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## **Dermaplane Pre and Post Treatment Instructions**

## PRE TREATMENT INSTRUCTIONS

- Avoid sun exposure for 1 week prior to treatment and use SPF 30 daily to ensure coverage against UVB and UVA rays.
- Do not use harsh exfoliants for 1 week prior to 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, consider beginning prophylactic treatment with Valtrex or similar no later than the day prior to treatment.
- Botox and fillers injected up to 2 weeks prior is not recommended.
- 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.

## **CONTRA-INDICATIONS**

- Exfoliation is contraindicated for those with active infection of all types, such as herpes simplex virus or flat warts.
- Active acne
- Uncontrolled diabetes
- Eczema, dermatitis
- Skin Cancer
- Vascular lesions
- Oral blood thinner
- Bleeding disorders
- Rosacea
- If you are taking certain medications including blood thinners, higher dosages of Aspirin, and Accutane know these are contraindicated for this treatment due to increased sensitivity and/or the possibility of delayed clotting from a nick or cut.

## POST EXFOLIATION INSTRUCTIONS

- Use recommended skincare products such as the Koru Pure Cleanser and Reef or Elta MD Sunblock
- Discontinue use of hydroxyl acids and retinols following your treatment for approximately 3 days.
- Do not use harsh scrubs or abrasive loofahs following your treatment for at least 3 days.
- Avoid direct sun exposure and wear a sunblock daily.
- Avoid vigorous activity and hot heat as it can increase inflammation leading to pigmentation.
- Do not go swimming or put your face under water for 3 days in case of broken skin.
- Do not take long hot showers or put your face under a hot stream of water to avoid increased inflammation.
- Return to the office as directed by the provider or sooner with any complications.
- If you have any questions or concerns contact our office.

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 before and following my treatment.