

Pre and Post Care

LASER TATTOO REMOVAL

Pre:

- ▶ Avoid the sun, and tanning beds, tanning creams and bronzers for 4-6 weeks before and after the treatment
- ▶ If you have a history of herpes, prophylactic antiviral therapy must be started the day before treatment and continued one week after treatment.

Post:

- ▶ For the next 24 hours: apply ice on and off again, elevate extremities and try to leave open unless irritation from clothing occurs.
- ▶ Avoid for the next 24 hours: physical activity, hot showers, swimming, and hot tubs.
- ▶ Apply for the next 2-3 days: Aquafor or Vaseline 2-3 times a day.
- ▶ Avoid for the next 1-2 weeks: sun exposure until tattoo is healed.
- ▶ Please apply sunscreen on the area, even if it is covered by clothing. Sun will travel through your shirt or pants.
- ▶ The use of sunscreen everyday on the area will also help the ink absorb and help with itching.
- ▶ Immediately after treatment there may be erythema (redness) and edema (swelling) at the treatment site. This usually lasts 2 hours or longer. The erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment, but it will subside.
- ▶ Some scabbing, light bleeding and itching may occur.
- ▶ Do not pop blisters. If you do blister, apply Aquafor or Vaseline until the blisters have popped naturally.
- ▶ It takes 2 weeks for your body to absorb whatever amount of ink that has been broken up in this treatment.
- ▶ It may take a few treatments before you see a difference.
- ▶ Treatments can be repeated in 6-8 weeks, if there are no signs of scabbing and the tattoo area has healed. If you have any changes in your health, or medications, please let your laser technician know.
- ▶ Remember, not all tattoos will clear 100%. Your tattoo may just fade.
- ▶ Please call your primary care physician if an infection develops.
- ▶ If you have any questions at all regarding your tattoo removal process, please do not hesitate to call us at the spa 800-851-0969
- ▶ REMEMBER: Drink lots of water!

I have read and understand the pre and post treatment instructions.

Client Signature: _____ Date: _____

Print Name: _____ Date: _____

Provider Signature: _____ Date: _____

Print Name: _____ Date: _____