



Pre and Post Instructions for Sculptra (Poly-L-lactic acid) Treatment

Pre-injection Instructions:

- **Avoid blood thinning** over-the-counter medications such as Aspirin, Motrin, Ibuprofen, and Aleve for 1 week prior. *Please consult your physician if you are taking Aspirin for medical reasons!*
- **Avoid supplements** including St. Johns Wort, ginko biloba, primrose oil, garlic, ginseng, and Vitamin E for 1 week.
- **Avoid topical products** such as Tretinoin (Retin-A), Retinols, Retinoids, Glycolic Acid, or any "Anti-Aging" products for 3 days prior.
- **Avoid waxing, bleaching, tweezing,** or hair removal cream on the area to be treated for 3 days prior.
- **Do not drink** alcoholic beverages for 24 hours prior to treatment.
- If you have previously suffered from facial cold sores, there is a risk that the needle punctures could contribute to another eruption of cold sores. Please let your Provider know if you are prone to cold sores.
- Do not have Sculptra (Poly-L-lactic acid) injection if you are **pregnant or breastfeeding**, are allergic to any ingredients, or suffer from neurological disorders. Please inform us if you have any questions about this prior to your treatment.

Day of Treatment

- Arrive to the office with a "clean face" - washed and without makeup.
- In order to maximize your comfort during the procedure, a topical anesthetic may be applied. In some cases, a local numbing medication will be injected into or around the area(s) to be treated.



Post-injection Instructions

- **5/5/5 RULE!** Massage the areas 5 times a day, for 5 minutes each time, for 5 days after treatment - After treatment there will be moderate swelling, redness and tenderness with possibility of bruising. These symptoms will resolve in about 7 days.
- Immediately after the treatment, there may be redness, bruising, swelling, tenderness, and/or itching near the injection site. Avoid itching, massaging, or picking around the injection site. This is normal and generally disappears within a few hours to a few days. If these symptoms last more than 3 days, please contact our office.
- As part of your aftercare, we will provide you with ice which can reduce potential bruising.
- Ice (but avoid firm pressure) for 15 minutes 3 times the day of treatment - You may take Acetaminophen/Tylenol if you experience any mild tenderness/discomfort.
- Avoid drinking alcohol or partaking in strenuous exercise for 3 days, as it may result in additional bruising.
- Until the swelling and redness have resolved, avoid intense heat in the treated area(s). This includes sunbathing, tanning, saunas, hot tubs, or hot wax. Also avoid extreme cold such as skiing or other winter sports.
- To help alleviate bruising, we recommend the topical application of Arnica or Arnica pills - a natural ointment commonly used to reduce bruising. You can find this in the natural foods section of your grocery store, or at local pharmacies. We will also provide you with some in our office.
- Minimize movement of the treated area(s). However, if there is a visible bump, you can massage the area. Depending on the areas treated and the product used, you may feel "firmness". These areas will soften and settle with time (usually 1-2 weeks).
- Sunscreen and makeup can be applied, and the area can be gently washed with a gentle cleanser.



Additional Sculptra (Poly-L-lactic acid) Aftercare Recommendations

- For most patients, the benefits of dermal fillers can be enhanced by using a medical-grade skincare system, such as SkinBetter Science Interfuse Treatment Lines or ZO. Please consult our skin care consultant for details.
- 98% of skin damage (aging, wrinkles, dark spots, and hyper-pigmentation) is caused by sun damage. Wearing sunscreen is critical to maintaining the look and health of your skin. Sunscreen should be re-applied after every 4 hours of sun exposure.

I have received a copy of this pre/post instruction sheet. I have a full understanding of the instructions given. To the best of my knowledge, I confirm that I am not currently pregnant and decline to take a pregnancy test.

Patient Full Name: _____

Patient Signature: _____

Date: _____

If you have any questions about these instructions or the procedure, please contact us at 949-748-3880.