

Affirm Laser Pre and Post Treatment Instructions

Contraindications

Affirm Laser is contraindicated for those patients who:

- Are allergic to light in the visible to mid-infrared wavelength region
- Take medication that is known to increase sensitivity to sunlight
- Take anticoagulants (ex. Blood Thinner; Plavix; Coumadin ; and the likes)
- Take medications that alter wound healing response
- Are taking or have taken isotretinoin capsules within the last six months
- Have seizure disorders triggered by light
- Have Pace maker or defibrillator
- Are pregnant
- Have a history of skin cancer or exhibit suspicious lesions
- Have received gold therapy
- Have skin types V-VI

Precautions to take before your light based treatment:

1. No sun exposure, tanning beds and sunless tanning cream. Sun exposure decreases the effectiveness of the laser or pulsed light treatment and can increase the chance of post treatment complications.
2. Apply a sunblock with SPF 30 or greater when the area being treated is exposed to the sun.
3. Prior to treatment, the area to be treated must be cleansed to remove all surface debris that may absorb the pulsed light energy with a facial cleanser of mild soap and water. Remove all makeup, lotions, deodorant or oil from the area to be treated.
4. Shave the treatment area 1-3 days prior to treatment

Precautions to take following your light based treatment:

- No rubbing and/or scratching treated area.
- No swimming or using hot tubs/whirlpools while redness is present or for at least 24-48 hours.
- Apply moisturizer twice a day while redness is present.
- If crusting occurs, do not shave or pick area. Apply antibiotic ointment/cream (e.g. Neosporin) as directed and contact us. Keep area moist and let it fall off on its own.
- Discomfort may be relieved by ice packs or acetaminophen.
- Contact us if there is any indication of blistering or infection (redness, tenderness or pus).
- Avoid sun exposure. When treatment area is exposed to the sun use a sunblock with SPF of 30 or greater.

Patient Name (Print)

Patient Signature

Date

Guardian Name (Print)

Guardian Signature

Date

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