LASER VEIN REMOVAL

Treatment Information

BEFORE LASER VEIN REMOVAL

- Avoid the sun for 2 weeks prior to treatment. If you are in the sun during this time you should defer treatment until a later time.
- Treatment of tanned skin may cause blistering or possible hypo-pigmentation (white spots) which may last for 3-6 months.
- Avoid using tanning creams, spray tans, or any type of temporary pigmented creams prior to treatment.
- Patients who have a darker skin type (V-VI) may have an increased risk of hypo-pigmentation (white spots) or hyperpigmentation (dark spots).
- Patients with a history of the following conditions may not be good candidates for laser treatment and should consult their primary care provider when considering treatment:
 - Diabetic patients or patients with poor circulation
 - Clients who have a history of poor healing
 - Clients who take a blood thinner, such as coumadin or aspirin, clients who are taking high doses of iron may have an increased risk of hyperpigmentation.
- Using a topical anesthetic with lidocaine may constrict blood vessels and is NOT recommended (most clients tolerate this procedure well).

DURING LASER VEIN REMOVAL

- Your skin should be completely clean and dry prior to your treatment. Remove or omit any application of skin care products on the day of treatment.
- Our skin care specialist utilizes our Gentlemax Pro™ laser's vascular handpiece to target the spider veins being treated.
- Safety considerations are important during the laser procedure. The patient and all personnel in the treatment room MUST wear protective eyewear during the procedure to reduce the risk of eye injury.
 Your skin care specialist will take all necessary precautions to ensure your safety and comfort. *Please do not bring your child to the appointment.

AFTER LASER VEIN REMOVAL

- You can expect at least two treatments spaced 6-8 weeks apart.
- Following your treatment, the veins will gradually change colour from blue to light red and eventually vanish over 2-6 weeks after your last treatment.
- The heat from the laser pulses may be slightly uncomfortable during and immediately following treatment. Cold gel packs/ice can be applied to reduce discomfort and you may also elevate your legs to decrease discomfort, especially when multiple areas of the legs are treated.
- Tylenol is recommended for any pain, as needed.
- Avoid the sun completely after treatment to reduce hyperpigmentation. Use a broad spectrum SPF 30 zinc oxide or titanium dioxide with UV A/B sunblock.
- Check with your laser specialist about the possibility of using a daily moisturizer.
- Avoid strenuous exercise for 48 hours after treatment.
- TEST SPOTS: Wait 8 weeks to see if the treatment was effective. Your provider will evaluate treatment response or side effects at the follow up visit.
- FULL TREATMENT: Wait at least 8 weeks before the next treatment as resolution of the vessels continues throughout this entire period. Your provider may have you wait even longer between treatments.

- Your leg veins may appear bruised or darker red following treatment. This discoloration will fade over the next few weeks. Brown discoloration may take several months to fade.
- Consult us immediately at 403.487.0460 if you experience increased pain, redness, swelling or blistering.
- Your laser specialist may recommend the application of a topical antibiotic ointment if blistering occurs.

CONZENI FORM	
CLIENT'S FULL NAME:	
TREATMENT SITES:	
medical history, skin type, patient complia	depending on individual factors, including but not limited to ince with pre and post-treatment instructions, and individual ch has been recommended, but I'd rather proceed together
CLIENT'S INITIALS:	
bruising and temporary discolouration of t	hort-term effects such as reddening, mild burning, temporary the skin, as well as the possibility of rare side effects such as nese effects have been fully explained to me.
CLIENT'S INITIALS:	
fully explained to me.	em involves a series of treatments and the fee structure has been
CLIENT'S INITIALS:	
and possible complications, and I understated fully aware that my condition is of cosmetic expressed desire to do so. I confirm that I have conditions, diseases or medication taken. I anonymous use for the purposes of medication taken.	the nature and purpose of the procedures, expected outcomes and that no guarantee can be given as to the result obtained. I amic concern and that the decision to proceed is based solely on my have informed the staff regarding any current or past medical I consent to the taking of photographs and authorize their cal audit, education, and promotion. I certify that I have been given I have read and fully understand the contents of this consent
CLIENT'S SIGNATURE:	DATE:
WITNESS:	DATE: