# PRP HAIR POST-TREATMENT INSTRUCTIONS

Please carefully read and follow these Instructions after your PRP treatment. There are minimal restrictions after your PRP injections allowing you to return to your daily activities almost immediately.

Do **NOT** touch, press, rub, or manipulate the treated area(s) for at least 12 hours after your treatment.

**AVOID:** Aspirin, Motrin, ibuprofen, Aleve (all non-steroidal and steroidal anti-inflammatory agents), curcumin, turmeric, Gingko biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E, or any other essential fatty acids at least 3 days -1 week prior to and after your treatment. Remember, we are creating inflammation. **This includes pain gels such as Voltaren and Salonpas, etc. for pain relief.**

**No sunscreen OR makeup for 12 hours following treatment.**

Wash the face 6 hours after treatment or before bed time. Gently massage the face with tepid water (a shower can provide an easier ability to massage the face while washing at the same time) and remove all serum and dried blood. Do not use any lotions, creams, or make-up for at least 6 hours after your treatment

24 hours post-treatment makeup can be applied. After 48 to 72 hours following treatment you can return to regular skin care regimen.

**Avoid** alcohol-based toners for 10-14 days as well as excessive sun exposure for 10 days.

**Avoid** intentional and direct sunlight for 24 hours. No tanning beds.

Do not go swimming for at least 24 hours post-treatment.

**AVOID:** Vigorous exercise, sun, and heat exposure for at least 3 days after your treatment

**AVOID:** Alcohol, caffeine, and cigarettes for 3 days before and after your treatment.

Smokers do not heal well, problems recur earlier, and results may take longer.

Drink plenty of water for 2 weeks (10 cups per day)

It is normal to experience: Bruising, redness, itching, soreness, and swelling that may last from 3-10 days following your procedure. ***Important reminder:*** **There should be no fever or purulent discharge (pus) from the site. If there is, please contact us immediately.**

Please call our office should you have any questions or concerns regarding your PRP treatment or aftercare.

I certify that I have been counseled in post treatment instructions and have been given a written copy of these instructions.

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Patient Name (print) Patient Signature Date

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Witness Name (print) Witness Signature Date