



**Pre & Post-Care Instructions for IPL Photorejuvenation**

**Pre-Care Instructions:**

- The following conditions are CONTRAINDICATIONS to treatment: history of melanoma, raised moles, suspicious lesions, keloid scar formation, healing problems, active infections, open lesions, hives, herpetic lesions, cold sores, tattoos or permanent make-up in area of treatment, recent use of Accutane, tetracycline, or St. John's Wort in the last year, autoimmune diseases such as Lupus, Scleroderma, Vitiligo, pregnancy, trying to get pregnant or nursing.
- Do not tan or use self tanner in areas to be treated for 4 weeks prior.
- Avoid any irritant chemical, soaps or lotions to area for the week prior.
- Wear long hair in a ponytail, away from face and neck. Come without makeup.

**Post-Care Instructions:**

- Some redness and swelling is normal and may feel similar to a sunburn. This should resolve in a few days to a week. Some people may react more and have redness up to a month or longer. Notify Dr. Nackman if it persists longer than a few days.
- During the next week, you may develop a fine crust or a rug burn look. DO NOT PICK AT THEM. This may last for several days to weeks. Keep area moist and clean. Vinegar/water soaks will help with the itching, skin sloughing, and cleansing.
- Small blisters may occur. Keep area clean. Notify Dr. Nackman if this happens.
- You may apply cool compresses or ice for comfort.
- Gently clean the area twice daily with mild cleanser. Aloe vera gel can also be used.
- Avoid irritants (glycolic acids, retinoids, etc.) until all redness/swelling resolves.
- Moisturizers may be used if they do not sting when applied.
- Apply Sunblock (with zinc) for at least six weeks if not for your lifetime!
- Shaving should be avoided until comfortable. Begin with light shaving.
- Avoid strenuous exercise for the day as sweating may sting.
- Make-up may be used as long as skin is not broken or irritated.

Notify Dr. Nackman if you have any questions, concerns or problems.

I understand the above instructions. I understand the risks and signs of side effects and complications such as severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection and I will call the office and notify Dr. Nackman immediately if I have any questions or concerns.

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Patient Signature

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Name of Patient (please print)

\_\_\_\_\_  
Date