



PRETREATMENT PATIENT EDUCATION

- Results are not guaranteed.
- Not all red and brown areas will disappear.
- Red and brown spots removed by treatment may recur, especially with excess sun exposure.
- Deep wrinkle lines will not be removed by the treatment.
- Adverse effects include redness, swelling, burning, pain, crust formation, bruising, hyper- and hypopigmentation (including striping), and scar formation.
- Multiple treatments sessions (typically three to five) are required for optimal results.
- Maintenance treatments are often recommended.

PRETREATMENT PATIENT INSTRUCTIONS

- **Do not take isotretinoin (Accutane®) for one month before your treatment.**
- **Stop use of retinol, Retin A (tretinoin), and glycolic acid products 2 weeks prior to treatment.**
- **No Botox or collagen injections for 2 weeks prior to treatment.**
- If you are tanned (real or fake), please reschedule your appointment.
- **Do not apply make-up or lotions on the day of treatment, or be prepared to remove them at our office.**
- Inform the doctor before each treatment if you are (1) taking new medications or (2) have tattoos or beauty marks you do not want treated.
- Inform the doctor immediately if the area being treated feels "too hot."
- Antiviral medications (valacyclovir, famciclovir, or acyclovir) are prescribed prophylactically in patients with history of Herpes simplex virus. If you have history of cold sores, take your prescribed medication on the day before, day of, and day after treatment. Please let us know if you do not have a current prescription and the doctor will provide you with one.

PRETREATMENT PATIENT EDUCATION

The following should be discussed with patients prior to performing IPL treatment:

- Results are not guaranteed.
- Not all red and brown areas will disappear.
- Red and brown spots removed by treatment may recur, especially with excessive sun exposure.
- Deep wrinkle lines will not be removed by the treatment.
- Adverse effects include redness, swelling, burning, pain, crust formation, bruising, hyper- and hypopigmentation (including striping), and scar formation.
- Multiple treatment sessions (typically three to five) are required for optimal results.
- Maintenance treatments are often recommended four to six months after the initial series.

In addition, patients should be quoted a price for the treatment course.

PRETREATMENT PATIENT INSTRUCTIONS

Patients are given the following instructions prior to treatment:

- If desired, apply a thin layer of topical anesthetic (“numbing”) cream at least 20-30 minutes (but not more than 1 hour) before your appointment time. Apply cream only to areas to be treated; do not apply near eyes or on lips.
- Do not take isotretinoin (Accutane®) for 1 month before your treatment.
- If you are tanned, please reschedule your appointment.
- Do not apply make-up or lotions on your day of treatment, or be prepared to remove them at our office.
- If you have a history of cold sores, take your prescribed medication (e.g., Valtrex, Famvir, Zovirax) on the day before, day of, and day after treatment.
- Inform the nurse before each appointment if you (1) are taking new medications or (2) have tattoos or beauty marks you do not want treated.
- Inform the nurse immediately if the area being treated feels “too hot.”
- Please arrive on time.

PROCEDURE PROTOCOL

Tray Set Up

The set-up tray may include: eye shields, cooled gel, tongue blade, washcloth, and nonsterile gloves. In addition, a topical anesthetic cream, cleanser, and sunscreen lotion may be available for use by the patient.

Anesthesia

Topical anesthetic cream can be applied prior to treatment. The author uses a formulation of benzocaine, lidocaine, and tetracaine.

Medications

Antiviral medications (valacyclovir, famciclovir, or acyclovir) are prescribed prophylactically in patients with a history of Herpes simplex virus.

Safety Concerns

Patients and IPL operators should always wear protective eye shields appropriate for the wavelengths used in treatment. Masks are not necessary. In the author’s office, each patient contemplating IPL treatment must undergo a test site treatment at least 24 hours before the initial treatment session. This is to check for a delayed reaction to treatment and to determine the appropriate treatment settings.

IPL offers long lasting improvement in dry eye syndrome to complement ongoing lubricants and eyelid hygiene.

Contraindications: Please check if you have one of the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Skinphototype VI (very dark/black skin) | <input type="checkbox"/> Anti-coagulant use |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Roaccutane |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Photosensitive medications |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Active tans | <input type="checkbox"/> Lupus disease |
| <input type="checkbox"/> Keloid scarring under the eyelid | <input type="checkbox"/> Gold Injections |
| <input type="checkbox"/> Porphyria | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Xeroderma | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Moles, birthmark or tattoos under the eyelid | <input type="checkbox"/> Diabetes (note: treatment can be performed following a successful test patch monitored during 48 hours) |
| <input type="checkbox"/> Active Infections | <input type="checkbox"/> Dysplastic Nevi |
| <input type="checkbox"/> Significant skin conditions or any inflammatory skin conditions | <input type="checkbox"/> Active cold sores, open lacerations or abrasions |
| <input type="checkbox"/> Damage to natural skin texture and/or very dry skin | <input type="checkbox"/> Highly vasculated area in the lesion's immediate proximity |
| <input type="checkbox"/> Chronic or cutaneous viral, fungal, or bacterial diseases | <input type="checkbox"/> Treatment with the orbital rim: patients should wear intraocular shields to protect the eyes from direct or indirect IPL exposure |

Please advise if you are taking any of these photo sensitive medications:

- | | |
|--|--|
| <input type="checkbox"/> St. Johns Wort medications | <input type="checkbox"/> Declomycin chlortetracycline (Aureomycin) |
| <input type="checkbox"/> Antibacterial group: sulphathiazole, long acting sulphonamides | <input type="checkbox"/> Chlorpromazine, promazine, trimeprazine, mepazine |
| <input type="checkbox"/> Diuretics: chlorothiazide, hydrochlorothiazide, quinethazone | <input type="checkbox"/> Psychotropic drugs |
| <input type="checkbox"/> Antidiabetic: sulphonylureas, cabamides | <input type="checkbox"/> Antihistamines of non-phenothiazine structure |
| <input type="checkbox"/> Tetracyclines: tetracyline, doxycycline, dimethylchlortetracycline (Ledermycin) | <input type="checkbox"/> Antimalarials |
| <input type="checkbox"/> Sulphonamides and related chemicals | <input type="checkbox"/> Griseofulvin |
| <input type="checkbox"/> Tomezathine hydrochloride | <input type="checkbox"/> Amiodarone |
| <input type="checkbox"/> Phenothiazines | <input type="checkbox"/> Chlordiazepoxide |
| <input type="checkbox"/> Diphenhydramine <ul style="list-style-type: none">o Chloroquine | <input type="checkbox"/> Retinols, glycolic products, creams or oils |

Skin typing assessment quiz

One of the most important factors in deciding which Laser/IPL™ (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habits. The following skin type quiz¹ is intended **as a sample only** to provide additional help in the evaluation of an individual skin type. *Skin typing of the area to be treated* is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

Genetic predisposition						Report Score ↓
Score →	0	1	2	3	4	
What is the colour of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	.....
What is the natural colour of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	.....
What is the colour of your skin (non-exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	.....
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	.....

Total score for genetic predisposition:

Reaction to sun exposure						Report Score ↓
Score →	0	1	2	3	4	
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	.....
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly	.....
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	.....
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	.....

Total score for reaction to sun exposure:

Tanning habits						Report Score ↓
Score →	0	1	2	3	4	
When did you last expose your body to sun (or artificial sunlamp/self-tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	.....
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	.....

Total score for tanning habits:

Add up the total scores for each of the three sections for your Skin Type Score:

¹ Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

↓ Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score:	Quiz skin type:	Diagnosed skin type:	
Has a consent form been signed? <i>(pls circle)</i>	Yes / No	Has an additional pre-treatment compliance checklist been completed? <i>(pls circle)</i>	Yes / No
Assessment conducted by: <i>(pls print name)</i>	.....	Date of assessment: / /
Name of patient:	.....	Signature of patient: <i>(I attest hereby that I have answered the above to the best of my knowledge)</i>	.....