treatment, you will experience **redness**, **swelling** and sometimes **pinpoint bleeding**. You will notice most of the swelling on the first morning after treatment, particularly under the eyes. Swelling usually lasts two to three days. To minimize swelling do the following:

- Apply cold compresses to the treatment area for 10 minutes of every hour on the day of treatment, until you go to bed.

- Sleep elevated the first night. Use as many pillows as you can tolerate.

- **Heat sensation** can be intense for the following 2 – 3 hours. Occasionally **oozing** can occur in isolated areas for a few days as well.

- Over the next few days, redness may worsen. Swelling may be significant and cause some discomfort.

- You may also notice that your skin appears bronzed or **little dark dots** will appear on the treated area. Your skin may feel dry, peel, or flake. You may notice a “sandpaper” texture a few days after treatment. This is the treated tissue working its way out of your body as new fresh skin is regenerated.

- This dead skin is a normal result of laser treatment, and should start **sloughing** off 3 – 4 days after the treatment. Most patients complete this process 5 – 7 days after a treatment on the face. (On off-face areas, such as hands/arms, where healing is slower, the process may take up to 2 weeks.)

- Once the sloughing is complete, you may notice some **pinkness** over the next few weeks. Most redness resolves during the first week after treatment, but a rosy “glow” can remain for several weeks. If you wish, you can apply makeup to minimize the redness.

- Some patients have also experienced **itching**.

How to Care for Your Skin After Treatment

Your after treatment skin care regimen is tailored to the treatment you received today. Follow the instructions as checked below:

Immediately After Treatment. Use a bland moisturizer (i.e. Cetaphil® cream) or a very thin layer of petrolatum ointment (i.e. Aquaphor®). Use petrolatum ointment to cover any area with oozing and keep moist. Use of icepacks helps alleviate the heat sensation. You may also cleanse your face with a mild cleanser.

First Few Days. Continue cleansing and moisturizing over the next few days. Once the sloughing starts, please allow your skin to heal and **DO NOT** scrub, rub, or use exfoliants. Keep clothing away from treated body parts as much as possible to avoid irritation.

First Week of Healing. Keep treated area clean; avoid smoking, excessive alcohol consumption, excessive exercise, perspiring, swimming, or exposing skin to heat and sun.

Skin Care Products. All of your skin care products should be non-irritating and non-clogging for the first week or so after a Fraxel treatment. Examples of brands that offer very gentle and inexpensive products that are ideal to use: Aveeno®, Dove®, Neutrogena®, and Cetaphil®.

Scrubs, Toners, Glycolic Acid, and Retin A. Your skin will be sensitive for the first week or so after treatment. Do not use products that will cause irritation during this time. Do not use abrasive scrubs, toners, or products that contain glycolic acids or Retin A. *Read the product labels.*

Normal Skin Care Regimen. Once the sloughing is complete, you may resume your routine skin care and make-up products, as long as they are tolerable to you.

Sunscreen. It is very important that you use sunscreen to prevent sun damage to the skin. Sunscreen should offer broadband protection (UVA and UVB) and have a sun protection factor (SPF) of 30 or more. Once sloughing is complete, use sunscreen daily for at least 3 months after your last treatment. Apply sunscreen 20 minutes before going outside, and again, immediately before. Reapply sunscreen every 2 hours. If direct sun exposure is necessary, wear a hat and clothing that covers the treated area. Your practice of diligent sunscreen use may lower the risk of laser-induced hyperpigmentation (darker color).

Moisturizer. Remember that peeling and/or flaking is normal during the healing process. Therefore, the moisturizer you use should be non-irritating and non-clogging, or else you could develop breakouts. During the healing period, your normal moisturizer may be too occlusive, so consider products from the brands listed above. Instead of using 2 separate products, use moisturizers that contain SPF30+. Reapply whenever your skin feels dry.

Bleaching Creams. Discontinue use of your bleaching cream while your skin is tender. Restart your bleaching cream about 1-2 weeks after treatment depending on the settings used.

Resume your normal skin care regimen when your skin has fully healed.

Cold Sores. If you have a history of cold sores, ask your doctor about care!

Abnormal Healing. If you notice any blisters, cuts, bruises, crusting/scabs, areas of raw skin, ulcerations, active bleeding, increased discomfort or pain, pigment changes (lighter or darker than usual complexion), or any other problems, please contact us as soon as possible.

Questions/Concerns. Post-treatment healing varies from patient to patient. If you have any questions or concerns, please contact the office at (603) 622-3670.

Other Instructions: _____

I was instructed on the above post Fraxel® laser treatment post-care and a copy was given to me.

Name _____ Signature _____ Date _____