



Icon Post-Treatment Guidelines

- Application of cool gel packs, cool moist compresses or non-occlusive cooling gel immediately following treatment can help alleviate post treatment itchiness and stinging that may occur. Topical creams and lotions, particularly if occlusive, can cause acne breakouts and should be avoided until skin is re-epithelialized.
- Edema, and sometimes blanching, is expected immediately post-treatment and generally resolves within 24-48 hours. It may last up to three to five (3-5) days.
- Those being treated may experience significant redness, broken capillaries or bronzing in the treatment area for approximately one to three (1-3) days after treatment. This may persist in a mild form for several weeks particularly in areas other than the face.
- 24 hours following a more aggressive treatment, it may be helpful to use some occlusive ointment on the skin after treatment during the healing process to help minimize trans-epidermal water loss which may result in significant desquamation or crusting.
- To help remove debris and bronzing of skin that can appear 1 to 4 days after treatment, soak treated areas for 5 – 15 minutes with gauze or wash cloth wet with water, then gently remove debris. Do not pick at or scrub the treated areas.
- Gentle cleansing and use of non-irritating cosmetics are permitted after treatment. It is suggested that retinoids are discontinued two (2) weeks prior to the initial treatment and throughout the course of treatment. The use of retinoids during the treatment course may result in undesirable side effects and prolonged healing.
- Those prone to acne outbreaks should avoid heavy make-up or moisturizers for 24 hours post treatment.
- As healing occurs, clients should avoid injury and sun exposure for at least two weeks following treatments. It is highly recommended that clients use a sunscreen with SPF 45 or higher containing UVA/UVB protection between treatments, along with a sun blocker such as zinc oxide or titanium dioxide.

- Those being treated should also continue to use SPF 45 or higher up to six (6) months following final treatment whenever they are outside.
- Once the treatment area has healed, some itching or dryness may occur. This will gradually clear. The use of non-irritating moisturizers may provide some relief.
- Advise the person being treated to contact the treatment provider if there are any issues or concerns following the treatment.

Possible Side Effects

- A low risk of prolonged itching, redness (erythema), and blistering.
- A risk of post-inflammatory hyper-pigmentation (PIH), hypopigmentation, burns, erythema, edema, bruising, or blistering may occur, some of which may result in scarring. These complications are usually due to stacking pulses, or utilizing too many passes, at higher energy levels.
- Transient erythema (redness) or edema (swelling) immediately after treatment.
- Bronzing, which is brown debris on the surface of the skin may develop a few days post treatment. This side effect is a desirable clinical end-point.
- There is always the risk of infection following treatment potentially resulting in side effects mentioned above.
- Acne breakouts are a potential side effect of 1540 Fractional Laser treatment.
- Social downtime.

Additional side effects may include:

- Exacerbation of acne lesions under occlusion. These can usually be treated with topical preparations or a short course of antibiotics.
- Contact irritation from topical medications, such as topical antibiotics, sunscreens, fragrance- containing compounds, and the preservatives used in topical corticosteroid products. Most cases of irritation resolve after use of the irritant has been discontinued.

- Hyperpigmentation is typically transient and resolves over time. It may also respond to treatment with topical retinoic, glycolic, and azelaic acid, light glycolic acid peels, hydroquinone, or light-based treatments.
- Hypopigmentation is less common than hyperpigmentation but may be permanent. Hypopigmentation may develop 12-48 months after the procedure.
- Infection: bacterial and yeast infections may occur two to ten (2-10) days after the procedure. Staphylococcus, Pseudomonas, and Candida species are the most common pathogens and should be treated aggressively with systemic agents to avoid scarring or further complications. Proper wound care may help to minimize the incidence of infection.
- Hypertrophic scarring: Although rare, it may be treated early with steroids, silicone gel, or a vascular-specific laser or light device. Areas most prone to scarring are the chin, mandible, neck, and perioral regions.

Advise treated persons to immediately call their treatment provider if any side effect occurs. Please do not tell your clients to call the Clinical Department for answers to their questions. The Clinical department is designed to assist you as our customers only.