

Emerge Medical Spa

Radiesse Pre and Post Treatment Instructions

RADIESSE PRE CARE INSTRUCTIONS:

Avoid for 10-14 days medications that cause blood thinning or inhibit clotting such as:

- Aspirin & aspirin containing products
- Coumadin, Warfarin, Lovenox, Plavix, Pletal, Ticlid, Trental

Contraindications to Radiesse include:

- History of allergy or reaction to any component of the Radiesse
- Infection at proposed treatment sites
- Active inflammatory process at proposed treatment sites
- History of keloid formation or hypertrophic scarring
- Pregnancy or breastfeeding
- Current immunosuppressive therapy

If there is a history of facial cold sores, there is a risk of exacerbation. Please discuss with physician medications that may minimize the risk of recurrence.

Multiple injections might be made depending on the site and depth of the wrinkles.

After treatment there will be moderate to severe swelling, some redness and bruising. These symptoms will resolve in about 7 days.

RADIESSE POST CARE INSTRUCTIONS:

- Do NOT touch treated areas for 6 hours. After 6 hours, the areas can be gently washed.
- Do NOT massage treated areas for 48 hours.
- Do NOT exercise for 24 hours after treatment.
- Do NOT drink alcohol for 24 hours after treatment.
- Avoid excessive sun exposure, UV lamp exposure, tanning, and cold outdoor activities until redness and swelling resolve.
- **After treatment there will be moderate to severe swelling, some redness & bruising.** These symptoms will resolve in about 7 days. Please contact office if these symptoms persist beyond 7 days.
- Ice frequently for comfort and to reduce swelling.
- Take Tylenol as needed for discomfort.
- Please schedule a follow up appointment in 2 weeks.
- Results vary from person to person, additional treatments may be necessary to achieve the desired level of correction.
- Periodic maintenance injections, generally within 1-2 years, will help sustain the desired level of correction

I have received a copy of the Pre and Post Treatment Instructions for Radiesse.

Patient Print Name: _____ Date: _____

Patient Signature: _____ Date: _____

Please call our office if you have any questions or concerns: (503) 802-7546