

## POST-TREATMENT INSTRUCTIONS: SCAR REVISION NON-SURGICAL

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Surgery Date \_\_\_\_\_

The non-surgical treatment of scars may include a single procedure or require repeated treatments. After treatment you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal experiences and key health considerations that may be a cause of concern.

### SCAR REVISION BY INJECTION

Scar revision by injection is generally a one-time treatment. Following the injection, your skin may be irritated or red. Your scar should improve in the first two to five days following your injection.

### LASER or LIGHT-BASED SCAR REVISION

Scar revision using laser, light or other energy-based treatments typically requires several treatments in a pre-defined cycle. Following each treatment your skin may be irritated or red, and feel as though you have a mild sunburn. Your scar will improve over time, as your treatment cycle progresses and in the weeks that follow.

### TAPES, GELS and COMPRESSION

The daily application of silicone tapes, medicated gels or compression over your scar may be used to improve its appearance. You will receive instructions for how to use scar revision treatment. Follow these instructions diligently. During the course of treatment, your skin may be red and somewhat irritated. Any discomfort or severe redness should be reported to our office immediately. Scar revision through the use of tapes, gels and compression is a gradual process that refines a scar in appearance and texture and may require daily treatment application for 8 to 10 weeks or longer.

### DURING THE COURSE OF YOUR TREATMENT

**To alleviate any discomfort, and to reduce swelling, you may 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.

\_\_\_\_\_ **Good nutrition and no smoking are essential to good healing and health.** These can influence the outcome of your scar revision.

\_\_\_\_\_ **Follow your instruction for at-home treatment and skin care precisely.** These treatments may be the core of your scar revision, or may complement the treatment you have received in the office.

- **You may shower as usual.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. It is not necessary to remove silicone tape or compression unless it no longer sticks to your scar. In this case, you must replace the tape or compression after your shower. Apply ointment and any treatment as directed.
- **Practice good sun protection.** Do not expose your skin to direct sunlight. If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure and wear protective clothing. Your skin is highly susceptible to sunburn or the formation or irregular, darkened pigmentation.

**Follow-up as directed.** You may have one or several treatments or follow-up visits. Monitoring your progress and the appearance and condition of your scar is essential to a successful outcome. Keep your appointments as directed. Call our office at least 3 business days in advance if you must reschedule. \_\_\_\_\_

**FOLLOWING YOUR SCAR REVISION TREATMENT:**

Your scars will improve slowly over time. However, they will never disappear completely. Your treatment cycle may require many weeks.

**Sun protection is required for life.** Sun exposure can cause any scar, at any time, to darken or discolor. Therefore life-long sun protection is essential to maintain the scar revision results you have achieved.

**A one-year post treatment follow-up is recommended.** However, you may call our office at any time with your concerns or for needed follow-up.

**Your skin and scars may change 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.**

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Patient Signature

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Date

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Printed Name of Patient

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Signature of Practice Representative and Witness