



# Fraxel Dual

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.
- There will be multiple passes made over the treatment area with the hand-piece.
- The sensation of heat (similar to grease “splattering”) increases with the amount of passes.
- Cold air is applied directly to skin surface as it is being treated to help decrease sensation of heat.

## After your procedure:

- Various soothing and protective products will be applied to the treated area after your procedure.
- The sensation of heat/intense sunburn will subside throughout the day. You may take Tylenol or Ibuprofen.
- Redness and mild swelling will occur immediately after treatment and typically peaks at 48-72 hours and could last up to 1 week or more. To help minimize swelling, you can sleep with your head slightly elevated for the first 3 nights and you can consider taking an over the counter antihistamine.
- The use of ice packs (20. min on, 20 min. off) the day of procedure and the following day will help reduce the sensation of heat and help minimize swelling.
- It is OK to shower day of procedure but **DO NOT WASH YOUR FACE UNTIL GIVEN THE OK BY YOUR DOCTOR**. A gentle cleanser may or may not be recommended to you. DO NOT use a washcloth or the Clarisonic to cleanse until your doctor approves.
- **NO RUBBING, PICKING OR WIPING THE TREATMENT AREA.** Doing so could lead to prolonged redness of the treatment site.
- Superficial, grainy crust is normal and could last up to 1 week.
- Apply moisturizer as often as needed to help with dryness. You may be asked to apply a thin layer of an occlusive ointment (such as Aquaphor, Vaniply, or Vaseline) over the treated area.
- Apply sunscreen with Zinc Oxide and/or Titanium Dioxide daily. Protect the treated area from the sun both indoors and outdoors (hat, sunglasses, sunscreen).
- 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/weeks.

**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: \_\_\_\_\_