



# IntracelRF

## What to expect during and after your procedure

### **During your procedure:**

- Topical numbing cream will be applied to the area being treated for 30-60 min prior to treatment. In some cases your doctor may inject lidocaine into the skin in lieu of numbing cream.
- There will be multiple passes made over the treatment area with the hand piece.
- You will feel some slight discomfort similar to a mild sting or snap.

### **After your procedure:**

- A serum, moisturizer, and/or sunscreen may be applied to treated area after your procedure.
- Sensation of heat/intense sunburn (will subside throughout the day). It is OK to take Tylenol or Ibuprofen.
- Redness and mild swelling will occur immediately after treatment. Swelling typically peaks at 48-72 hours and should subside in 5-7 days. Sleeping with your head slightly elevated at night for the first 3 nights will help minimize swelling.
- You may experience mild crusting of the skin approximately 1-5 days after treatment. Crusts will disappear naturally in approximately 7 days. Soaking the skin in a warm shower for 10-15 minutes and massaging gently with the fingertips can help with the sloughing.
- The use of ice packs (20. min on, 20 min. off) day of procedure and the following day will help reduce sensation of heat and help to minimize swelling.
- NO RUBBING, PICKING OR WIPING TREATMENT AREA.
- Gentle cleansing is fine (SkinMedica Gentle Cleanser or Cetaphil Cleanser is recommended).
- Avoid harsh topical products or alcohol based toners for 2 weeks, otherwise you may resume your normal skin care regimen as directed by your physician 24 hours after treatment.
- DO NOT use a washcloth or the Clarisonic to cleanse.
- Avoid sun exposure the day of treatment. Apply sunscreen with Zinc Oxide and/or Titanium Dioxide and SPF daily (minimum SPF 30). Protect treated area from the sun both indoors and outdoors (hat, sunglasses, sunscreen). \*UVA rays will penetrate through windows.
- DO NOT apply make-up until you have peeled or you have been instructed by your physician.
- Follow any additional specific post treatment instructions from your physician.
- Follow up with your physician in \_\_\_\_\_ days

**Please contact our office if you have any questions or concerns at (858)657-1002.**

### **Additional notes/instructions:**

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**Dr.** \_\_\_\_\_ **Assistant:** \_\_\_\_\_ **Date:** \_\_\_\_\_