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Laser Resurfacing Post-Treatment Instructions

Patient response can vary after a Laser Resurfacing treatment. Laser Resurfacing is a peel whose precise depth has been determined based on your concerns and the condition of your skin. Typically, the depth of the peel is in the dermis (lower layer of your skin). Erythema (redness) and possibly edema (swelling) are the desired responses within a few minutes after the completion of the procedure. The degree of redness and length of healing time will increase condition, so some areas may have more sensitivity.

- Redness normally persists for 8 - 12 days depending upon the depth of the peel.
- Swelling is typically a short-term response. Use of a cold compress or ice packs will help to relieve the swelling. To avoid further swelling, you may choose to sleep in an upright position the first night after the treatment. Sleeping on your back with an elevated pillow will also help prevent the creation of prematurely peeling skin.
- If an antiviral was prescribed for you, continue to take as directed.
- Post treatment discomfort may be relieved by over the counter oral pain relievers; i.e. Extra Strength Tylenol or prescribed pain medication if ordered by the doctor. Oral Benadryl may help itching but can be sedating.
- A cold compress or an ice pack can be used to provide comfort if the treated area is especially warm. This is typically only needed within the first 12 – 24 hours after the treatment.
- Oozing or seeping of clear serous fluid (light pink) may occur if the peel is a deep one. This can last for 24 – 72 hours depending on the treatment depth. This is a process of the skin healing. Your physician has applied an occlusive barrier (i.e. Aquaphor or balm). This barrier may mix with the oozing material and can be dabbed off with clean gauze. Be careful not to rub or scrub the treated area.
- Cleanse the skin two times a day with plain, lukewarm water and a gentle cleanser; i.e. Cetaphil, beginning the morning after the treatment. Use your hands to gently apply the cleanser and water and finish by patting dry with a soft cloth. Be careful not to rub the treated area.
- After cleansing your face, reapply the occlusive barrier, i.e. Aquaphor, taking care to cover all treated areas. The occlusive barrier is needed to provide a protective barrier that will hold moisture into the skin and provide protection to the skin from pollutants in the air as the skin heals. Reapply the occlusive barrier as needed. Do not allow the treated area to dry out. Healing occurs more rapidly if the skin surface is kept moist and protected. Continue to apply the occlusive barrier until _____ o'clock on _____.
- Peeling and flaking generally occur within 24 hours post treatment and should be allowed to come off naturally. **DO NOT PICK, RUB OR FORCE OFF ANY SKIN DURING THE HEALING PROCESS. THIS COULD RESULT IN SCARRING AND INFECTION!** Gently washing the skin more frequently will help to promote the peeling process.
- Avoid direct sunlight for up to 2 months post treatment.
- Once skin has healed (no longer wearing the occlusive barrier) you may begin to wear makeup. If you are able to wear makeup, a sun block should be worn on a daily basis to help prevent any hyperpigmentation issues that could be caused by direct or indirect sunlight. Sun block should be used vigilantly for up to 3 months after the procedure.
- When showering, be sure to avoid getting shampoo directly on the treated area. You may consider taking your shower with the back of your head to the water to avoid directly hitting your face with the full force stream of water.
- Avoid strenuous exercise and sweating until after skin has healed.

Additional Instructions: _____

Warning

There may be some degree of swelling immediately post treatment; however, if you have excessive swelling or any of the following signs of infection, you should contact the office immediately. Signs of infection include:

- Drainage – looks like pus
- Increased warmth at or around the treated area
- Fever of 101.5 or greater
- Extreme itching

Patient Signature _____ Date _____

Patient ID# _____ Witness _____