



ORANGE COUNTY PLASTIC SURGERY

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LASER SKIN RESURFACING POST-OPERATIVE INSTRUCTIONS

Orange County Plastic Surgery's laser center offers a wide variety of lasers to provide our patients with a complete solution for your skin condition. With current technological advances, more and more patients are seeking laser procedures to eliminate the unwanted effects of aging, sun damage and acne scarring on the skin. The following information has been prepared to familiarize you post-operative instructions after a laser skin resurfacing treatment.

INTRODUCTION: Laser skin resurfacing procedures were devised to minimize surface irregularities, hyperpigmentation and wrinkles. The key words here are **minimize**, as this procedure cannot remove all of the lines, marks or surface discolorations. Also, it should be noted that this procedure is not appropriate for people who are sun tanned, continue to tan, who have darker skin such as some Asians, darker Hispanics, etc. Minor skin resurfacing procedures can be done in the office without anesthesia, but more major resurfacings will be performed at a Surgery Center under sedation or a light general anesthetic.

This procedure removes the outer, scarred or sun damaged skin, attempting to leave the patient with a smoother and more youthful appearance. Various lasers can be employed to vaporize the outer layer of skin and induce a tightening of the remaining skin. The result of the treatment is a general tightening of the skin with obliteration of many of the fine wrinkles and scars while making the deeper wrinkles and scars less noticeable. In patients with excessive wrinkling or scarring, a repeat procedure may be desirable, but ***complete obliteration of all lines, wrinkles and, in particular, acne marks will not be possible*** in any patient.

The most common inquiry is "How long will the improvement last?" This is impossible to predict as the results vary greatly with the amount of continued sun exposure, the patient's skin type, age, severity of the aging process, the number of layers of skin removed by the laser, the condition of the skin and the thickness of the skin removed by the procedure.

It is important that you understand that it would be unethical for any treating provider to guarantee the results of any procedure; one can only promise to do one's best to help the patient. It is not uncommon for a patient to require subsequent procedures to remove more of the desired wrinkles or acne marks, to remove some remaining hyperpigmentation that left a blotchy appearance after the first procedure, or to treat scars caused by burns by one of these techniques.

Additional procedures will result in additional cost to the patient. In general, however, once the desired result has been achieved and if the patient cares for their skin (avoiding sun, using sun blocks), repeat skin resurfacing procedures are rarely necessary.

POST-OPERATIVE PERIOD: There will be a stinging in the treated areas for the first six to eight hours. This will be managed with non-steroidal, anti-inflammatory analgesics (narcotics are not necessary and will not be dispensed). If the entire face is treated, a significant amount of swelling and soupiness are expected – some patients will decide to spend the first night with a registered nurse to assist with the wound care and walking to the bathroom because of the swelling around the eyes. The skin will initially appear a blotchy pink and have the appearance of sunburned skin. This color is normal and will fade with time. You must avoid tanning your face for six months or until the redness fades, and preferably forever! Sunscreen (reapplied every 3 hours while outdoors) **MUST** be used whenever you are going out in to the sun. With the sun block in place, however, there is no reason not to continue enjoying outdoor activities. Any sun exposure in the early post-operative period could lead to noticeable pigment changes. Do not consume any alcoholic beverages while on the prescribed medications.

Beginning the morning after your procedure, you are to wash your face gently with water and cleansers recommended by staff a minimum of twice a day. You may shower. Crusting can be expected throughout the treatment areas. Do not rub the crusts and dead skin too vigorously as this may cause bleeding and subsequent scarring. Apply a generous layer of the recovery complex ointment as directed by your physician or the office skin care specialists. In general, products recommended by the office staff or products such as Aquaphor® or Vaseline® work well for this purpose – we recommend that you avoid medications such as Neosporin®, Bacitracin® and Polysporin® ointments as some patients will have serious allergic reactions to these. Specific instructions on care of the treated area will be given at each office visit.

If the treatment has been around the mouth, you may prefer a diet through a straw initially (until you can chew comfortably). You can expect significant swelling in the area of the treatment. If the laser treatment has been to the eyelids, the lids may be swollen shut and the eyelashes stuck together for the first one to three days. This can be relieved by having your caretaker cleanse the lashes with hydrogen peroxide on Q-tip® applicators. As you are healing you will receive instructions to apply various medications and ointments to the treated areas. The swelling will subside gradually over a few days. The crusts usually come off within seven to fourteen days after the initial procedure. Soon after the crusts have come off, you may resume wearing hypoallergenic makeup.

Initial if copy requested/given to patient _____ Copy placed in chart _____

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If you have any questions or concerns please call the office during office hours at (949) 888-9700, or after hours call, Dr. Compoginis cell at (714)-900-3594, Dr. Ekstrom cell at (774)696-6479 or Dr. Bunkis cell at (949) 413-8888.

WITH AN EMERGENCY THAT REQUIRES IMMEDIATE ATTENTION, CALL 911 BUT PLEASE HAVE YOUR FAMILY NOTIFY BUNKIS OF ANY PROBLEMS YOU MAY HAVE!

I, _____ certify that I have read and understand the “Laser Skin Resurfacing 2024” information sheets, that my surgeon has answered all of my questions to my satisfaction, and that I give my informed consent for this procedure.

Patient Date

I certify that I have discussed all of the above with the patient. I have offered to answer any question regarding procedure. I believe the patient fully understands the explanations and answers and freely and knowingly consents to the performance of the procedure.

Witness Date

I certify that I or a member of my staff has discussed all of the above with the patient and have offered to answer any questions regarding the procedure. We believe that the patient fully understands the explanation and answers.

Surgeon's Signature _____ Date _____

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