



**4716 Alliance Blvd. Pavilion II, Suite 270  
Plano, Texas 75093  
214-577-1777**

## **ProFractional-XC™**

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### **What is ProFractional -XC?**

ProFractional-XC is a quick and comfortable laser procedure with little downtime, used for improving the overall appearance of your skin. The procedure is performed in your provider's office and can be custom tailored to your specific skin conditions and desired outcome.

### **How does ProFractional -XC work?**

ProFractional-XC uses a tiny laser beam to treat thousands of pinpoint areas of your skin. Because only a fraction of your skin is directly treated with the laser, the surrounding untreated tissue promotes rapid healing. This skin's wound healing response creates new collagen which adds firmness and resilience to the skin.

### **How many treatments will I need?**

Excellent results can be obtained in just one treatment, though the number of treatments may vary from patient to patient. Your provider can personalize a plan based on your specific needs and may choose to combine ProFractional-XC with other aesthetic procedures to further personalize your treatment.

### **What will happen during the procedure?**

Your skin will be cleaned in the treatment area and your eyes will be protected with safety shields. A laser hand piece will be positioned gently on the skin. When the laser energy is applied, you will hear a rapid succession of snapping sounds. The hand piece will be moved around to adjacent locations until the entire treatment area has been covered. The procedure normally takes 15 to 30 minutes.

### **Will it be uncomfortable?**

ProFractional-XC is widely regarded as a comfortable procedure, usually tolerated with the use of a topical numbing cream or a local anesthetic, depending on the depth of treatment.

### **What should I expect immediately after the treatment?**

Immediately following the procedure you may experience mild redness and a sensation resembling sunburn. Your physician will advise you on specific after-treatment care recommendations, which may include analgesics and application of an ointment to keep the skin moist.

### **How long will it take to recover?**

Complete healing typically occurs within a few days and most patients usually feel comfortable enough to get back to work and apply makeup a day or two after the treatment. There will likely be some swelling that will subside within several days following the treatment.

### **What aftercare do I need?**

You may be given skin care products and instructions on how to use them. Your skin will be sensitive to ultra-violet light after the procedure, so you must avoid direct sun exposure until fully healed. It is recommended that you always use some level of solar protection to avoid sun damage and premature aging of your skin.

### **When should I expect results?**

As your skin heals in the days following your treatment, you may notice a general tightening effect. However, the true benefit of ProFractional-XC is the collagen remodeling that occurs during the 4 to 6 months following your treatment.

### **Pre ProFractional-XC Instructions:**

- Please do not wear make-up and/or jewelry on the day of your procedure. Please be prepared to remove your contact lenses before treatment or wear glasses preferentially. Wear clothing that buttons down in front (no pullovers).
- Avoid/minimize sun exposure and/or use broad spectrum (UVA/UVB) zinc/titanium oxide based **sunblock (SPF 30+)** for 1-2 weeks before and after procedure or until all redness is gone. Physical blocks, such as a hat, scarf and sunglasses should also be used, as needed.
- Stop Retin-A/Renova (tretinoin), Retinol, Differin, Tazorac/Avage (tazarotene), Alpha-hydroxy acids (glycolic acid), beta-hydroxy acids (salicylic acid) & Benzoyl Peroxide topicals and any other similar or exfoliating products that may be drying and/or irritating 2 weeks prior to your procedure. and you may usually begin re-using them approximately 2 weeks after procedure and when instructed so by provider
- Avoid Electrolysis / Waxing / Depilatory Creams (of treatment areas) for 2 weeks before the procedure.
- If you suffer from cold sores please start Zovirax or Valtrex or Famvir as prescribed by your doctor. Take 1 tablet in the morning and 1 tablet in the evening starting the morning of the procedure for 3 days.

### **Post ProFractional-XC Instructions:**

- Cleanse with gentle, mild, hypoallergenic (moisturizing) cleanser (Cetaphil) and apply Aquaphor to keep treated area/s soft and pliable during healing 2-4 times (or more) daily for the next several days until healed and normal (usually, 2-5 days depending on depth of MicroLaserPeel / Profractional).
- Do not allow treated area/s to become dry or crusted. **DO NOT PICK OR RUB EXCESSIVELY TO REMOVE ANY DRY OR DEAD SKIN**, as this may promote delayed healing and/or scarring.
- Tylenol or Ibuprofen (per package insert instructions) may be used as needed for discomfort or pain, if any.
- You may apply make-up when no oozing/crusting is present (if any) and most swelling has dissipated) (usually 1-3 days)
- You may usually begin re-using the following products approximately 2 weeks after procedure and when instructed to do so by provider. (Retin-A/Renova (tretinoin), Retinol, Differin, Tazorac/Avage (tazarotene), Alpha-hydroxy acids (glycolic acid), beta-hydroxy acids (salicylic acid) & Benzoyl Peroxide topicals and any other similar or exfoliating products that may be drying and/or irritating)
- You may shower and/or wash your hair daily if desired (not too hot / lukewarm or cool).
- Use cold compresses/ice packs (ice wrapped in a soft cloth), 5-15 minutes per hour, if needed to decrease any modest swelling (for the first day or two). On the first night, you may want to sleep on your back with your head elevated on a few pillows to prevent or decrease facial swelling (if treated there).
- Avoid strenuous exercise for the next 7 days to avoid skin irritation.
- Avoid any cosmetic facials for at least 2 weeks before and after your procedure. For best possible outcome, follow pre- and post-procedure instructions carefully, including initiating a skin care program ~1-2 weeks after your treatment.

### **Post ProFractional-XC Expectations:**

After treatment, moderated redness, swelling and/or a sunburn sensation is usual for up to 12 hours or more. Swelling is usually short-lived. 24-48 hours after treatment, peeling and flaking usually occurs for up to several days or more (depending on laser peel depth/treatment parameters. Expect mild to moderate improvement in photo-aging (wrinkles, age spots, discolorations, skin tone/quality/texture) and/or acne scars/other scars. MLPs or Profractional usually do not help erythema (i.e. redness) and telangiectasia (i.e. small, visible, broken / dilated blood vessels), but other procedures we do [i.e. Broad Band Light (BBL)] will help this. Expect no bleeding with MLP, but there may be some, minimal (non dangerous) pinpoint bleeding with Profractional. Possible complications are unusual and often unexpected, yet treatable and may include, but are not limited to: allergic reaction, infection, discoloration or color mismatch / hyperpigmentation (temporary darkening typically in darker skin types) and rarely, focal scar formation that may be itchy and/or painful.



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### ProFractional-XC™ Informed Consent

Laser resurfacing can: improve sun damage, improve lines and wrinkles, improve irregular pigmentation and flatten and improve scars. Laser resurfacing cannot: significantly improve skin laxity (Facelifts are primary procedure for improving laxity), remove all lines/wrinkles, totally remove all hyperpigmentation, remove deep scars and remove broken/dilated blood vessels. Laser resurfacing is a procedure that removes layers of skin to improve the appearance of fine lines / wrinkles, scars and discolorations.

\_\_\_\_\_ Resurfacing information, Pre Care Instructions, Post Care Instructions and Expectations have been provided and explained to me.

\_\_\_\_\_ Risks / Complications / Side effects / Consequences of Laser Treatment of the Skin (which occur infrequently): Allergic reactions, swelling, itching, infection / cold sores, color/texture change, visible skin patterns, bleeding, burns, abnormal/slow/delayed healing, scarring, distortion of anatomic features, dry eyes with corneal irritation, chronic pain, skin tissue pathology (not preserved), and lack of permanent results or unsatisfactory results.

\_\_\_\_\_ During the healing phase (while your skin is pink/red), sun exposure can cause temporary darkening of the treated area(s) called post-inflammatory hyperpigmentation (especially in darker skin types); therefore, sun avoidance per our recommendations must be followed. Failure to follow instructions may promote above risks. Additional risks include unknown risks and need for additional treatments or surgery. Follow all laser care instructions to minimize risk of having adverse effects. Although improvement is expected, there is no guarantee or warranty expressed or implied with respect to the results that may be obtained.

\_\_\_\_\_ Financial Responsibilities – This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be your responsibility also.

\_\_\_\_\_ Informed consent documents are not all inclusive in defining all risks and alternatives, as specific patient situations may vary. We may provide you with additional or different information if your situation warrants such. Informed consents are not intended to define or serve as the standard of medical care, which are subject to many variables.

I acknowledge that I have read and understand the information and instructions of a ProFractional-XC. I feel I have been adequately informed of the risks of a Profractional-XC as well as alternate methods of treatment. All of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement. With this in mind, I hereby consent to a Profractional-XC treatment, performed by Medical Aesthetics of North Dallas.

\_\_\_\_\_  
Signature of Patient

Date: \_\_\_\_\_

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Signature of Patients Parent/Legal Guardian, if Patient is Under 18

Date: \_\_\_\_\_

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Medical Aesthetics of North Dallas Rep

Date: \_\_\_\_\_