

POST-TREATMENT INSTRUCTIONS: SOFT TISSUE FILLER INJECTIONS

Patient Name _____

Date _____

Surgery Date _____

Injection therapy to enhance and augment soft tissue of the face is a non-invasive, in-office treatment. The following instructions are your obligations. Included are normal experiences and observations of treatment.

FOLLOWING YOUR TREATMENT

Whether this is your first treatment with _____ soft tissue filler, or a subsequent treatment, follow these instructions precisely:

- Do not bend over or lay flat following treatment. This may increase any swelling you may experience. Sleep with your head elevated for the first few days following treatment.
- You may gently dab on concealing cosmetics, but do not rub or apply pressure to the treated area. In some cases, you may be instructed to massage the treatment area. In other cases, you will be instructed not to massage the area at all. Follow directions for massage explicitly. Call our office if you have any questions.
- Do not wear a hat, headband or any other garment or accessory that may put pressure on the treatment region in the first few hours after treatment.
- If your lips have been injected, avoid pursing your lips for the first few days after injection. This means sipping from a cup rather than a straw, and no pursing a cigarette.

The following are normal experiences that can occur following treatment:

- Tenderness or bruising at the injection site may last several days to a week.
- Swelling is most often due to anesthetic blocks, and will resolve within the first few days after injections.
- Asymmetry is possible: Opposite sides of your face, and different facial regions may react differently including swelling and bruising. This is normal. If asymmetry is severe, is accompanied by acute localized pain, or is not corrected with 7-10 days following your injection, contact our office immediately.
- If you develop any nodules, lumps or uneven appearance in the skin, please call our office immediately.

To alleviate any discomfort, and to reduce potential swelling you may gently, and without pressure, apply cool, not cold compresses to the treatment site. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses for no longer than 20-minute intervals.

You may also take over the counter pain medication if you experience any discomfort such as acetaminophen or ibuprofen.

FOLLOWING YOUR INJECTIONS:

Follow-up treatment varies based on the injectable filler used in your treatment:

Collagen based fillers. This type of filler can achieve your results with one treatment. The results of treatment with collagen based fillers generally last 3-4 months. Swelling and bruising is less likely with this type of filler.

Hyaluronic acid based fillers. This type of filler can achieve your results with one treatment. These results of treatment with hyaluronic acid based fillers generally last 5 to 6 months. Swelling and bruising is common with this type of filler.

Semi-permanent fillers. Treatment varies depending on the filler used. You may require more than 2 to 3 or more initial treatments to achieve your results. This type of filler is the most common to require post-treatment massage. Swelling and bruising is common following injection with this category of fillers. Your results may last 12 months or more depending on the filler used.

The results of any injectable filler will need to be repeated as defined by the type of filler, if you wish to maintain your results.

FOLLOW-UP OFFICE VISIT:

Your next office visit is scheduled:

- To repeat treatment and achieve your initial results _____
- To review your results _____
- To repeat treatment and maintain your results _____

Your facial appearance will change with age. You may be concerned about additional signs of aging or changes in your appearance that result with age. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness