

LIGHT SHEER HAIR REMOVAL

PRE/POST TREATMENT INSTRUCTIONS

CONTRAINDICATIONS

- Pregnant, planning pregnancy, or breastfeeding
- Bleeding disorders
- Active infections/herpes
- Diabetes
- Keloid scarring
- HIV/Immunosuppressive disorders
- System Lupus Erythematosus/Porphyria
- Current treatment of cancer, especially malignant melanoma, recurrent non-melanoma skin cancer, or precancerous lesions such as multiple dysplastic nevi
- Use of photosensitive medications such as Accutane (no treatment for six months post-Accutane. St John's Wort and Antibiotics such as Doxycycline, Minocycline must be stopped two weeks prior to treatment.
- Tan skin. No visible tan (must avoid the sun for a minimum of 4 weeks prior to treatment). No use of self tanning products or tanning booths.

PRE-TREATMENT CARE LIGHT SHEER

- No aspirin, or anti inflammatory agents. Tylenol is OK.
- No waxing, electrolysis, plucking, bleaching, or depilatory creams.
- **NO VISIBLE TAN ON ANY AREA TO BE TREATED.** Refrain from sunbathing and /or tanning beds at least one month before, during your treatment, and for 4 weeks after your last appointment. During treatment you should not have any visible tan on the area to be treated. Tanned skin may absorb more energy and increase the risk of a burn. Total sun block must be worn with any sun exposure.
- Stop any use of glycolics, Retin A, antiwrinkle, skin rejuvenation or acne products for 3 days prior to treatment and a minimum of 7 days post treatment. (This is a general guideline. If there is any redness, peeling, or irritation of the skin that persists post treatment do not restart these products).

- No moisturizer, make-up, or deodorants on skin prior to treatment. If you have used any of these, the skin must be cleansed prior to treatment.

RISKS AND COMPLICATIONS

Dr. Ball and her staff make every effort to provide you with a safe and effective treatment. However, as with any medical procedure, undesirable side effects may occur. These may include, but are not necessarily limited to:

Discomfort – Most patients do not find treatments to be painful. Some may experience slight discomfort. This discomfort is usually a momentary sensation of heat or the feeling of a rubber band snapping.

Redness & Swelling – These are mild and of a short duration. Any redness, if it occurs, usually disappears after a few hours. Occasionally, some swelling may occur and can last 3-5 days. You are able to return to normal activities immediately.

Superficial wound – There is a slight possibility of developing a blister or slight crusting of the skin following treatment. This occurs in about 1% of patients and will generally heal within 10 days.

Pigment changes – Rarely the treated skin turns darker (hyper pigmentation) or lighter (hypo pigmentation). This condition is usually temporary and gradually fades over 1-6 months; however, there is a small chance that any pigment change may be permanent. Changes in skin coloration are more likely if you have naturally very dark skin or sunbathe before or right after treatment. You should therefore avoid sun exposure by wearing adequate sun block for 1 month before, during, and 4 weeks after each treatment.

Scarring – There is small chance that a scar may form in the treated area. This is more likely in those with a known tendency to form keloids/scars.

Bruising – A blue/purple bruise may occur in the treatment area and usually disappears within 10-14 days.

Eye hazard – Intense pulsed light presents little eye hazard. Nevertheless, we will provide you with and ask you to use protective eyewear designed for safety and comfort during each treatment. Laser treatment may cause retinal damage therefore you will be provided with protective eyewear.

Hair reduction – There may be an unintentional reduction of hair noted in areas treated for “photorejuvenation”.

Fragile skin – The skin at or near the treated area may become fragile. To avoid tearing, this area should not be rubbed or abraded.

Increase in hair growth – More commonly seen in darker skin types. This is very rare.

ALTERNATIVE TREATMENTS

Alternative treatments for Light Sheer hair removal include electrolysis, plucking, waxing, shaving, sugaring, and depilatories.

POST TREATMENT HAIR REMOVAL

- Some redness and swelling in the area is normal and may feel similar to very mild sunburn. If any discomfort persists post treatment, you may apply a cool compress (ice 20 minutes on – 20 minutes off).
- Wash with gentle soaps and cleansers.
- Stop any use of glycolics, Retin A, antiwrinkle, skin rejuvenation or acne products for 3 days prior to treatment and a minimum of 7 days post treatment. (This is a general guideline. If there is any redness, peeling, or irritation of the skin that persists post treatment do not restart these products).
- Moisturize the skin post treatment.
- Open blisters – this is a rare side effect, but if it occurs, apply Polysporin ointment and keep the area covered with a Band-aid until the area is completely healed. Change the Band-aid twice a day.
- Darkening or crusting of some lesions is normal. **DO NOT PICK!** This will cause scarring or deeper pigment.
- If you have an area post hair removal that itches, you may take an antihistamine (ie. Benadryl, Claritin, or Zyrtec) as directed. You may also use an over the counter hydrocortisone cream as directed.
- If there is anything out of the ordinary after treatment, please contact the office at (716) 688-0020. Dr. Ball and her staff will instruct you on post treatment care or request that you come to the office for further evaluation.

WHAT ARE YOUR EXPECTATIONS FROM LIGHT SHEER HAIR REMOVAL

RECOMMENDED PLAN OF TREATMENTS:

FOR OPTIMAL RESULTS, **IT IS IMPERATIVE THAT YOU KEEP ALL OF YOUR REGULARLY SCHEDULED APPOINTMENTS!!!** DR. BALL'S TREATMENT PROTOCOL IS **CUSTOMIZED FOR YOUR** INDIVIDUAL CONDITION. YOUR TREATMENT SCHEDULE HAS A DIRECT EFFECT ON THE FINAL OUTCOME.

CANCELLATION POLICY: YOU MUST GIVE 24 HOURS NOTICE IN ORDER TO CANCEL ANY APPOINTMENTS YOU MAY HAVE. FAILURE TO DO SO MAY RESULT IN A \$50 CANCELLATION FEE.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND THEY HAVE BEEN ANSWERED TO MY SATISFACTION. I UNDERSTAND THAT THE BEST RESULTS ARE ACHIEVED AFTER A SERIES OF TREATMENTS. IT IS IMPORTANT TO KEEP MY SCHEDULED APPOINTMENTS IN ORDER TO ACHIEVE THE BEST RESULTS. THE FEE STRUCTURE HAS ALSO BEEN EXPLAINED. I ACKNOWLEDGE THAT I HAVE RECEIVED NO GUARANTEE FROM ANYONE AS TO THE RESULTS THAT MAY BE OBTAINED. I VOLUNTARILY GIVE MY CONSENT TO HAVE THE PROCEDURE PERFORMED.

Patient's printed name: _____ Date: _____

Patient's signature: _____ Date: _____

Parent of Guardian if patient is under 18 years of age: _____
Date: _____

I certify that I, or one of the supervised assistants, have made the above disclosures to the patient, have given the opportunity to ask questions, and have advised the patient of the patient's right to refuse Light Sheer hair removal.

Witness _____ Date: _____

