

CoolTouch Varia

What to expect during and after your procedure

During your procedure:

- Your eyes will be protected.
- You will feel the sensation of heat (like grease "splattering" or a rubber band "snapping" against your skin).

After your procedure:

- Redness and swelling are to be expected immediately after treatment. Swelling varies from patient to patient and can last from just several hours up to a week or longer.
- There is the possibility that one or more of the veins being treated will appear larger &/or darker for a few to several days after treatment.
- The treated area may be sore/tender after treatment. This will usually subside within a few to several hours. It is OK to take Tylenol 500 mg, one or two pills, every 4 to 6 hours as needed.
- Application of ice packs (10 min. on and 10 min. off) will help to reduce the sensation of heat and help to minimize swelling.
- Swelling typically peaks at 24-48 hours. If the treatment was performed on your face, sleeping with your head slightly elevated for the first 2-3 nights will help minimize swelling.
- It is possible you may get a bruise immediately after the treatment or within 1-2 days after the treatment. If bruising occurs, it can take 3-10 days to resolve.
- Spontaneous bruising is possible several weeks after treatment. Avoid rubbing treatment area to decrease possibility of spontaneous bruising. If this does occur, it can take 3-10 days to resolve.
- Apply sunscreen with Zinc Oxide and/or Titanium Dioxide daily. Protect the treated area from sun exposure (hat, sunglasses, sunscreen). Reapply sunscreen every 2 hours.
- It is OK to shower and/or **GENTLY** wash/cleanse the treated area the day of treatment.
- All other skin care products and makeup can be **GENTLY** applied on the day of treatment. Remove make-up **GENTLY**.
- 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:

Physician: _____ Assistant: _____ Date: _____