



Dermal HA Fillers

What to expect during and after your procedure

During your procedure:

- An assessment will be made by your physician to determine type of product and appropriate amount needed.
- Multiple injections will be administered to treated areas.
- The fillers may contain lidocaine, however some physicians may decide to use a topical numbing agent or local anesthesia injections prior to filler injections.
- You may have a very small amount of pinpoint bleeding where the needle was inserted. This usually subsides in a few minutes.

After your procedure:

- Do NOT manipulate, rub, massage, apply pressure, etc. to treated areas or lay face down after treatment.
- You may use your regular skin care products and make-up after a few hours.
- You can apply ice packs to ease tenderness and swelling for 5 minutes two or three times/day for the first 24-48h.
- Immediately after treatment you will experience swelling which can last 1-3 days. The above mentioned fillers are made from **hyaluronic acid** (which is a substance your body normally produces) and it attracts water to it which causes the swelling.
- You may feel lumps where the filler was injected. This is also swelling and they will subside in about 3-5 days and are usually not visible.
- You may get a bruise from the injections. If so, you are welcome to come into the office the following day and have the bruise(s) treated with a laser at no charge.
- You may also take Arnica before and/or after the treatment to decrease risk of bruising and to help bruises subside faster. We have Arnica available for purchase.
- Avoid excessive exercise, hot baths, saunas or activities with the head down such as massage.
- Results are immediate but due to the swelling, the expected result can be seen between 7-10 days. You may also see some asymmetry due to swelling but this will subside.
- It is always a possibility that you may not get the desired result after one treatment. Additional treatments may be necessary to achieve optimal desired results.
- Follow up with your physician in _____ days/weeks, or as needed.

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

Additional notes/instructions:

Dr. _____ Assistant: _____ Date: _____