



CoolPeel

Post Laser Treatment Instructions

Following these post-operative instructions will help ensure a smooth recovery and minimize scarring after your surgery with Dr. Kevin Caceres. Adhering to these guidelines can significantly enhance the healing process and improve the overall outcome of your surgery.

1. Pre-Treatment Care:

- 7-28 days prior to treatment
 - i. Hydrate and protect
 1. Moisturize skin at least 2x a day (am/pm)
 2. Increase water intake to 8 glasses of water (8oz) or more per day.
 3. Avoid prolonged exposure to the sun if exposure is unavoidable,
 4. Use a zinc oxide-based sunscreen of at least SPF 30+
- 3-7 days before your treatment:
 - i. Prepare your skin
 1. **Stop any topical retinoid therapy (3-4 days prior to treatment)**
 2. **If you have a history of fever blisters, talk to Dr Caceres about starting an antiviral prophylaxis 3-7 days before the treatment.**
- Day of the treatment
 - i. Prep for the treatment
 1. You may be asked to thoroughly cleanse the skin in the area to be treated.
 2. Remove all hairspray, makeup, gels, ointments, lotions, self-tanning products, & perfumes
 3. Do not use an alcohol-based cleanser as it may remove moisture from the treatment area

2. What to expect Post Laser Treatment:

- Warm or sunburn sensation: You may have this sensation 2-4 hours post treatment. Once the feeling of heat/warmth resolves, a light, cream-based moisturizer (without alcohol) should be used on the treated area to keep the skin hydrated.
 - i. When applying the moisturizer, if you feel any burning or discomfort, gently wash off the product using water and do not apply any other products.
 - ii. Mineral makeup can be applied 24-48 hours post treatment.
 - iii. You can resume your skincare routine after 24 hours.
- Sandpaper texture of skin: Skin may have a sandpaper-like feel for 4-7 days (or more based on treatment area) post treatment.

3. Call Provider or Visit the Nearest Emergency Room:

- Severe pain
- Numbing or tingling in treatment area

4. Wound Care:

- Keep the Treatment Area Moist: Gauze or a clean cloth moistened with cold water can be applied to the skin to help remove heat from the treatment area.
- Avoid Picking or Exfoliating: Do not pick at scabs or exfoliate the treatment area, as this can lead to infection and increased scarring.

____Patient Initials

Kevin Caceres, MD

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Phone (727) 870-3223 Fax (727) 870-4223

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5. Diet and Hydration:

- Healthy Diet: Eat a balanced diet rich in vitamins and minerals to support the healing process. Include plenty of fruits, vegetables, lean proteins, and whole grains.
- Hydration: Drink plenty of water to stay hydrated, which aids in the healing process.

6. Avoid Smoking and Alcohol:

- No Smoking: Avoid smoking, as it can significantly impair healing and increase the risk of complications.
- Avoid Alcohol: Avoid alcohol consumption for at least two weeks post operation, as it can interfere with medications and the healing process.
- Avoid sun exposure: Sun exposure can increase the risk of hyperpigmentation.

7. Follow-Up Appointments:

- Attend All Scheduled Visits: Keep all follow-up appointments with Dr. Caceres to monitor your healing progress and address any concerns.
- Report Complications: Contact our office immediately if you experience signs of infection (e.g., increased redness, swelling, warmth, or drainage), excessive pain, or any other unusual symptoms.

Additional Tips

- Comfort Measures: Use ice packs as directed to reduce swelling and discomfort. Elevate the surgical area if recommended.
- Clothing: Wear loose, comfortable clothing that does not rub or irritate the surgical site.
- Emotional Well-being: Take care of your emotional health by getting adequate rest, managing stress, and seeking support from family and friends.

For any questions or concerns during your recovery, please contact our office at 727-870-3223 or email us at tcent.contact@entaaf.com. We are dedicated to supporting you throughout your recovery and ensuring the best possible outcome from your surgery.

MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POST OPERATIVE INSTRUCTIONS STATED IN THIS POLICY.

Witness Signature

Patient / Agent / Guardian Signature

Date Signed

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