

Which Fraxel Repair is Right For You?

FDMA: 600 micron	FDDA: 135 micron
<ul style="list-style-type: none"> • Age spots • Freckles • Pigmented lesions • Sun Spots • Textural irregularities • Fine lines • Superficial indications limited to the epidermis • 5-7 days of social downtime 	<ul style="list-style-type: none"> • Severe photo damage • Deep wrinkles • Rhytides • Furrows • Vascular dyschromia • Optimized for depth and volumetric tissue removal • Tissue contraction • Coagulation • 7-10 days of social downtime

Contradictions:

- Isotretinoin (Accutane) or drugs in a similar class within the last year
- Predisposition to keloid formation or excessive scarring
- Active bacterial, viral or fungal infection
- Pregnant or breastfeeding

Considerations:

- Predisposition to post inflammatory hyperpigmentation (PIH)
- Suspicious lesion
- Active tanning or UV exposure
- Certain medications
- Compromised ability to heal
- Topical retinoids or retinols
- Combination filler treatments
- Sculptra within the last 3 months

Results:

- Smoothing of wrinkled and sagging skin
- More even tone and texture
- Softening of deep frown lines and wrinkles
- Improved appearance of redness caused by sun damage
- Erasing of unwanted brown spots
- Immediate and progressive for up to 1 year
- Patients generally return to their normal routine within 7 days
- Avoid direct sun for 3 months after treatment

Potential side effects and complications:

- Prolonged redness, swelling, oozing, petechiae, delayed wound healing, scarring, crusting or scabbing, infection from bacterial, viral or fungal agents, pigment changes (lightening or darkening), herpes reactivation and acne flare-up

Preparing for procedure:

- **4-6 weeks before**
 - a. Start a lightening agent if advised
 - b. Avoid direct sun exposure
- **2 weeks before procedure**
 - *NO DIRECT SUN EXPOSURE*
 - Stop all retinols, or skin care products containing retinoids, glycolics, etc.
 - Stop Aspirin or other NSAIDS such as Motrin, Celebrex, Aleve and Ibuprofen
 - Stop heart healthy herbal supplements (garlic, ginseng, ginger, ginkgo, green tea, omegas, fish oils, vitamin E) as these increase risk for bleeding
 - Gather supplies for post-care regimen:
 - Dry gauze
 - Bottles of water
 - White distilled vinegar
 - Clean Tupperware container
 - Measuring spoon
 - Aquaphor and other skin care products
 - Benadryl
 - Bags of frozen peas for ice packs
- **1 Day Before Procedure:**
 - Make your vinegar soaks by placing gauze pads in Tupperware container, pour 4 tablespoons of vinegar and 32 oz. of water in container. Place mix in the refrigerator for following day.
 - Confirm your ride to and from procedure. We will not release you to a car service or taxi.
 - Make sure your recovery area is going to be free from sun light, room and linens clean and free from animal dander to minimize risk for infection.
 - Take your first does of antiviral (Valtrex or Acyclovir) and antibiotic (Keflex-please advise us if you have a penicillin allergy).
 - Take a Benadryl before bedtime
- **Day of Procedure:**
 - Plan on arriving 90 minutes before actual treatment to numb
 - Eat a light breakfast
 - Bring medication prescribed to the office with you
 - No makeup, no eyelash extensions, no contact lenses, no jewelry
 - Bring a large wide brimmed hat
 - Wear loose, button down shirt
 - Hair must be off your face and secured with an elastic tie if possible
 - Plan on being at the office for up to 3 hours
 - Take a Benadryl at bedtime and plan on doing so for the next few days

Wound Care:

- Wash hands

- Wipe off oozing/bleeding with vinegar mix soaked gauze and gently use pressure, keep in contact with skin for at least 5 minutes; longer is crusting is present. Past dry.
- Apply occlusive ointment after each cleansing
- Some patient prefer to place additional vinegar solution in a spray bottle and mist the gauze to saturate again
- For the first 24 hours after wound care should be done every 2-3 hours and at least once during the first night
- After the first 24 hours, every 3-4 hours
- After 48 hours wash 3 times a day and change to a bland moisturizer
- 72 hours-1 week, continue vinegar soaks twice a day

Considerations:

- No shower for 48 hours (avoid heat and pressure)
- Limit activity to facilitate healing
- Always wash your hands
- Frozen peas or ice packs for 20 minute intervals helps with swelling
- Keep head of bed elevated, failure to do so will result in significant swelling
- Finish the antiviral and antibiotic medication as prescribed
- Keep all follow-up appointments

When to call the office?

- Excessive redness, swelling, bleeding, scab formation, excessive itching, signs of infection, or if you just aren't sure. 702-897-1330

Skin Reactions and Management

Reaction	Management
Erythema & Edema <ul style="list-style-type: none"> ▪ Swelling- up to 1 week ▪ Redness- usually can be up to 3 weeks 	<ul style="list-style-type: none"> ▪ Cold compress 1-3 days post-procedure ▪ Oral anti-histamines ▪ Upright position ▪ Short term use of oral or topical corticosteroids
Exudates, Bleeding & Crusting <ul style="list-style-type: none"> ▪ Exudates (clear fluid) or blood ▪ Pinpoint bleeding usually stops when treatment complete ▪ Oozing continues till wounds close ▪ Crusting or scabbing may occur when exudates or blood dries 	<ul style="list-style-type: none"> ▪ Frequent wound cleaning and occlusive ointment ▪ If crusting is seen use vinegar soaks every 2 hours, generous occlusive ointment, do not rub or scrub.
Dry skin & Desquamation (peeling) <ul style="list-style-type: none"> ▪ Dry skin 2-4 days post procedure ▪ Peeling 5-7 days post procedure ▪ Secondary peeling may occur 1-2 weeks later 	<ul style="list-style-type: none"> ▪ Do not rub/scrub ▪ Do not peel/pull on loose skin ▪ May continue occlusive ointment after 48 hours
Pruritis (itching)	<ul style="list-style-type: none"> ▪ Cold compresses

<ul style="list-style-type: none"> ▪ Itching may occur and is common ▪ Typically occurs 3-4 days post procedure and may continue up to a week ▪ Normal wound healing process ▪ Complications: poor wound healing, infection, contact dermatitis 	<ul style="list-style-type: none"> ▪ Oral antihistamines ▪ Possible steroid cream such as 2.5% hydrocortisone cream twice daily
<p>Acne or Milia (white head) formation</p> <ul style="list-style-type: none"> ▪ Flare up of acne or milia formation ▪ May appear 3-4 days after treatment ▪ Usually self limiting and resolves within 1 week 	<ul style="list-style-type: none"> ▪ Discontinue occlusive ointment ▪ Start bland moisturizer ▪ Do not pick
<p>Pigment changes</p> <ol style="list-style-type: none"> 1. Post inflammatory hyperpigmentation (PIH), prolonged erythema greater than 3 months can serve as a warning sign 2. Prevent PIH by sun avoidance/sun protection and pretreatment of darker skin tones with hydroquinone 	<ol style="list-style-type: none"> 3. Continue sun avoidance/protection. 4. Bleaching agents and other topical agents may be used.
<p>Erosion, Excoriation, Prolonged Oozing</p> <ul style="list-style-type: none"> • Oozing beyond 48 hours, delayed wound healing • Infection/repeated motion • Usually appears in small areas, self limiting 	<ul style="list-style-type: none"> • Cleanse with vinegar soaks, followed by topical antibiotic ointment occlusion 2-3 times a day. • No make-up • Continue oral antibiotics
<p>Infection</p> <ul style="list-style-type: none"> • Risk of infection exists • Improper wound care, compromised ability to heal, over treatment • Signs of infection: Fever > 100.5 • Yellowish-whitish discharge or film that may or may not have a foul odor 	<ul style="list-style-type: none"> • Prevention is key
<p>Scarring</p> <ol style="list-style-type: none"> 5. Scarring is thought to be related to site specific skin characteristics such as thinner skin like the neck or eyelids 6. Post procedure infection 7. Prior history of facelift may or may not increase this risk 	