

Reflections
Aesthetic and Laser Solutions

Hair & Vein Removal • Sun Spot Removal • Restylane • Botox • Skin Care

Laser vein removal pre & post care instructions

For best results, please follow these instructions

1. To AVOID hyper pigmentation (dark spots) after treatment do not expose your self to the sun without at least 30SPF sunscreen. Remember the sun's harmful rays **can** penetrate clothing. In addition, **you must avoid the use of self-tanning agents, spray tans, tanning beds or any other artificial pigment to the skin while undergoing treatment and for at least three weeks prior to the first treatment.**
2. You must avoid any irritants to your skin, such as any products containing Retin-A, retinol, Benzoyl peroxide, glycolic/salicylic acids or astringents for one week **before and after** your treatment.
3. If possible, please do not wear any makeup prior to your facial treatment.
4. To avoid the opening of the treated veins & significant bruising **do not** take aspirin or other anti-inflammatory products (Anacin, Bufferin, Advil, Ibuprofen or Nuprin) for one week **before & after** treatment. Tylenol may be used.
5. To decrease any achiness or discomfort after treatment, support hose or an ace bandage **MAY** be helpful. It may also help in reducing the amount of bruising. The research comparing the use of support hose versus not using support hose demonstrates mixed results.
6. Vitamin K cream has been reported to reduce bruising for those who tend to bruise easily. Arnica Montana 5 tablets under the tongue daily is a homeopathic remedy utilized to reduce bruising.
7. To decrease swelling, ice can be applied, 20 minutes on, 20 minutes off. Swelling will resolve by itself in a few hours. Bromelain 750 mg four times per day is a homeopathic remedy utilized to reduce swelling. Do not take on an empty stomach.

Note: Even after the majority of veins have been treated, new spider veins can develop. Make an appointment to return for evaluation in 6 weeks

Please call us if you have any questions at **772-567-7196**.

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PERMISSION FOR LASER VEIN TREATMENT

Do not sign this form until you have read it and fully understand its contents.

Patient Name: _____

I acknowledge and understand that the following procedure has been described to me to my satisfaction:

Laser Vein Treatment with the CoolGlide™ Nd-Yag Laser

I hereby authorize and direct Reflections personnel, under the direction of _____, M.D./ Or Certified Laser Specialist, to perform laser assisted vein treatment on me.

The following points have been discussed with me:

1. **The mode of action of the treatment.** The laser light penetrates the skin and is absorbed by the hemoglobin pigment in the blood vessel, causing a rapid heating of the blood. This process coagulates the blood and collapses the vein. Some people feel mild to moderate discomfort during the procedure.

2. **The proposed benefits of laser treatment.** For most patients, this procedure will cause the elimination of the veins. It is recommended that you use pressure stockings or an ACE bandage for 5 days following the procedure to optimize the results. Significant vein clearance is obtained within 8 to 12 weeks.

3. **The probability of success.** Several treatments may be required to remove all veins in a determined area. However, some patients may not experience vein clearance even after multiple laser procedures. Results depend on many factors and it may not be possible to make every vein disappear..

Complications are rare and usually minor. I am aware of the following possible experiences with laser procedures:

1. **DISCOMFORT** – Mild pain may be experienced during laser treatment. Most people tolerate the procedure well, but some may need a topical anesthetic cream.

2. **HEALING** - Laser surgery may result in swelling, blistering, crusting or flaking of the treated area, which may require 1 to 3 weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2 to 4 weeks or longer in some patients. Only a small percentage of patients will have this problem.

3. **BRUISING/SWELLING/INFECTION** - Bruising of the treated area is commonly seen for 4 to 8 weeks. Swelling can occur after the procedure and last for several hours. A skin infection is a rare but possible complication.

4. **PIGMENT CHANGES** (Changes in skin color) - The treated area may become either lighter or darker in color than the surrounding skin. This effect typically resolves spontaneously in a few months, but can last much longer. On rare occasions it may be permanent.

5. SCARING - Scarring is a rare occurrence, but it is a possibility when the surface of the skin is disrupted. To minimize the chances of complications, it is important that you follow all of the before and after instructions carefully.

6. EYE EXPOSURE - Protective eyewear will be provided during the procedure. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure .

I understand that the medical personnel and other assistants will rely on statements made by me to determine that the procedure is safe and effective.

ACKNOWLEDGMENT

I understand that laser vein treatment is not an exact science, and that no guarantee or assurances can be given to me concerning the results of this procedure.

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I authorize the taking of photographs before, during and after the laser procedures. I understand that these photographs may be used for medical education, research and documentation of the medical record.

I consent to allow the medical personnel at Reflections Aesthetic and Laser Solutions of Primary Care of the Treasure Coast, under the supervision and control of _____ M.D./ Or Certified Laser Specialist, to perform Laser Vein treatment with the CoolGlide™ Nd-Yag Laser.

Patient

Witness

Date

I understand that I will be charged a fee of \$50.00 if I fail to give Reflections Aesthetic and Laser Solutions of Primary Care of the Treasure Coast 24 hours notice for the cancellation of an appointment. I also understand that once I've started my treatment program there are no refunds.

Initials