

Puget Sound Plastic Surgical Group, PLLC
Bryan C. McIntosh, MD
PRE AND POST INSTRUCTIONS FOR BOTOX AND JUVEDERM

In order to minimize the risk of possible side effects and complications of injections please follow these simple steps:

Pre-Treatment Instructions

- Do not consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising).
- Avoid anti-inflammatory/blood thinning medications for a period of 2 weeks before treatment. Medications and supplements such as aspirin, vitamin E, ginkgo biloba, ginseng, garlic, feverfew, St. John's Wort, Omega 3/Fish Oil supplements, Ibuprofen, Motrin, Advil, Aleve, and other NSAIDS have a blood thinning effect and can increase the risk of bruising and swelling after injections.
- Schedule your Dermal Filler and Botox appointment at least 2 weeks prior to a special event which you may be attending, such as a wedding or vacation. Results from the Dermal Filler Botox injection(s) will take approximately 4 to 7 days to appear. Also, temporary bruising and/or swelling may be apparent in that time period.
- Discontinue Retin-A 2 days before and 2 days after treatment.
- Reschedule you appointment at least 24 hours in advance if you have a cold sore, blemish, or rash, on your face.
- If you have a history of cold sores, obtain a prescription from your physician for antiviral medication. This medication should be used 1 day prior to and 3 to 4 days after your treatment.
- Be sure to have a good breakfast, including food and drink, before your procedure. This will decrease the chances of lightheadedness during your treatment.

Post-Treatment Instructions for Botox

- Do not touch or manipulate the area for 3 hours following treatment. Do not receive a facial laser treatment or microdermabrasion after treatment with Botox. If these treatments are desired they should be performed prior to the Botox treatment.
- Smile, frown or grimace for 20–30 minutes following your treatment. This will help the Botox find its way into the muscles into which it was injected.
- Do not lie down for 4 hours after your Botox treatment. This will prevent the Botox® from tracking into the orbit of your eye and causing a droopy eyelid.
- It can take approximately 4 to 7 days for results to be seen. If the desired result is not seen after 2 weeks of your treatment contact the clinic. You are charged for the amount of product used. Therefore, you will be charged for the product used during any touch up or subsequent appointments.
- Do not perform activities involving straining, heavy lifting, or vigorous exercise for 6 hours after treatment. This will keep the Botox® working in the area it was injected and not elsewhere.
- Makeup can be applied before leaving the office. Retin-A, Glycolic acid, Vitamin C and Vitamin C cream should not be used in the treated areas for 24 hours after treatment.

Post-Treatment Instructions for Juvederm

For 24 hours after treatment:

- Avoid significant movement or massage of the treated area.
- Avoid strenuous exercise.
- Do not apply makeup.
- Avoid extensive sun or heat exposure.
- Avoid consuming alcoholic beverages.
- If you have swelling, you can apply an ice pack for no more than 15 minutes, once an hour.
- Use Tylenol for discomfort.
- Avoid touching or manipulating the treated area for 6 hours following treatment. After 6 hours, the area can be gently washed. Do not receive a facial laser treatment or microdermabrasion after treatment with Dermal Fillers. If these treatments are desired they should be performed prior to the Dermal Fillers treatment.
- Avoid sleeping face down (on your stomach for 2 weeks following treatment).

If you have any questions or concerns, please contact our office at (425) 420-2663.

I certify that I have been counseled in the pre and post treatment instructions and have been given a copy of these written instructions. I have read and understand the instructions and realize to obtain optimum results I must follow these instructions diligently.

Patient or Legal Representative Signature / Date

Print Patient or Legal Representative Name

Relationship (self, parent, etc.)

Witness Signature / Date