

## PRP Pre-Treatment Instructions

- If you develop a fever, cold/flu, or develop a cold sore, blemish, or rash, etc, in the area to be treated prior to your appointment, you must reschedule. We can not treat you.
- Please let the doctor know immediately if you are taking blood thinners. They may represent a contra-indication to this treatment. These medications include Plavix, Coumadin and Heparin.
- Discontinue use of any other blood thinning agents such as: Vitamin E, Vitamin A, Gingko Biloba, garlic, flax oil, cod liver oil, essential fatty acids, (EFAs and DHAs), etc. at least 3 days to 1 week before and after treatment to minimize bruising and bleeding.
- It is recommended, if you have a special event or vacation coming up that you schedule your treatment at least 2 weeks in advance. We prefer 3-4 weeks.
- If you are being treated in the lip area and have a history of Herpes (cold sores) with outbreaks more than 4 times a year, some practitioners recommend you pretreat with medication. Dr. Kaado recommends Valtrex 2GM the day before or the morning of the treatment and then another 2GMs 12 hours after the first dose. Please let us know if you need a prescription.
- Discontinue use of anti-inflammatory drugs (steroidal and non-steroidal) such as Aspirin, Motrin, or any other Ibuprofen drugs at least 3 days to 1 week before your treatment. With PRP, inflammation is desired, as this is one of the mechanisms of the procedure.
- Prescription medications (including heart and blood pressure medication) should be taken as prescribed right up to, and including, the day of and the day after your treatments.
- If you are or have been on Systemic use of Corticosteroids (steroids) within 2 weeks of treatment, we can not treat you. Consult your physician for approval to discontinue use of steroids to receive treatment.
- Avoid alcohol, caffeine, and cigarettes for 3 days before and after treatment.

## On the day of treatment

- Shower the morning of your treatment and wash the treatment area thoroughly. If you are having scalp treatment, do not apply sprays, gels or any other styling products to our hair. If you wear a hear system, please remove it prior to shampooing, and do not wear it before your treatment.
- Eat regularly the morning of your treatment. Please drink approximately 16 oz of water at least 2 hours prior to your treatment.

## PRP Post-Treatment Instructions

- DO NOT touch, press, rub or manipulate the treated area(s) for at least 8 hours after your treatment.
- Avoid Advil, Aleve, Aspirin, Ibuprofen, Motrin, Naprosyn, (all non-steroidal anti-inflammatory agents), Vitamin A, Vitamin E, Gingko Biloba, Garlic, Flax Oil, Cod Liver, Essential Fatty Acids (EPA, DHA), for at least 1 week prior to and 2 weeks after your treatment. Remember, our goal is to create inflammation. These listed medications will limit or prevent inflammation, which can diminish your results. If you must take Aspirin for cardiac reasons, you certainly may do so, but this may limit your results.
- It is normal to experience bruising, redness, itching, swelling and/or soreness that may last 2-5 days following your procedure. If you experience any pain or discomfort, you may take Tylenol or other Acetaminophen-containing products as directed.
- Refrain from applying ice to the injected area as ice acts as an anti-inflammatory. If you must, you can apply ice for 20-30 minutes.
- Do not take a shower or wash for at least 6 hours after your treatment.
- Avoid vigorous exercise and sun and heat exposure, including saunas, steam rooms, and swimming for 3 days after your treatment.
- Avoid alcohol, caffeine, and cigarettes for 3 days after treatment. Smokers do not heal well and problems recur earlier and results may take longer.
- Continue increased water intake the first week after your treatment.
- If having scalp treatment
  - use pH balanced shampoo for the first 3 days.
  - Do not use any hair products for at least 6 hours after your treatment.
  - Avoid resuming Minoxidil (Formula 82M, Rogain) or hair coloring or straightening for 3 days.
- Please do not hesitate to call Kaado MD should you have any questions or concerns regarding your PRP treatment or aftercare.

**I understand and will follow these post-treatment instructions.**

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

