

Dermal Fillers General Treatment Pre and Post Care

Avoid touching the treated area for six hours. After that, light makeup can be applied and the area can be gently washed with soap and water.

Pre-Treatment

- Schedule your treatment at a time when minor swelling or bruising will not disrupt your social obligations.
- Please notify your provider if you have any history of cold sores, as we will consider pre-medicating with an antiviral prescription prior to injections
- We will not perform dermal filler treatments on patients who are currently pregnant or breastfeeding, with presence of infection at or near the injection sites, or under the age of 18

7 days before

- Discontinue the use of NSAIDS (Advil, Aleve, Aspirin Motrin, etc.), fish/flax oil, herbal supplements (e.g., garlic, ginseng, ginkgo biloba, St. John's Wort, omega 3) and vitamin E or any other blood thinning supplements one week before treatment to minimize bruising or bleeding. Please consult with your primary physician prior to discontinuing any prescribed blood thinning medications
- If you are using aspirin or any similar medication, be aware that these may increase the bruising and bleeding at the injection site
- You can consider taking Arnica Montana natural supplement to help minimize bruising

24 hours before

- Avoid alcohol, caffeine, niacin supplement, high-sodium foods, high sugar foods, refined carbohydrates, and spicy foods

What to Expect

- Slight redness, swelling, tenderness and an itching sensation in the treated area is temporary
- These aesthetic products are temporary injectable fillers, and the duration of the effect can vary from patient to patient. You may wish to consider additional treatments before the effect has completely dissipated
- For most patients, the benefits of dermal fillers can be enhanced by using a medical-grade skincare system. Please ask your provider for product recommendations
- These aesthetic products are temporary injectable fillers and the duration of the effect can vary from patient to patient. You may wish to consider additional treatments before the effect has completely dissipated
- Immediately after the treatment, there may be slight redness, swelling, tenderness and an itching sensation in the treated area. This is a normal result of the injection. The inconvenience is usually temporary and generally disappears in less than 6 hours after injection into the skin and less than 1-2 days after injection into the lips. Occasionally the initial swelling after lip treatment may last longer. Occasionally some patients experience swelling for about a week and the lips can look somewhat uneven during this time. This means that the result directly after the treatment should not be seen as the final result

Post-Treatment

- Cold compresses/ice pack can be used to reduce any swelling or discomfort; 20 min. every hour
- To minimize discomfort, you may take Tylenol/Acetaminophen after your treatment
- Do not touch or put pressure on the treated area unless directed to by your injector
- For the rest of the day, avoid alcohol, strenuous exercise, exposure to UV radiation (ex. direct sunlight)
- No make up for 24 hours after treatment
- Avoid airplane travel for 3 days after treatment
- For the next two weeks, avoid facial massages or stimulation to the face, extreme heat (e.g., solarium and sunbathing) and extreme cold
- Avoid dental work for 30 days after filler injections

Other types of reactions are very rare, but occasionally some patients have experienced other reactions. Please be sure to review the consent form for further details.

If you experience any of the following symptoms, contact our office immediately:

dusky or white discoloration of injected areas, mottling or unusual bruising, severe or increasing pain, redness, increasing warmth or coolness to touch, severe swelling, itching, blisters, difficulty swallowing or smiling, fever (101.5°), or chills. If you notice an onset of any of these symptoms, call our office immediately to speak with a provider or contact your local medical facility.

I have been educated on the pre and post care associated with my treatment, the side effects, and I am aware of the risks associated with the treatment.

Patient Name

Patient Signature

