



ABSOLUTE
COSMETIC MEDICINE

LASER RESURFACING INFORMATION SHEET

GENERAL COMMENTS ON LASER SKIN RESURFACING

Laser resurfacing is a skin resurfacing procedure that uses a laser to improve the appearance of your skin or treat minor facial flaws. Laser resurfacing can be done with two types of lasers.

1. Full laser resurfacing - Erbium laser (Single treatment - 10 days downtime.)
Removes a single layer of the skin (non-fractional).
2. A wounding (ablative) fractional laser (eg. PIXEL (Erbium) or DOT therapy (Co₂)), which removes fractions of the skin - not a full layer. More than one treatment is needed in some cases.
3. A non-wounding (non-ablative) laser (eg. PICOSURE), which stimulates collagen growth and tightens underlying skin. More than one treatment is needed in some cases.

Although non-ablative laser resurfacing is less invasive and requires less recovery time, it's generally **less effective than ablative laser resurfacing, and may require more treatment sessions** (More than one treatment is needed in most cases).

Laser resurfacing can decrease the appearance of facial fine lines. Laser resurfacing can also treat loss of skin tone and improve your complexion if you have scars or sun damage. Laser resurfacing does have limitations, however. Understanding the specific techniques, risks and possible results can help you decide if laser resurfacing is right for you.

LASER RESURFACING CAN BE USED TO TREAT:

• Wrinkles • Liver spots or age spots (solar lentigines) • Uneven skin tone or texture • Sun-damaged skin • Scars caused by acne, chickenpox or injuries • **Laser resurfacing can't eliminate excessive or sagging skin (jowls).**

ABLATIVE LASER RESURFACING CAN CAUSE VARIOUS UNCOMMON SIDE EFFECTS, INCLUDING:

Itching, swelling and redness: After ablative laser resurfacing, treated skin will be itchy, swollen and red. Itching and swelling won't last long, but redness - the degree of which is related to the depth of resurfacing done - can be intense and might last for several months. The aggravation of a previously existing skin condition, such as rosacea or contact dermatitis, can also contribute to redness. This can be treated with IPL.

Acne: Applying thick creams and bandages to your face after treatment can worsen acne or cause you to temporarily develop tiny white bumps (milia) on treated skin.

Infection: Ablative laser resurfacing can lead to a bacterial, viral or fungal infection. The most common infection is a flare-up of the herpes virus - the virus that causes cold sores. In most cases, the herpes virus is already present but dormant in the skin. This can be prevented to some degree by specific tablets.

Changes in skin colour: Ablative laser resurfacing can cause treated skin to become darker than normal (hyperpigmentation) or lighter than normal (hypopigmentation). Hyperpigmentation is more common in people who have darker skin. The first signs of hyperpigmentation and hypopigmentation typically occur weeks after treatment and might go away without treatment. Use of topical retinoic acid or glycolic acid can help treat hyperpigmentation after the treated area has healed. Hypopigmentation that persists is difficult to treat.

Scarring: Ablative laser resurfacing poses a slight risk of permanent scarring.

Turning of the eyelid (ectropion): Rarely, ablative laser resurfacing near the lower eyelid can cause the eyelid to turn out and expose the inner surface. Surgery is needed to correct the problem.

NON-ABLATIVE LASER RESURFACING ALSO CAN CAUSE SIDE EFFECTS, INCLUDING:

Infection: Non-ablative laser resurfacing can cause a flare-up of the herpes virus.

Changes in skin colour: If you have darker skin, non-ablative laser resurfacing can cause your skin to become temporarily darker (hyperpigmentation).

Mild swelling and redness: Swelling and redness typically last only hours or days. Rarely, non-ablative laser resurfacing can cause blistering or scarring.



ABSOLUTE
COSMETIC MEDICINE

LASER RESURFACING INFORMATION SHEET

Laser resurfacing isn't for everyone. Your doctor might caution against laser resurfacing if you:

- Have taken the acne medication isotretinoin (Roacutane and similar) during the past year.
- Have diabetes, a connective tissue or autoimmune disease, or a weak immune system.
- Have a history of radiation therapy to your face.
- Have a history of ridged areas caused by an overgrowth of scar tissue (keloids).
- Are pregnant or breast-feeding.

BEFORE YOU HAVE LASER RESURFACING, YOUR DOCTOR WILL LIKELY:

Review your medical history - Be prepared to answer questions about current and past medical conditions and any medications you're taking or have taken recently, as well as any cosmetic procedures you've had in the past.

Do a physical exam - Your doctor will inspect your skin and the area that will be treated. This will help him or her determine what changes can be made and how your physical features - for example, the tone and thickness of your skin - might affect your results.

Discuss your expectations - Talk with your doctor about your motivations and expectations, as well as the potential risks. Make sure you understand how long it will take to heal and what your results might be.

BEFORE LASER RESURFACING, YOU MIGHT ALSO NEED TO:

Take medication - If you're having ablative laser resurfacing - or non-ablative laser resurfacing and you have a history of herpes infections around your mouth - your doctor will prescribe an antiviral medication before and after treatment to prevent a viral infection. Your doctor might recommend taking an oral antibiotic medication around the time of the procedure to help prevent a bacterial infection. In addition, your doctor might recommend using a topical retinoid on your skin for 4 weeks before having ablative laser resurfacing.

Avoid unprotected sun exposure. - Too much sun up to 2 months before the procedure can cause permanent irregular pigmentation in treated areas. Discuss sun protection and acceptable sun exposure with your doctor.

Consider arranging a ride home - If you're going to be sedated during laser resurfacing, you'll need help getting home after the procedure. Most people not having sedation will be fine to drive home.

DURING THE PROCEDURE

Ablative laser resurfacing will be performed at our Nedlands or Applecross rooms. Before the procedure, your face will be cleaned and your eyes will be covered. Your doctor will numb your skin with local anaesthetics. For extensive resurfacing, such as treatment to your whole face, you might be sedated.

During ablative laser resurfacing, an intense beam of light energy (laser) is directed at your skin. The laser beam destroys the outer layer of skin (epidermis). At the same time, the laser heats the underlying skin (dermis), which causes collagen fibres to shrink. As the wound heals, new skin forms that's smoother and tighter. Ablative laser resurfacing typically takes between 15-30 minutes, depending on the technique used and the size of the area treated.

AFTER THE PROCEDURE

After ablative laser resurfacing, the treated skin will be raw, swollen and itchy. Treated areas might ooze yellowish liquid. To help avoid scarring, don't pick at crusts or pieces of skin.

Your doctor will apply a thick ointment to the treated skin and might cover the area with an airtight and watertight dressing. To relieve pain after the procedure, take an over-the-counter pain relief medication and apply ice packs.

While you're recovering from ablative laser resurfacing, regularly clean the treated area with water, saline or acetic acid and apply thick, protective ointments, such as petroleum jelly. You might prefer to remain at home while you're healing, and your doctor might recommend avoiding strenuous activities. Once new skin completely covers the treated area - usually after 1-2 weeks - you can use cosmetics to conceal any redness.

After ablative laser resurfacing, your skin might stay red or pink for up to several months. However, once the treatment area begins to heal, you'll notice an immediate difference in your skin quality and appearance. The effects can last for years.

After laser resurfacing, avoid unprotected sun exposure for one year to prevent irregular pigmentation. Keep in mind that your results might not be permanent, since as you age you'll continue to acquire lines by squinting and smiling. New sun damage can also reverse your results.