



Post-Microneedling Treatment Instructions

In order to achieve the best results from your microneedling treatment we ask that you read and understand the following instructions. Your provider will review these instructions at the end of your treatment.

Most clients will experience redness and mild swelling, similar to bad sunburn. Some may have small areas of pinpoint bleeding and even some bruising. These effects can last 24-48 hours. The redness usually begins to subside after a few hours and can be covered with make-up 24 hours after treatment. Minor peeling and flakiness can occur after a few days and it is recommended to apply a good gentle moisturizer and sunscreen. It is important to let the area heal on its own and to avoid picking at loose skin. Within a week or two, the skin is smoother and more radiant looking. As the body produces new collagen, the full effects of the procedure will be seen over several weeks, peaking at around 3 months.

1. Your recovery time will be influenced by how aggressive your treatment was, along with your individual skin's response. Your Skin Care Specialist will have discussed with you the individual timeframe, but you should expect between 1-4 days.
2. Sun Exposure: Avoid direct sun for 3-5 days.
3. Sun Block is mandatory if outside and should be reapplied every 2 hours. Physical Sunblock is recommended.
4. Waxing/Laser treatments: Avoid for 2 weeks.
5. Facial Treatments: Avoid for 2 weeks.
6. Exercise or swimming: Avoid for 24 hours (You do not want to sweat).
7. No Exfoliating Products, Vitamin C, Retin-A, Astringents, Acids, or products containing alcohol/fragrance for 3 days unless instructed by your skin care specialist.
8. NO Make-up for 24 hours. It is recommended to use mineral makeup after that time.
9. Increase water intake to include at least 8 glasses.
10. Wash treated area with gentle cleanser 3 days post treatment. Do NOT use washcloths as they can irritate your skin.
11. DO NOT PICK AT SKIN!

Additional Instructions or suggested products to use:

I understand and agree to comply with the above instructions. I also agree to contact Arctic Medical Center Matsu at **(907) 745-3380** with any further questions, or if an adverse reaction occurs.

Signature: _____

Date: _____