

Ran Y. Rubinstein, MD POST-OPERATIVE INSTRUCTIONS

Patient: Surgery Date:

Post-Operative Instructions for Fraxel Dual Laser

IN CASE OF AN EMERGENCY

- During business hours: call the office @ 845-562-6673
- After hours or weekends: call Dr. Rubinstein's pager @ 888-235-9868
- Avoid going to the emergency room without contacting the office first for further instructions.
- 1. Rest on the day of surgery. Drink plenty of clear liquids during the first two days following surgery. You can eat whatever you feel like, however it is suggested that you begin with soups, toast, or other easily digested foods. Do not drink alcoholic beverages including beer and wine, for the next 24 hours. On the following day you can do those activities that you feel able to do and resume your normal activities as your physician directs.
- 1. Nausea and vomiting can occur during your ride home. This is a common occurrence and is normal for many patients. If the nausea does not subside within 6 hours, you should contact your physician.
- 2. You may feel dizzy, lightheaded or sleepy for 12 to 24 hours after your procedure. This is perfectly normal, but you should not drive or operate any mechanical or electrical device until this feeling has worn off.
- 3. You should not sign any important documents or make important decisions for 24 hours after your procedure.
- 4. Discomfort or pain is usually relieved by pain relievers as prescribed by your doctor. Stomach discomfort and/or nausea can be caused by oral pain medication if your have not eaten some food; e.g., crackers and soup.
- 5. If antibiotics were prescribed assure that you finish the prescription.
- 6. Call for a follow-up appointment with your doctor if you have not already done so.
- 7. If you have a dressing, follow the directions of your doctor. Generally; you should keep your dressing dry and in place until you are instructed to remove it.
- 8. It is very important that you wash your hands before changing your dressings or touching your surgical site.
- Touch surgical site or area around incision as little as possible.
- Keep everything that comes in contact with the area as clean as possible.
- No soaking of wound in water (including Jacuzzi) until sutures or staples are out and wound is completely healed. May shower
 after 48 hours.
- Refer to your discharge instructions regarding how often to change the dressing.
- Watch for signs of infection:
 - o Increased redness or swelling
 - Increased pain
 - o Purulent (thick yellowish drainage) drainage from the incision
 - o Fever above 100 degrees.
 - o Red streaks from incision
 - o For any of the above symptoms, contact our office right away.

Fraxel Dual 1550 & Fraxel Dual 1927 Laser Treatments

Mini Description: Fraxel Dual is the latest generation of non ablative Fraxel lasers and replaces the Fraxel Re:store laser. Fraxel Dual, as the name implies, is two non ablative lasers in one. Fraxel Dual 1550 & Fraxel Dual 1927. The Fraxel 1550 is identical (renamed) to the Fraxel Re:store. For those patients looking for treatment of mild to moderate wrinkles, scars, and minor pigmentary problems, the Fraxel Re:store, now renamed, Fraxel 1550 remains the gold standard for those patients looking for non surgical, i.e. non ablative, laser resurfacing. Patients with superficial skin textural problems, fine lines, moderate to severe pigmentary problems (age spots, melasma), Fraxel 1927 is a game changer. Results can be seen in one to two treatments- what used to take 4 to 8 Fraxel Re:store (now the Fraxel 1550). In some cases, with severe sun damage, 3 Fraxel 1927 treatments are needed. Fraxel 1927 also has FDA approval to destroy pre cancerous skin cells!



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Most patients have combination problems. In these patients, we usually recommend having 1 to 2 monthly Fraxel 1927 treatments followed by 2 to 3 monthly Fraxel 1550's. Another option for combination patients, is to use the 1550 i.e. around the eyes or lips for mild to moderate lines and wrinkles and the 1927 for the rest of the face. In this approach, usually 3 treatments will suffice. Patients with deep scars and wrinkles will require more treatments or consider having Fraxel Re:pair, an ablative surgical laser treatment we offer. Dr. Rubinstein and his staff will help guide you as to which Fraxel laser is best for your needs. If your goal is to address facial wrinkles, pre treating with Botox to relax the muscles that created those lines from smiling, frowning, and smoking will dramatically enhance your results. Deeper wrinkles also often benefit additionally from filler injections such as Juvederm or Restylane. Maintenance of Fraxel Dual should be performed 1 to 2 times per year. Fraxel Dual doesn't treat facial spider veins or rosacea. Laser facials performed at different treatment sessions will help to resolve these issues.

How to prepare for your Fraxel Dual laser treatment: Scrubs, Toners, Glycolic Acid, Retin A, and Bleaching Creams. Discontinue at least two days <u>before</u> your treatment. If you have sensitive skin, discontinue 7 days prior. Your skin will be sensitive for the first week or so <u>after</u> treatment, so do not use these products that will cause irritation during this time. Do not use abrasive scrubs, toners, or products that contain bleaching agents, glycolic acids or Retin A. If you have <u>any prior</u> history of <u>fever blisters or cold sores</u> please alert our clinical staff. Dr. Rubinstein may decide to prescribe Valtrex, an anti viral medication which you will use for 3 days beginning the day before your treatment. Failure to do so can result in an outbreak of cold sores and possibly lead to scarring.

What to expect after your treatment:

Fraxel® Dual Laser Treatments often produce temporary normal expected side-effects. The intensity and duration of your side effects depends on which Fraxel Dual laser was used, 1550 vs. 1927, the treatment aggressiveness, and your individual healing characteristics. Generally, patients who are treated more aggressively experience more intense side-effects that last longer. The more aggressive the treatments, the more effective they can be and often fewer are needed. Similar results can be achieved with less aggressive but more frequent treatments (i.e. 2 to 3 aggressive = 4 to 6 gentle treatments). However, some patients have greater than "expected" reactions to less aggressive treatments and others have fewer side-effects to aggressive treatments than would ordinarily be expected. Notify your physician if the severity of your side-effects becomes a problem for you. If there is any concern about how you will respond, it is best to have your first treatment on a Thursday or Friday so you have the weekend to recover. In the event that you have more redness and swelling than average, the intensity of subsequent treatments can be reduced. This may not be necessary however, as we have found that your skin tends to adapt to the laser treatments and swelling and redness is diminished with each treatment. A detailed description of what to expect with a Fraxel 1550 and Fraxel 1927 is outlined below. If you need more than 3 treatments, we will often discount additional treatments with "maintenance pricing".

- Swelling. You will notice most of the swelling on the first morning after treatment, particularly under the eyes. Swelling usually lasts two to three days. Swelling is more typical of a Fraxel 1550 treatment. There is minimal to no swelling with Fraxel 1927 with average laser settings. The advantage to an aggressive Fraxel 1927 treatment, is that the results of one treatment can be equal to 2 mild to intermediate treatments. Some patients with aggressive 1927 treatments may have similar swelling as seen with the Fraxel 1550. For most, this is well worth it. To minimize swelling do the following: Apply cold compresses or ice packs to the treatment area for 10 minutes of every hour on the day of treatment, until you go to bed. Sleep elevated the first night. Use as many pillows as you can tolerate.
- **Redness.** Most redness resolves during the first week after treatment, but a rosy "glow" can remain for several weeks. If you wish, you can apply makeup immediately after treatment to minimize the redness. This is more typical of the Fraxel 1550 laser.
- **Dry skin.** Your skin may feel dry, peel, or flake. You may notice a "sandpaper" texture a few days after treatment. This is the treated tissue working its way out of your body as new fresh skin is regenerated. We recommend applying a hydrocortisone cream twice a day and as needed. We prefer the alocort cream, which we carry in the office. For additional moisturizing, Aquaphor can be applied.
- **Bronzing, Crusting and Small Dark Dots.** Fraxel Laser Treatment causes destruction to microscopic cylinders of skin which then exfoliates during the healing process. In individuals with heavily pigmented skin, or in areas where sun damage has produced pigmented lesions, these microscopic wounds, known as MENDs, contain large



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amounts of melanin. Because there are so many MENDs, they can make the skin look bronzed, or small areas appear crusted (do not try to scratch them off). When high energies are used to produce deep and wide lesions, ile. more aggressive treatments, the MENDs can sometimes be seen as individual dark dots. On the face, the MENDs will shed within 7-10 days. This shedding is gradual and makeup can still be applied while its happening and will not be disruptive to your daily schedule. Off the face, it may take as long as 3 weeks for the MENDs to shed. In contrast, with Fraxel 1927, the bronzing and MENDs are much more pronounced than with the Fraxel 1550. Makeup can be worn to cover up the bronzing and MENDs for the first 2 to 3 days. On day 3 or 4, your skin will begin to peel rapidly, from the nose outward towards the cheeks, making it difficult to conceal. For this reason, if this would be disruptive socially, most of our patients plan on taking off from work on the 3rd and 4th day after their Fraxel 1927 treatment. Weds and Thursday are our most popular Fraxel 1927 treatment days so that by Monday, your skin is completely peeled and ready for makeup. Thursday evening and Friday is the most popular treatment time for the Fraxel 1550 due to the swelling that can develop for some patients.

• Raw Skin. Raw skin rarely develops after Fraxel Dual 1550 and 1927 treatments as this is a non ablative (not removing skin) laser treatment. This may be a sign of an infection such as a cold sore breakout. Treatment if needed, should not be delayed. If you develop areas of raw skin post treatment, keep them moist with Aquaphor® and call the office for further evaluation and instructions. You do not need to apply band-aids, but keep the areas moist and *do not pick at them*. This will usually heal very rapidly if appropriate attention and care is given without problems.

Additional after care instructions:

- **Skin Care Products.** All of your skin care products should be non-irritating for the first week or so after Fraxel Dual Laser Treatments. Our Rubinstein MD skin care products will be prescribed by our staff and will be available for purchase in the office.
- Sunscreen. According to the American Academy of Dermatology, proper and frequent application of sunscreen is very important, even in the winter time. The sunscreen should offer broadband protection (UVA and UVB) and have a sun protection factor (SPF) of 30 or more. You should first apply sunscreen 20 minutes before going outside. After that, reapply your sunscreen every 2 hours (summer or with direct sun exposure). If direct sun exposure is necessary, wear a hat and clothing that covers the treated area. Use this regimen up to 6 to 12 weeks post laser. You will probably find that you use about 1 bottle of sunscreen per month, rather than the 1 bottle per year that most people use. Medical grade sun block such as our Rubinstein MD SPF 30 tinted and Rubinstein MD SPF 50 sheer will be prescribed by our skin care specialists as it is superior to store bought sunscreens and feels lighter on the skin.
- Moisturizer. Remember that peeling and/or flaking is normal during the healing process. We prefer using a non irritating moisturizer with hydrocortisone cream for 3 to 5 days post treatment, which we carry in house, called Rubinstein MD Aloe Cort Cream (do not exceed using product the recommended 3 to 5 days), . Apply twice a day and as needed. Transition to Rubinstein MD Refining Peptide Gel with Sunscreen daily. Your sun block from our office is also moisturizing. Reapply whenever your skin feels dry. For dryer skin you can supplement the sunscreen and peptide gel Rubinstein MD Intensive Repair Moisturizer.
- Scrubs, Toners, Glycolic Acid, and Retin A. Your skin will be sensitive for the first week or so after treatment, so do not use products that will cause irritation during this time. Do not use abrasive scrubs, toners, or products that contain glycollic acids or Retin A. Read the product labels. We recommend using our Rubinstein MD Green Tea cleanser which is gentle and helps calm down redness. Once your skin is fully healed, you can switch to Rubinstein MD Lactic Foamy Cleanser.
- Bleaching Creams. Discontinue use of your bleaching cream for the first week. If you have darker skin, you are at a greater risk of developing darkening of your skin post laser treatment especially if you are not careful in avoiding the sun and using sun block. Despite this, you are at a greater risk of developing the skin pigmentation problems. Using the topical steroid, Rubinstein MD Alocort as well as Rubinstein MD bleaching creams after the first week can help minimize this risk. As our skin care specialists if and which bleaching creams are recommended.



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Resume your normal skin care regimen when your skin has fully healed. Usually 1 week.

Cold Sores. If you have a history of cold sores, ask your doctor about care!

Risks and discomforts involved with this laser treatment include, but are not limited to:

Pain - Patients feel varying degree of discomfort and pain with this treatment. Numbing cream applied 60 to 90 minutes before your laser treatment will greatly lessen the sensation.

Reddening - Fraxel Dual Laser treatment may cause mild reddening of the treated area. The reddening may last up to a few days. This can be covered up by makeup.

Swelling - Laser treatment will cause swelling, which will usually go away in a few days.

Pigment Changes - The treated area may heal with increased pigmentation (increased skin coloring). This occurs more frequently with darker colored skin and after exposure of the area to sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 6 to 12 weeks after treatment) to minimize the changes of too much pigmentation (increased skin coloring). However in some subjects, increased skin coloring may occur even if the area has been protected from the sun. These spots usually fade in three to six months. In rare cases the pigment change is permanent. Bleaching creams maybe recommended by our skin care staff to prevent and or treat this problem.

In some patients who experience pigmentary alteration, the treated area loses pigmentation and becomes a lighter color than the surrounding skin. This type of reaction may also be permanent. This is a rare occurrence with Fraxel Dual 1550 and 1927.

Scarring - Fraxel Dual is used to treat scarring. There is however a remote chance of skin scarring, including abnormal raised scars.

Exudates/bleeding/crusting. Because laser beam penetrate into deep dermal layer, clear fluid (exudates) or blood may (rare with Fraxel Dual, more so with Fraxel Repair treatments) ooze onto skin. Crusting or scab may form if exudates or blood dries. Keeping the treated area moist helps prevent crusting and subsequent scarring. Call the office immediately as you may have developed an infection.

Blistering - The laser procedure may produce heating in the upper layers of the skin resulting in steam formation. The steam may produce a separation between upper and middle layers of the skin resulting in blister formation (rare with Fraxel Dual, more so with Fraxel Repair treatments). The blisters will go away with in two to four days. Call the office to see if additional intervention is needed as this maybe a sign of infection such as cold sore eruptions. Blistering may rarely lead to scarring. A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin. Sometimes scabbing may lead to scarring.

Infection - It is important to follow all post-treatment instructions carefully. If you have a history of cold sores, please notify our skin care staff.

Scarring may rarely occur from crusting, infection, or simply being exposed to laser. Another cause is picking or scratching your skin after your treatment. Some patients, have a problem with habitual skin picking. Please alert our clinical staff. You may want to delay your laser treatment until after you have stopped picking your skin as this can lead to scarring.

Itching may occur as part of infection, poor wound healing, contact dermatitis, or normal wound healing process.



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The Alocort cream helps sooth the itching. Taking an anti histamine such as Claritin, Allegra, Zyrtec or Benadryl can help.

Acne or milia formation: Flare-up of acne or formation of milia can happen. This is more common in acne prone patients. The dormant acne can come to the surface all at once rather than gradually. With subsequent treatments, this becomes less of a problem. If this continues to be occur, please notify our skin care staff and Dr. Rubinstein may prescribe an oral antibiotic during your treatment, such as Tetracycline.

Rare **allergic and or system reactions** to numbing creams have been reported-rare. If you begin to notice skin itching along with itching in your throat and or throat tightness with difficulty in breathing, please notify our staff immediately. We are fully equipped to deal with such allergic reactions.

Please read the above information carefully as you will be asked to sign an electronic version of this consent. This copy is for your records.

I hereby acknowledge receipt of post-procedure instructions. I have read and understand the instructions.

| Patient Signature | Date | Coordinator Signature | Date |
|-----------------------|------|-----------------------|------|
| | | | |
| Ran Y. Rubinstein, MD | Date | Nurse Signature | Date |

Revised 6-9-09