

## Fraxel Re:store

### What to expect during and after your procedure

#### During your procedure:

- Topical numbing cream will be applied to areas being treated for 30-60 min prior to treatment.
- The laser handpiece is "rolled" on the surface of the treatment area. There will be multiple passes made over the treatment area.
- The sensation of heat (like grease "splattering") increases as the number of passes increase.
- Cold air is applied directly to skin surface as it is being treated to help decrease sensation of heat.

#### After your procedure:

- Sensation of heat/intense sunburn (will subside throughout the day). It is OK to take Tylenol or Ibuprofen as needed.
- Redness and mild swelling will occur immediately after treatment. Swelling typically peaks at 48-72 hours. Sleeping with your head slightly elevated at night for the first 3 nights will help minimize swelling.
- Application of ice packs (10 min. on and 10 min. off) starting the day of procedure and the following day will help reduce the sensation of heat and minimize swelling.
- Apply sunscreen with Zinc Oxide and/or Titanium Dioxide daily. Protect the treated area from the sun both indoors and outdoors (hat, sunglasses, sunscreen). Reapply sunscreen every 2 hours.
- **NO RUBBING, PICKING OR WIPING THE TREATMENT AREA.**
- It is OK to shower day of procedure.
- Gentle cleansing with a Sensitive Skin Cleanser is fine.
- Superficial, grainy crust is normal and could last up to 1 week.
- Redness is normal and could last up to 1 week or more.
- Apply moisturizer as often as needed to help with dryness.
- You can wear make-up (unless instructed not to by your Physician) if you are not rubbing, picking, or wiping off the surface of skin when applying or removing make-up.
- A series of treatments may be recommended to achieve desired results.
- Follow any specific additional post treatment instructions from your Physician.

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

Additional notes/instructions:

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Physician: \_\_\_\_\_ Assistant: \_\_\_\_\_ Date: \_\_\_\_\_