INSTRUCTIONS PRE-OP:

1. Please do not wear make-up and/or jewelry on the day of your procedure.

Please be prepared to remove your contact lenses before surgery or wear glasses preferentially. Wear clothing that buttons down in front (no pullers). Take your other usual daily medications in the morning with a sip of water (unless directed otherwise).

Avoid/minimize sun exposure and/or use broad spectrum (UVA/UVB) zinc/titanium oxide based sunblock (SPF 30 or >) for 1-2 weeks before and after procedure or until all redness is gone. Physical blocks, such as a hat, scarf and sunglasses should also be used, as needed.

Wash your face, neck and hair (and other areas to be treated) thoroughly the night before procedure and on the morning of procedure.

Wear your hair pulled back in a ponytail or headband, if your hairstyle permits. Shave the areas to be treated on the morning of the procedure.

2. PRE- AND POST-OP MEDICATIONS:

Stop Retin-A/Renova (tretinoin), Retinol, Differin, Tazorac/Avage (tazarotene), Alpha-hydroxy acids (glycolic acid), beta-hydroxy acids (salicylic acid) & Benzoyl Peroxide topicals and any other similar or exfoliating products that may be drying and/or irritating 3-5 days before the procedure; and you may usually begin re-using them approximately 2 weeks after procedure and when instructed so by Dr. Strimling.

Avoid Electrolysis / Waxing / Depilatory Creams (of treatment areas) for 7 days before the procedure.

Zovirax (or Valtrex or Famvir): Take 1 tablet in the morning and 1 tablet in the evening starting the morning of the procedure for 7 days per Dr. If recommended, apply topical numbing cream (per Dr.) to areas to be treated 30-60 minutes prior scheduled treatment or per Dr. instructions.

For deeper peels, you may be given an antibiotic, such as Doxycycline 50 mg 2x/day x 3-5 days or Cipro 500 mg 2x/day x 3-5 days or Z-Pak.

Tylenol or Ibuprofen (per package insert instructions) may be used as needed for discomfort or pain, if any.

Hydrocortisone 1% ointment 2x/daily with or without OTC Anti-histamines (e.g. Claritin, Zyrtec) may be used for post-treatment site itching, if needed.

POST-OPERATIVE CARE:

1. Cleanse with gentle, mild, hypoallergenic (moisturizing) cleanser (such as Aquanil) and apply Complex Cu3 Intensive Tissue Repair Crème (or equivalent per Dr.) to keep treated area/s soft and pliable during healing 2-4 times (or more) daily for the next several days until healed and normal (usually, 2-5 days depending on depth/parameters of MicroLaserPeel/Profractional-XC). Do not allow treated area/s to become dry or cracked.

DO NOT PICK OR RUB EXCESSIVELY TO REMOVE ANY DRY OR DEAD SKIN, as this may promote delayed healing and/or scarring.

2. You may apply make-up when no oozing/crusting is present (if any) and most swelling has dissipated (usually 1-3 days).

Green based foundation (e.g. Covermark, Dermablend or mineral based make-up) is very effective in covering any red areas.

3. Avoid sun or apply SPF 30 or > zinc or titanium-oxide based sunblock (e.g. Vanicream 60) over Complex Cu3 Repair Crème until healed.

4. You may shower and/or wash your hair daily if desired (not too hot / lukewarm or cool).

Use cold compresses/ice packs (ice wrapped in a soft cloth), 5-15 minutes per hour, if needed to decrease any modest swelling (for the first day or two).

On the first night, you may want to sleep on your back with your head elevated on a few pillows to prevent or decrease facial swelling (if treated there).

5. Avoid strenuous exercise for the next 2-3 days to avoid skin irritation.

6. Your skin may be dry for several days during and following healing of the procedure.

Other moisturizers we recommend for dry skin after healing: Vanicream, Eucerin, Aquafour or Hydrofoil healing ointment.

Also, please avoid any cosmetic facials for at least 1 week before and after your procedure. For best possible outcome, follow pre- and post-procedure instructions carefully, including initiating a skin care program ~1-2 weeks after your treatment (e.g. Obagi or similar).

POST-OPERATIVE COURSE/EXPECTATIONS:

After treatment, mild to moderate redness, swelling and/or a sunburn sensation is usual for up to 12 hours or more. Swelling is usually short-lived. 24-48 hours after treatment, peeling and flaking usually occurs for up to several days or more (depending on laser peel depth/treatment parameters).

A nonirritating exfoliant or mechanical skin cleansing brush, such as Clarisonics (2 minutes twice/day) may expedite this slough, (if recommended by Dr.). Expect mild to moderate improvement in photo-aging (wrinkles, age spots, discolorations, skin tone/quality/texture) and/or acne scars/other scars. MLPs or Profractional-XC usually do not help erythema (i.e. redness) and telangiectasias (i.e. small, visible, broken / dilated blood vessels), but other procedures we do (i.e. Broad Band Light (BBL)) will help this. Several consecutive MLPs/Profractional-XC at 3-8 week intervals and/or combining MicroLaserPeels/Profractional-XC with each other, other Broad Band Light (BBL), laser treatments and/or non-laser cosmetic procedures and a topical at-home anti-aging/skin care program will result in additive or synergistic cosmetic improvement.

Expect no bleeding with MLP, but there may be some, minimal (non dangerous) pinpoint bleeding with Profractional-XC.

An additional charge is our policy for any desired repeat or touch-up treatments or ancillary procedures/treatments. Although one treatment is beneficial, a series of treatments (3-5) is usually recommended for best outcome; discounts for pre-payment of a package or combination of treatments may apply. Possible complications are unusual and often unexpected, yet treatable and may include, but are not limited to: allergic reaction, infection, discoloration or color mismatch / hyperpigmentation (temporary darkening typically in darker skin types) and rarely, focal scar formation that may be itchy and/or painful.

FOLLOW-UP CARE: Please schedule a follow-up appointment at 5-7 days after your procedure for evaluation and skin care program recommendations.

Depending upon depth / treatment parameters and other combined treatments, repeat treatments may be performed in 3-8 weeks.

Broad Band Light (BBL) Photo-rejuvenation may be performed prior MLP for greater improvement in color (red/brown spots), aka “South Bay Peel”.

Fractional Laser Resurfacing (Profractional-XC) may be performed after MLP for greater improvement in deeper lines/wrinkles and/or acne scars.

“Treo Laser Peels” combine BBL, MLP and Profractional-XC.

“Treo Laserlifts” combine skin/soft tissue tightening (SkinTyte™, aka Laser FaceLift), MLP and Profractional-XC.

Combined procedure peri-Laser instructions are same/similar as above unless otherwise noted by Dr.; healing may require up to 5-7 or more days. (We have separate information/instructions for BBL and SkinTyte.)

If you have any questions or concerns, please do not hesitate to contact our office, ROBERT B. STRIMLING, M.D. & Associates

Summerlin Medical Office Bldg. III 10105 Banbury Cross Drive, Ste. 350, Las Vegas, NV 89144 (702) 243-6400
Laser resurfacing can: improve sun damage, improve lines and wrinkles, improve irregular pigmentation and flatten and improve scars. Laser resurfacing cannot: significantly improve skin laxity (Facelifts are primary procedure for improving laxity), remove all lines / wrinkles, totally remove all hyperpigmentation, remove deep scars and remove broken/dilated blood vessels.

Laser resurfacing is a procedure that removes layers of skin to improve the appearance of fine lines / wrinkles, scars and discolorations. Resurfacing information, Peri-laser instructions / medications, post-laser course, expectations have been provided and explained to me.

Alternative treatments depending upon the treatment goals may include: chemical peels, dermabrasion, excisional surgery, and/or other procedures and no treatment; also with associated risks.

Risks / Complications / Side effects / Consequences of Laser Treatment of the Skin (which occur infrequently):
- Allergic reactions, swelling, itching, infection / cold sores, color/texture change, visible skin patterns, bleeding, burns, abnormal/slow/delayed healing, scarring, distortion of anatomic features, ectropian (droopy lower eyelid) and dry eyes with corneal irritation, chronic pain, fire (if inadvertently fired upon a highly flammable material), laser smoke (plume), skin tissue pathology (not preserved), and lack of permanent results or unsatisfactory results.
- During the healing phase (while your skin is pink / red), sun exposure can cause temporary darkening of the treated area(s) called post-inflammatory hyperpigmentation (especially in darker skin types); therefore, sun avoidance per our BBL recommendations must be followed. In at risk individuals, we may also recommend a topical “skin lightening” product when healed.
- Failure to follow instructions may promote above risks.
- Additional risks include unknown risks, anesthetic risks including injury and death, and need for additional treatments or surgery. Follow all laser care instructions to minimize risk of having adverse effects.

The practice of medicine is not an exact science. Although improvement is expected, there is no guarantee or warranty expressed or implied with respect to the results that may be obtained.

Financial Responsibilities – This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be your responsibility also.

Informed consent documents are not all inclusive in defining all risks and alternatives, as specific patient situations may vary. We may provide you with additional or different information if your situation warrants such.

Informed consents are not intended to define or serve as the standard of care, which are subject to many variables. Please read above carefully and have all your questions answered before signing this consent and proceeding with laser.

I hereby authorize Dr. Strimling / Dr. Handler and/or such assistants to perform laser resurfacing:

(0) Erbium, (0) Profractional-XC and/or (0) CO2 on the following face / body parts: ______________________________.

I recognize that unforeseen conditions might necessitate additional / different procedures. I hereby authorize those treatments.

I consent to the administration of anesthetic if needed and understand the risks including complications, injury and death.

I acknowledge that no guarantees as to specific results were made.

I consent to photography and videography as needed, providing my identity is not revealed by the pictures.

For the purpose of advancing medicine, I consent to the admittance of observers.

I consent to the disposal of tissue/body parts and/or medical devices, which may be removed.

I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if needed.

It has been explained to me in a way that I understand: the above treatment or procedure to be undertaken; there may be alternative procedures or methods of treatment; there are risks associated with the proposed procedure and/or treatment. I have had the opportunity to ask questions and have had all my questions answered to my satisfaction.

I consent to the treatment or procedure and the above listed items. I am satisfied with the explanation.

Patient or Person Authorized to sign for Patient:

Date: ___________________________ Patient’s or responsible person ________________________________

Date: ___________________________ Witness _________________________________________________