



RADIANT SKIN INSTITUTE

MINIMALLY INVASIVE AESTHETICS

PRE & POST CARE & CONSENT FOR MORPHEUS8

For best results, please read and follow these recommendations prior to your procedure.

PRE-SKIN CARE: Always use a HA serum approved by physician.

POST-SKIN CARE: Strong Pigment Control or Gentle Pigment Control of Area(s) being treated, number of treatments and frequency (generally 3 treatments about every 3-6 weeks)

PAIN MANAGEMENT OPTIONS: On the day of the procedure, we will apply a topical lidocaine ointment to all patients upon arrival for 40 min prior to beginning procedure, unless allergies prohibit. Additional and alternative pain management options are oral medication and Nitrous Oxide. If you request oral medication, notify this office at least need at least 72hr notice prior to appt to pick up prescription at office, fill and be ready for your appt. This will require a driver to drop off and pick you up. We suggest Pronox, (Nitrous Oxide) as an additional option, and it can be added at any time along the procedure for an extra cost of \$_____per session. Buy oral Arnica and topical Arnica at drug store to use as needed for bruising post procedure.

PREPARATION PRIOR TO YOUR PROCEDURE:

1. No sun-tanning or self-tanners 4 weeks prior to procedure and this includes spray tans, tanning lotions, tanning beds, sun exposure, etc.
2. Avoid treatments that may irritate the skin for 1-2 weeks prior to treatment (waxing, depilatories, Retinols, etc.) Avoid any chemical peels, fillers at least 2 months prior to procedure. Botox is okay.
3. One week prior to Procedure- STOP taking Motrin, aspirin, Ibuprofen, Excedrin, ginseng, flax oil, cod liver oil, fish oil, vitamin A, vitamin E and ginkgo biloba. Tylenol can be taken as a pain medication at any time. History of herpes or cold sores may

require an anti-viral prescription prior to treatment. Notify office if you need a prescription 7 days before procedure. Also, STOP drinking alcohol a week before your procedure and avoid drinking caffeine two days prior to your procedure.

4. Two days prior to Procedure: STOP all pigment control serums 48 hours prior to procedure. Your skin type will be determined during your consultation. Skin types IV-VI or Skin Types I-IV with active tan should be treated gradually by using a Pigment Control Cream 6 weeks prior treatment. Skin Types I-IV with no active tan should use a Pigment Control Cream 2+ weeks prior to treatment. This will reduce your risk of an inflammatory response of hyper-pigmentation post procedure. We offer pigmentation control medication, ask for pricing options.
5. Day of Procedure -Do not wear makeup on the day of treatment.
6. Night prior to Procedure- shave excess hair the night prior. Men should be cleanly shaved.
7. Notify clinic with any changes to your health history or medications since your last appointment. History of herpes or cold sores may require an anti-viral prescription prior to treatment. Notify office if you need a prescription 3 days before procedure.

POST PROCEDURE CARE

1. DO NOT APPLY ICE TO PROCEDURE AREAS. Instead, cool the area for 15 min using a fan or A/C till comfort level is achieved. For the first 24 Hours, use only lukewarm water with NO soaps or use HA serum 3 times a day for 3 days. Use only lukewarm water with Gentle Cleansers. In the AM, (24 hours) apply sunscreen with a SPF 50 During the first two days, the area should be kept clean to avoid contamination or infection; any mechanical or thermal damage (AVOID hot tubs, saunas, etc.) to the area(s) must be avoided. Patient is to contact the provider if there is any indication of infection, excessive swelling, redness, undue pain, or any other unusual or untoward symptom. Prophylactic antibiotic treatment may be prescribed for 1-3 days post treatment.
2. Tiny scabs may appear after 1-3 days and stay for several days following the treatment. The scabs should not be touched or scratched even if they itch and should be allowed to flake off naturally. Blisters are rare, but when they do occur, may be treated with a prescribed antibiotic ointment, or burn treatment cream as per provider's discretion. Prophylactic antiviral therapy should be continued for patients with history of cold sores (Herpes Simplex) when treating around the mouth.

3. Moisturizer (lotions and creams) may be applied 24 hours after and then should be applied regularly like prior to your procedure.
4. Use a high-factor sunscreen (at least 50 SPF) and protect the treated area from over-exposure to sunlight for at least one month after your treatment(s), starting 24-72 hours post treatment. Excessive tanning of any sort (sun exposure, tanning beds, and artificial tanning lotions) is not allowed in the treated areas during the entire course of the treatment.
5. Make-up may be applied in 48 hours after procedure but prefer 72 hours. Generally, 24 hours after treatment, patients may use regular soaps, but not scrub soaps or exfoliates. • Avoid all skin irritants such as tretinoin, retinol, benzoyl peroxide, glycolic/salicylic acids, astringents, vitamin C, for 48 hours after procedure.
6. Restart Pigment Control prescribed for 8–16-week course, using at least 3 times a week to minimize risk of post inflammatory hyper-pigmentation.
7. The number of future procedure sessions depends on the individual patient and treatment aggressiveness and may vary from 1-5 sessions. Treatments are typically repeated every 3-6 weeks.

SUMMARY:

First 24 Hours: Only lukewarm water with NO soaps. Use HA serum or Alastin System 3 times a day w/ 1st application after 1 hour of procedure.

24-72 Hours: Only lukewarm water with Gentle Cleansers. Use HA serum or Alastin System 3 times a day. In the AM, apply sunscreen w/ ATLEAST SPF 50. It's ok to wear make-up as needed but prefer to wait 72hrs.

After 72hrs Up Until Next Treatment: Cleanse with Gentle Cleansers and use HA serum or Alastin System 2 times daily (or as directed). In the AM, apply sunscreen with SPF 50. It's ok to wear make-up as preferred. Restart Pigment Control Cream to be applied nightly (at least 2-3x/week) and stop 48 hours prior to next procedure.

IMPORTANT RECOMMENDATIONS:

1. Use Alastin Invasive System 7-14 days prior to start of Morpheus treatment series.
2. Elevate your head and avoid lying flat or prone (face down). Putting your head on a few pillows, will help reduce bruising, swelling, and pooling of blood in the area treated.
3. Do not massage or touch treated area(s). Avoid rubbing and massaging the treated area for at least 24 hours.
4. Take oral Arnica immediately and after 24-72 hours, apply topical arnica as needed for

bruising.

5. No strenuous activity. Any activity that elevates your blood pressure and heart rate can cause bruising. You should avoid running, weightlifting, Pilates, yoga, aerobics, cycling, climbing, sun, heat exposure and sex for the first 24-72hrs.

6. At least 3 days pre and post treatment avoid: aspirin, Motrin, ginkgo biloba, alcohol, carbohydrates, caffeine, sugar, garlic, flax oil, cod liver oil, fish oil, vitamin A, vitamin E and other essential fatty acids.

7. For at least 24-48 hours post treatment avoid: alcohol, caffeine, niacin, high sodium foods, high sugar foods, carbohydrates, spicy foods, and cigarettes.

8. No topical products. Discontinue Retin A and Pigment Control Cream for at least 2 days after treatment. Do not wear makeup or lipstick on the treated area for at least 24 hours. Best to wait and restart topical regimen for 72hrs post treatment.

9. Follow Alastin Invasive System and/or use HA Serum applying first application of HA or 1 hour post treatment then 3x a day for the first 3 days then daily as preferred.

10. If you are wearing a mask-limit wearing time for the first 24-72hrs as possible and change mask daily.

POSSIBLE SIDE EFFECTS:

These side effects are rare and expected to be transient, but any adverse reaction should be immediately reported to the physician. Side effects may include any of those conditions listed below. Side effects may appear either at the time of treatment or shortly after. The side effects may include:

- Discomfort
- Excessive skin redness (erythema) and/or swelling (edema)
- Damage to natural skin texture (crust, blister, burn)
- Change of pigmentation (hyper- or hypopigmentation)
- Scarring
- Infection.

PRECAUTIONS:

1. Patients with history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
2. Intra-dermal or superficial sub-dermal areas injected with Botox®/HA/collagen/fat injections or other augmentation methods with biomaterial, before the product has been dissipated (up to 6 months), except Botox after binding to the facial muscles

(3-7 days). It is possible to treat sooner over injectable products placed in the deep, periosteal plane, as soon as the area has healed (1-3 weeks).

3. Any active skin condition in the treatment area, such as sores, psoriasis, eczema, and rash.
4. History of skin disorders, keloids, abnormal wound healing, as well as very dry and fragile skin.
5. History of bleeding coagulopathies or use of anticoagulants in the last 10 days
6. Any facial surgery performed within a year prior to treatment.
7. Facial dermabrasion, facial resurfacing, or deep chemical peeling within the last three months, if face is treated.
8. Having received treatment with light, laser, RF, or other devices in the treated area within 2-3 weeks for non-ablative procedures, and 6-12 weeks for ablative fractional laser resurfacing (according to treatment severity) prior to treatment, except special recommendations.
9. Use of Isotretinoin (Accutane®) within 6 months prior to treatment.
10. Use of non-steroidal anti-inflammatory drugs (NSAIDS, e.g., ibuprofen-containing agents) one week before and after each treatment session, as per the practitioner's discretion.
11. Treating over tattoo or permanent makeup to be kept.
12. Treating over the lips (ok for around the lips)
13. Treating over hair bearing surfaces. Must be shaved prior.
14. Irritable skin like excessively tanned skin from sun, tanning beds or tanning creams and sprays within the last two weeks.
15. As per the practitioner's discretion, refrain from treating any condition that might make it unsafe for the patient.
16. Skin Types IV+ MUST use HQ 6% or higher prior to and during course of treatment but is recommended for ALL skin types.

CONTRAINDICATIONS:

1. Pacemaker or internal defibrillator, or other metallic or electronic implant anywhere in the body. The Hand piece should be used at least 1cm away from cochlear implants in the ear.
2. Permanent implant in the treated area such as metal plates, screws and metal piercing or silicon, unless deep enough in the periosteal plane.
3. Current or history of skin cancer, or any other type of cancer, or pre-malignant moles.

4. Pregnancy and nursing.
5. Severe concurrent conditions, such as cardiac disorders or sensory disturbances.
6. Impaired immune system due to immunosuppressive diseases such as AIDS and HIV or use of immunosuppressive medications.
7. Poorly controlled endocrine disorders, such as diabetes or thyroid dysfunction and hormonal virilization.

CONSENT TO TREATMENT:

I, _____ on _____ have read, understand the possible
patient name date

outcomes and complications. I agree to follow recommendations in this document.

patient signature

date

witness name and signature

date