



## Pre and Post Treatment Instructions

### PicoSure Pigmentation/PicoFacial

For your safety and in order to obtain optimum results, the instructions below should be followed

- How to prepare for your Pico treatment:
  - o ABSOLUTELY avoid any sunburn or suntan for at least 2 weeks prior to laser treatments. Treatment of tanned skin can increase the risk of blistering and/or permanent skin discoloration. PROLONGED SUN EXPOSURE IS TO BE AVOIDED FOR 4 WEEKS BEFORE AND AFTER TREATMENTS.
  - o Do not use any self-tanning lotions or spray tanning in the month prior to treatment.
  - o Stop using retinol/Retin A/Tretinoin for one week prior to treatment, Accutane for 6 months prior to treatment.
  - o Be sure to inform your care provider if you have ever had cosmetic tattoos or permanent makeup applied near the area of treatment.
  
- What to expect after your treatment:
  - o Cleanse the treated area at least daily with a gentle cleanser and then pat dry.
  - o Redness, swelling may subside within 24 hours.
  - o Do not rub or scratch the treated area.
  - o You may use aloe vera and hydrocortisone cream as needed for the first 24 hours.
  - o Discomfort may be relieved by ice packs and/or an OTC pain reliever, such as acetaminophen.
  - o Avoid contact sports or any other activities (swimming, soaking or using hot tubs/whirlpools) until the skin heals.
  - o Sunscreen (minimum SPF 30) should be used daily. We offer safe, post-laser sunscreen. Ask the staff!
  - o If the skin is broken or a blister appears, apply an antibiotic ointment and contact the office immediately. Keep the affected area moist and avoid direct sunlight.
  - o Do not use any retinols, acids, scrubs, or harsh creams for a week or until skin heals.
  
- Subsequent treatments are based upon your clinician's recommendation and are typically between 4 to 6 weeks apart. A series of treatments may be recommended. Maintenance treatments are recommended.

**I have read and understand the above. I have had the opportunity to ask any questions and I have received a copy of these instructions.**

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**Patient Signature**

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**Witness Signature**

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**Date**