



PRE AND POST CARE INSTRUCTIONS FOR VEINWAVE™

PRE-CARE INSTRUCTIONS:

You may choose to take Acetaminophen (up to 1000mg), Ibuprofen (up to 600mg) or Naproxen (220mg) 1 hour prior to your appointment to help minimize discomfort.

Note: if you have been advised by a physician NOT to take Acetaminophen and anti-inflammatory medications please do not take them. It is not necessary for this procedure.

Please come to your procedure appointment with your face or legs clean of moisturizer, self-tanning lotion or make-up. These materials can interfere with the treatment process. Be prepared to leave your appointment with the treated areas reddened. This is a normal response and will last a number of hours, possibly even longer, depending on area of treatment, length of treatment time and severity of veins treated

POST-CARE INSTRUCTIONS:

FACE: You will have red, raised areas from treatment. Your skin may be itchy. This is completely normal. After a few days you will have some flakey, patchy dry skin or light scabbing that will require no special care beyond your regular daily skincare routine. You may apply aloe vera gel to help soothe sensitive skin, as well as a light moisturizing lotion.

LEGS: You will have red, raised areas from treatment. Your skin may be itchy. You will have “cat-scratch” red marks on treated veins. This is normal. While it is unsightly at first, these marks will start fading as your body absorbs the treated veins.

Although highly unusual, if a treated area is showing signs of infection, please call our office to schedule a follow-up appointment.

Please be patient. Your body’s natural response to heal itself, will take time. You will notice the treated veins will fade during a period of 4-6 weeks post treatment. Following your initial treatment, it is not unusual to have an area that will require a touch-up. Depending on severity, several treatments may be required with a possibility of sclerotherapy for larger veins.

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

ACKNOWLEDGEMENT:

I understand the above instructions and I will call the office and notify Dr. Nackman immediately if I have any questions or concerns.

Patient Signature

Name of Patient (please print)

Date