

# VBeam/Cynergy (PDL)

## What to expect during and after your procedure

### During your procedure:

- Your eyes will be protected.
- Cold air may be applied directly to the skin surface as it is being treated to help decrease sensation of heat.
- You will feel the sensation of heat (like grease "splattering" or rubber band "snapping" against your skin).
- Each area will be targeted by the laser until the entire treated area has been completely covered.

### After your procedure:

- Sensation of heat/intense sunburn will subside throughout the day. It is OK to take Tylenol 500 mg, one or two every 4-6 hrs. as needed.
- Redness may occur for a few to several days.
- Possible bruising (may be present immediately after procedure or within 1-2 days after procedure) and may last a few to several days.
- Swelling typically peaks at 48-72 hours. The use of ice packs (10 min. on and 10 min. off) the day of procedure will help reduce sensation of heat & help minimize swelling. If your treatment is being performed on your face, sleeping with your head slightly elevated at night for the first 2-3 nights will help minimize swelling. Swelling can vary from patient to patient and will vary depending on size/location of area being treated.
- If crusting/scabbing occurs, apply an ointment (Aquaphor, Bacitracin or Vanicream Ointment) until crusting/scabbing resolves (typically 5-10 days).
- It is OK to shower day of procedure. Gentle cleansing is fine.
- Apply sunscreen with Zinc Oxide and/or Titanium Dioxide daily. Protect treated area from the sun both indoors and outdoors (hat, sunglasses, sunscreen). Reapply sunscreen every 2 hours.
- You can wear make-up (unless instructed not to by your physician) if you are not rubbing, picking, or wiping off surface of skin when applying or removing make-up.
- Multiple treatments may be necessary to achieve desired results.
- 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:

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