



Pre & Post Dermal Filler Treatment Instructions (Juvederm, Voluma, Perlane, Resylane)

Pre-Treatment Recommendations:

- **Avoid taking aspirin, non-steroidal anti-inflammatory medications (such as Motrin, Ibuprofen, or Aleve), St. John’s Wart, and vitamin E supplements** for five days prior to treatment to reduce the risk of bruising and bleeding at the injection site.
- **Avoid alcohol** 24 hours before treatment. This will also reduce the risk of bruising and bleeding.
- This procedure will result in swelling and at the injection site, which will last one to two days. There may be mild bruising which can last from 3-7 days, however this can be camouflaged with concealer make-up. You might consider arranging your work and social calendar so that you do not have any events for two days after the procedure.
- Please notify the medical director of PURE if you have a history of cold sores so she can provide you with an antiviral medication to prevent an outbreak.

Post-Treatment Recommendations:

- Immediately after treatment, the most commonly reported side effects were **temporary redness and swelling at the injection site**. These effects typically resolve within **two to three days**. **Cold compresses may be used immediately after treatment to reduce swelling**.
- If you are prone to cold sores, take the prescribed Valtrex® 500 mg twice daily for five days.
- Avoid touching the treated area within six hours following treatment. Avoid exaggerated facial movements/expressions.
- **Avoid sun exposure** until initial redness and swelling have resolved.
- **Do not exercise** for six hours post-treatment.
- **Avoid alcohol** for six hours post-treatment.
- Since Dermal Fillers are a temporary treatment, the results will eventually wear off and Dermal Fillers will need to be injected again. Evidence shows that having a follow-up treatment before the product has fully dissipated will enhance the lasting effect.
- Be sure to have your follow-up appointment scheduled in six to nine months.

If you should have an after hour’s emergency, please contact Julie Acarregui @ 208-794-0169.

I have read and received a copy of the Pre & Post Dermal Filler Care Instructions.

Client Signature

DOB Today’s date

PURE Representative

Date

