

Silhouette InstaLift® Pre-Treatment Instructions

For 7 days before treatment (to prevent bruising):

- Avoid blood thinning over-the-counter medications such as aspirin, Motrin, ibuprofen, and Aleve. Also avoid herbal supplements, such as garlic, Vitamin E, Ginkgo Biloba, St. John's Wort, and omega-3 capsules.
- Eat at least 1 cup of fresh pineapple or pineapple juice for 3 days prior to appointment. The enzyme it contains can help prevent bruising and swelling.

Silhouette InstaLift® Post-Treatment Instructions

- Bruising, swelling is normal and expected – if bruising is visible, you can start taking oral Arnica and apply topical Arnica cream to areas that are discolored.
- Asymmetry and irregularity of the tissue is common and will resolve on its own in about 2 weeks.
- Pain at the insertion points is normal and may last several days to 2 weeks after treatment. Apply cold packs and take acetaminophen if needed. If pain continues after 2 weeks, please contact Dr. Kaado.
- Refrain from applying make-up for as long as possible. Make-up may be gently applied after a minimum of 24 hours.
- Sleep face-up, elevated on pillows for 3-5 nights.
- Do not rub face aggressively when washing, shaving, and drying face for 5 days. Be gentle!
- Avoid excessive neck and facial movements for 2 weeks.
- Avoid high impact sports (for example: running) for 2 weeks.
- Avoid exposure to direct sunlight and UV light for 2 weeks.
- Do not use a sauna for 3 weeks.
- Avoid dental surgery for 3 weeks.
- Avoid facial or face-down massage and facial aesthetic treatments (including RF, IPL, laser, and micro-needling) for 4 weeks

Following treatment, normal activities may resume per level of comfort, with the exceptions noted above.

If you have any questions or concerns, about these instructions or the procedure, please contact Kaado MD. Always call Kaado MD promptly if there is any increase in pain or

increase in skin redness. Keep all follow up appointments, so Dr. Kaado can access how the treatment is progressing.

I understand and will follow these post-treatment instructions.

Client Name (Printed): _____

Client Signature: _____ Date: _____