

# IPL (Intense Pulse Light) Pre & Post Care

## Pre Care

- Avoid sun exposure for 1 to 3 weeks prior to treatment and use SPF 30 daily to ensure coverage against UVB and UVA rays.
- Do not use self-tanning products for 1 to 3 weeks prior to and/or post treatment.
- Discontinue use of Tretinoin type products (Renova, Tretinoin, Retin A, Retin A Micro, Tri-Luma, Solage, etc.) at least 2 or 3 days prior to treatment.
- Discontinue use of Hydroquinone 2 or 3 days prior to treatment.
- If you have a history of cold sores, begin prophylactic treatment with Valtrex or similar no later than the day prior to IPL.
- Notify the center if you develop a cold sore, acne, open lesions in the area being treated, or experience any type of illness prior to your treatment.
- Avoid, if possible, Ibuprofen and non-steroidal anti-inflammatories for 3 days prior to and/or post treatment.
- Longevity of Botox and fillers done any time within 6 months prior to face treatment may be affected. Botox and/or fillers within 2 weeks prior to IPL is not recommended.

## Post Care

- You may experience a sunburned sensation immediately following treatment. Although rare, some light swelling is possible.
- Darkening of freckles and other areas is normal (Photo Rejuvenation Treatment only). If this occurs, do not pick or exfoliate the areas. They will flake off or lighten on their own over the next week if on the face and over the next several weeks if on the body.
- If you experience a burn, gently cleanse the area and use hydrocortisone cream on the area several times a day for the next week. If the mark opens, also use antibiotic ointment over the hydrocortisone cream. Please notify us immediately of any burns.
- Use SPF 30 or higher daily on treated area if exposed.
- You may generally resume normal skin care regimen after three days following treatment (or sooner if advised by your technician).
- Make-up may be applied the day after your treatment (or sooner if advised by your technician).

**Please call our office during normal business hours if you have ANY questions or concerns.**

I understand that these pre/post care instructions are important to my overall treatment. I agree that I have read and understand what is required of me to have my treatment.

**Patient Signature** \_\_\_\_\_

**Pt. Guardian (if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_



Piscataqua Plastic Surgery • 330 Borthwick Avenue • Suite 206 • Portsmouth, NH 03801

WWW.DRGAUDET.COM • 603.431.5488 • FAX 603.369.4623

