

THERMAGE

What to expect before, during and after your procedure

Before your procedure:

- You will require a 1-hour Phone Pre-op appointment prior to prepare for procedure.
- This procedure is performed in our Operating Room.
- All jewelry will need to be removed.
- Please remove artificial eyelashes/eyelash extensions if you are having your eyes treated.
- Do not wear contact lenses. Please bring or wear eyeglasses if needed to read paperwork.
- Thermage cannot be performed if you have any metal/electrical implants (such as a pacemaker or defibrillator)

During your procedure:

- For eye treatment, internal eye shields will be placed. Your vision may be slightly blurry after the procedure due to the lubricating ointment used to place them in the eyes. Your eyes will be flushed once eyeshields are removed.
- Coupling fluid will be applied to the treatment area during your treatment.
- During the treatment you will feel the sensation of heat accompanied by a vibration that lasts for a few seconds each pulse. Tolerable heat is necessary to achieve an optimal result.
- Oral medication is available for pain management, but you will require someone to drive you home.
- ProNox (Nitrous) is available for pain management. It wears off within 5-10 minutes after treatment so you can drive yourself home.

What the procedure feels like:

- There will be a sensation of heat accompanied by a vibration that lasts for a few seconds with each pulse.
- Tolerable heat is necessary to achieve optimal results. You will be asked for your feedback on comfort level.

After your procedure:

- Your skin may appear pink or slightly swollen in select areas and can last up to two hours or longer.
- There may be slight tenderness and tingling in an area for a few hours after treatment.
- If you are medicated for treatment, you are **NOT** permitted to drive yourself.
- You may resume your normal skin care regimen after the procedure, and you may shower.
- Multiple &/or maintenance treatments may be necessary to achieve desired results.

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Additional notes/instructions:

Physician: _____ Assistant: _____ Date: _____