

Silhouette Instalift (Thread Lift)

What to expect during and after procedure

Before your procedure:

- You will require a 1-hour Phone Pre-operative appointment prior to procedure to prepare.

During your procedure:

- You will be injected with lidocaine to numb the area prior to treatment.

After your procedure:

- Apply cold packs immediately after the procedure with very gentle pressure for 5-10 minutes. Be sure to wrap the cold packs with a paper towel to avoid direct contact with the skin and insertion points. Ice packs can be applied 2-3 times a day during the first 48 hours after treatment.
- Tylenol 500mg, one or two pills, every 4 to 6 hours may be taken for discomfort if needed. It is best **NOT** to take Ibuprofen (Advil, Motrin, Aleve) for several days after procedure.
- You may see areas of irregularity. These typically disappear a few days after treatment but may be slightly visible for 1-2 weeks.
- Swelling and/or bruising can vary from patient to patient. Some patients may not experience swelling/bruising, and some may have marked swelling/bruising.
- Refrain from applying make-up for as long as possible. Make-up may be gently applied after a minimum of 24 hours.
- Sleep face up, elevated on 2-3 pillows for 3-5 nights. Do **NOT** put pressure on the skin of the face.
- Do not rub your face aggressively when washing, shaving, or drying for 5 days.
- Buy a child's toothbrush and gently brush teeth the first week.
- Avoid excessive neck and facial movements for 2 weeks, especially wide-open mouth movements.
- Minimize repetitive mouth movements for 2 weeks. No smoking or gum chewing.
- Avoid participating in high impact sports (running, pickleball, tennis) for 3 weeks.
- Avoid exposure to direct sunlight and UV light for 2 weeks.
- Do not use Jacuzzis or saunas for 3-4 weeks.
- Avoid dental surgery for 4 weeks.
- Avoid facials or face down massages and facial aesthetic treatments for 4 weeks.
- Follow any additional specific post treatment instructions from your Physician.

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

Additional notes/instructions:

Physician: _____ Assistant: _____ Date: _____