

GUIDELINES FOR MICRONEEDLING

PREPARATION

Avoid excessive sun exposure/burns for 48 hours prior to treatment

Discontinue use of topical retinoids (like Retin-A) at least 48 hours prior to treatment

Do NOT take any anti-inflammatory medications (such as ibuprofen, Motrin and Advil) for at least seven (7) days prior to treatment.

If you have been on Accutane in the prior six (6) months, you should inform Dr. Hilinski's staff.

AFTER CARE

Apply the Skinfuse serum starting the day of the procedure – continuing for 24 hours post procedure

Avoid sweaty exercise, sun exposure and tanning beds for at least 72 hours post procedure

Avoid other facial aesthetic treatments for one (1) month following treatment

Avoid applying make up for up to 72 hours

If PRP was used in combination with your microneedling treatment, do not take any anti-inflammatory medications, such as ibuprofen, Motrin and Advil for at least one (1) week.

Do not use any powered cleansing brushes (such as a Clarisonic) for one (1) week post procedure

The following is a typical recovery timeline for most microneedling patients:

Day 1-3

A sunburn-like effect is normal. The skin will feel tight, dry, and sensitive. Redness is common and may be present. Treat the skin gently - washing with a cleanser and cool water.

Day 2-5

Peeling may start 2-5 days after treatment. You will notice skin dryness and flaking. Do NOT pick, scratch or scrub the treated skin. Allow the old skin to flake off naturally.

Day 5-7

You may restart your regular skin care products (including Retin-A) once your skin has begun to heal. Continue with sun precautions for several more weeks.

For best results, we recommend a series of 3 treatments scheduled 4-6 weeks apart.

Call our offices immediately at (619) 296-3223 if you experience any of the following:

- Persistent fever / over 100.4 (38 C) despite Tylenol every 4 hours
- Excess redness / swelling or warmth in the treated area(s)
- Excessive pain not controlled with recommended medication

I ACKNOWLEDGE UNDERSTANDING OF THE ABOVE _____ (PATIENT SIGNATURE)