

POST-CARE

DERMAL FILLER

COMMON POST-FILLER SIDE EFFECTS AT THE TREATMENT SITE(S):

- BRUISING AT THE TREATMENT SITE(S)
- FIRMNESS AT THE TREATMENT SITE(S) FOR SEVERAL DAYS. OVER TIME THE AREA(S) WILL SOFTEN AND "SETTLE".
- TEMPORARY, MINIMAL TO MODERATE SWELLING MAY OCCUR
- AVOID ALCOHOLIC BEVERAGES FOR A MINIMUM OF 12 HOURS POST TREATMENT TO MINIMIZE BRUISING
- TENDERNESS AT THE TREATMENT SITE(S) THAT LASTS FOR SEVERAL HOURS TO SEVERAL DAYS

AFTER CARE INSTRUCTIONS

- YOU MAY TAKE ACETAMINOPHEN/TYLENOL IF YOU EXPERIENCE MILD TENDERNESS OR DISCOMFORT. AVOID ASPIRIN, IBUPROFEN, VITAMIN E, AND FISH OIL. THESE PRODUCTS MAY INCREASE YOUR RISK OF BRUISING.
- AVOID PRESSURE TO THE TREATED AREAS FOR THE REMAINDER OF THE DAY. THIS MEANS NO:
 - HATS OR OTHER TIGHT HEADWEAR
 - TOUCHING, RUBBING, OR MASSAGING THE AREA(S)
- APPLY COOL COMPRESSES (AVOIDING PRESSURE) TO THE TREATMENT AREA(S)
- YOU MAY APPLY MAKEUP ONCE PINPOINT BLEEDING FROM THE INJECTION SITE(S) HAS SUBSIDED
- WHEN CLEANSING YOUR FACE OR APPLYING MAKEUP, USE GENTLE, SWEEPING MOTIONS
- AVOID ANYTHING THAT CAUSES FLUSHING OF OR INCREASED CIRCULATION TO THE FACE FOR 12 HOURS AFTER YOUR FILLER TREATMENT(S), INCLUDING:
 - EXERCISE
 - HAIR WASHING AND BLOW-DRYING
 - HOT SHOWERS
 - SAUNAS, STEAM ROOMS, ETC.
- AVOID EXTENDED UV EXPOSURE UNTIL REDNESS HAS SUBSIDED. APPLY A SUNSCREEN WITH AN SPF 30 OR HIGHER TO THE TREATMENT SITE(S).
- AVOID OTHER FACIAL TREATMENTS SUCH AS PEELS, MICRODERMABRASION, MICRO-NEEDLING, ETC. FOR 7 DAYS.
- DELAY LASER TREATMENTS FOR AT LEAST 6 WEEKS AFTER YOUR FILLER TREATMENT.

QUESTIONS? CALL (470) 272-8730 OR TEXT
(706) 696-8879

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TOUCH UP APPOINTMENTS

OPTIMAL RESULTS ARE 14 DAYS FROM YOUR TREATMENT. WAIT AT LEAST 14 DAYS AFTER YOUR INJECTIONS TO START TO EVALUATE THE SUCCESS OF THE TREATMENT. YOU ARE ENCOURAGED TO COME IN FOR AN ASSESSMENT AND TOUCH UP BETWEEN DAY 14 AND 21 DAYS AFTER YOUR TREATMENT.

**IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS, PLEASE CONTACT HONAEST IMMEDIATELY
AT (470) 272-8730 OR IF AFTER HOURS CALL (470) 930-5898:**

- **INCREASING PAIN OR PAIN THAT WILL NOT GO AWAY**
- **BLANCHING OR GREY, WHITE OR PURPLE DISCOLORATION AT THE TREATMENT SITE(S)**
- **DISCOLORED BLOTCHES ON THE SKIN IN AREAS NOT INJECTED WITH FILLER**
- **SLUGGISH OR ABSENT BLOOD FLOW TO THE TREATMENT AREA OR SURROUNDING AREA(S)**
- **EXCESSIVE SCABBING IN THE TREATMENT AREA(S)**
- **TREATMENT AREA(S) APPEARS RED AND/OR HOT TO THE TOUCH**
- **FEVER AND/OR CHILLS**
- **IF YOU ARE EXPERIENCING ANY OF THE ABOVE SYMPTOMS AND ARE UNABLE TO REACH OUR OFFICE, PLEASE GO TO THE EMERGENCY ROOM OR OTHER QUALIFIED MEDICAL PROVIDER SUCH AS A PLASTIC SURGEON OR COSMETIC DERMATOLOGIST.**

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