

Emerge Medical Spa

Dysport® Pre and Post Treatment Instructions

Dysport® PRE CARE INSTRUCTIONS:

Try to 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 Dysport include:

- Infection at proposed injection sites
- Peripheral neuropathic disorders or neuromuscular diseases: myasthenia gravis, Eaton-Lambert syndrome, amyotrophic lateral sclerosis
- Pregnancy or Breastfeeding

The effects of Dysport vary from person to person, typically lasting 1-4 months. Effects of Dysport are prolonged if a follow up injection is received before the muscle regains full movement.

DYSPORT® POST CARE INSTRUCTIONS:

For the next 6 hours, do NOT:

- Massage injected area
- Lie down or bend down for prolonged periods 4-6 hours
- Exercise vigorously for 4-6 hours
- Expose area to excessive heat exposure (hot tub, sauna, tanning, sun exposure)

Post Tx, you may:

- Exercise facial muscles (squinting, scowling, frowning) for 6 hours
- Take Tylenol as needed for discomfort and/or headache

For best results, please be aware that:

- Return to clinic for follow up appointment in 2 weeks
- Resistance to movement will be noticed in 3-7 days with full effects in 10-14 days. If desired effects have not occurred by the 14th day after treatment, additional injection may be necessary. Please call to schedule an appointment.
- The effects of Dysport® vary from person to person, typically lasting 1-4 months. Effects of Dysport® are prolonged if a follow up injection is received before the muscle regains full movement.

Possible side effects are:

- Mild headache
- Bruising at injection sites
- Droopy eyelid/Brow in very rare instances

All side effects are temporary and will resolve as Dysport® is metabolized.

24 Hour Cancellation Policy: These will be handled on a case by case basis but may result in the loss of one treatment from your purchased package or \$50 - \$100 charged to your account. If we cannot provide treatment because the pre-care instructions were not adhered to it is considered a no-show. The balance must be paid before any further treatments can be performed. _____(Patient Initial)

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

Patient Print Name: _____ Date: _____

Patient Signature: _____ Date: _____