



Post Procedural Instruction Booklet Venus Velocity Treatments

INTRODUCTION TO VENUS VELOCITY POST CARE BOOKLET

The post-care instruction booklet has been created to help you prepare for your care after your treatment has been completed in the clinic. 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 the physician 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 components or items in the post-care, instruction booklet, please do not hesitate to call the The Spa at Mecca. In the rare circumstances, you are unable to contact The Spa at Mecca 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!**

POST-CARE INSTRUCTIONS:

YOUR PROCEDURE

The treatment you have selected is Venus Velocity for Hair Removal.

Post-operative Course

DAY 1-7:

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.

Swelling/Discomfort/Redness:

The most common side effects are erythema and edema (redness and swelling) which generally occur immediately after treatment and typically resolve within 24-48 hours. Crusting and rarely, blistering may occur which typically resolve within 48-72 hours. Some patients experience mild itching post treatment. This is common and lasts approximately 1-2 days.

Activity:

Post treatment discomfort is mild, and you may return to regular activities immediately. It is advised that you avoid hot baths, saunas, jacuzzis and pools for the first two days following treatment (bacteria in them can cause an infection). It is best to avoid applying ice or cooling compresses as the heat response is the body's natural healing response. However, if extreme heat or discomfort is evident, use cold compresses to sooth the area.

Moisturizer:

Moisturizer may be applied after each treatment, and then should be applied regularly throughout the course of the treatment.

Make-up:

Make-up may be applied to hide the pinkness of the skin.

Sun Exposure:

Sun avoidance should become a permanent component of your long-term skin care program; always use a sun block. Sun exposure to the treatment area immediately after treatment and for one month following the treatment may increase the risk of pigmentary changes in the treatment area.

Long-term Skin Care:

In addition to sun avoidance for one month following the treatment, we suggest ongoing use of sun block.

Warning Signs: The following are some of the symptoms that should alert you to the possibility of an impending or existing complication and you should contact the clinic.

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.

POST VENUS VELOCITY HOME REGIMEN

Day 1-7

Refrain from exposure to hot baths, saunas, jacuzzis and pools for the first two days following treatment

Use a moisturizer on treated area post-procedure

Always use sun block on treated area even if it's a cloudy day

Sun avoidance immediately after and for one month following the treatment and wear adequate sun protection

Blisters or ulcerated skin can be treated with prescribed antibiotic ointment

Keep scabs soft with lubrication cream and avoid picking or scrubbing them off

Allow for natural exfoliation / peeling of the skin to occur

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Acknowledgement and Release

I _____ have had an opportunity to review the 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-care instructions.
3. Failures to report symptoms or signs that are unusual or concerning.

Signed: _____

Date: _

Witness: _____

Date: _