

ELEVATED IMAGE

Advanced Medical Aesthetics & Primary Care • Joshua Le, DO

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CO₂ LASER POST-TREATMENT CARE GUIDE

Patient name		Treatment date	
Provider	Joshua Le, DO	Laser intensity	☐ Standard Resurfacing ☐ Aggressive / Ablative

Proper post-care is essential to optimize your clinical results, minimize downtime, and ensure safe epidermal healing. Follow these directives systematically based on the intensity level of your treatment. Wherever a "Standard" and "Aggressive / Ablative" instruction differ, follow the one that matches the box checked above.

⚠ WHEN TO CALL THE CLINIC — 206-395-4748

Call us promptly — or seek urgent/emergency care after hours — if you notice any of the following:

- Signs of infection: spreading or increasing redness, warmth, or swelling; pus or cloudy drainage; honey-colored crusting; foul odor; worsening pain after Day 2-3; or fever $\geq 100.4^{\circ}\text{F}$ (38°C).
- Signs of a cold-sore (HSV) outbreak: clusters of painful blisters, punched-out sores, or rapidly spreading tenderness — this needs treatment quickly, even if you are on antivirals.
- Bleeding that will not stop, blistering/burns, or skin that is not healing as expected.
- Severe or spreading swelling, difficulty breathing or swallowing, or hives — call 911 for any airway or breathing symptoms.

Do not apply any product not discussed with your provider. When in doubt, call us — that is what we are here for.

Immediate Post-Treatment (0-24 Hours)

- **Thermal management:** Swelling, redness, and a mild-to-moderate sunburn sensation are expected. If skin feels uncomfortably hot, apply a clean, cool compress (especially around the eyes) to reduce inflammation.
- **Compress cleanliness:** For aggressive/ablative treatments, all cool compresses must be completely clean to protect open channels from environmental pathogens.
- **Moisture & occlusion:** Maintaining a continuous barrier is critical to healing:
 - **Standard resurfacing:** Apply a light, mildly occlusive product such as pure hyaluronic acid or a cream-based, non-stinging moisturizer.
 - **Aggressive / ablative:** Pinpoint bleeding, weeping, and oozing may occur. Apply a thin layer of an occlusive ointment (pure Vaseline / Petrolatum) and keep the area "shiny" with ointment at all times.
- **Do NOT pick, peel, scratch, or rub:** Let all flaking and rough skin shed on its own. Picking is the leading cause of scarring and infection.
- **No dressings:** Bandages or tight wraps are not usually needed unless specified by Dr. Le.

PROLONGED SENSATION: If intense burning or stinging persists more than a few minutes after applying any product, gently rinse with clean water and notify the clinic at 206-395-4748.

Days 1-5: The Critical Healing Window

- **Gentle cleansing:** From Day 2-5+ as directed, gently wash the area morning and night with a mild, gentle cleanser. Do not scrub — use only fingertips and clean, lukewarm water, then blot dry with clean gauze or a fresh soft towel.
- **Frequent barrier reapplication:** Reapply your post-treatment product or ointment every 3-4 hours, or as needed, to keep the healing skin moist.
- **Itching:** Some itching is normal as skin heals — do NOT scratch. Use a cool compress; contact the clinic before using any anti-itch product.
- **Compounded vinegar soaks — when to use:** Only if directed, and generally only after aggressive / ablative treatment while the skin is weeping, oozing, or crusting — typically the first ~3-5 days until the skin has re-epithelialized (closed and stopped weeping). Soaks gently cleanse, loosen crust, and lower surface bacteria. Mix 1 tsp white vinegar into 1 cup cooled distilled (or previously boiled) water; refrigerate between uses; apply with clean, saturated gauze for 5-10 minutes, 2-4 times daily, then reapply your occlusive ointment. Stop once the skin has closed, or as directed. Not typically needed for standard resurfacing.
- **Prescription adherence:** Take any prescribed oral steroids, antibiotics, and antiviral exactly as directed. Antivirals are especially important to prevent cold-sore (HSV) reactivation, even if you have no active sore.

- **Infection control:** Wash hands often with antibacterial soap; avoid touching the area; keep pets away and never let a pet lick the area; use a clean pillowcase and change it nightly during early recovery.

Days 5–14+: Re-Epithelialization

- **Textural resolution:** Keep the area diligently moisturized until the rough, sandpaper texture sloughs away on its own.
- **Exfoliation restrictions:** Avoid all scrubs, cleansing brushes, retinoids, vitamin C, benzoyl peroxide, and chemical exfoliants (AHA/BHA) until the barrier has fully sealed — Standard: 5–10 days; Aggressive: 7–14 days.
- **Cosmetics:** Mineral-based makeup only, and only once skin has fully re-epithelialized (closed, no weeping) — Standard: 2–5 days; Aggressive: 7–14+ days or until cleared.

Lifestyle & Environmental Restrictions

- **Physical activity:** Avoid strenuous exercise, heavy lifting, sweating, saunas, steam rooms, and hot tubs — Standard: 2–4 days; Aggressive: 7–14 days. If the area feels hot or flushed during any activity, stop and postpone it.
- **Absolute sun avoidance:** Avoid direct sun entirely. Once skin has closed, use a broad-spectrum mineral sunscreen (zinc and/or titanium, SPF 30–50) daily and reapply every 2 hours outdoors. Diligent sun protection for several weeks to months lowers the risk of hyperpigmentation, which is higher in deeper skin tones.
- **Edema (swelling) mitigation:** Sleep with your head slightly elevated (one extra pillow) for the first few nights.
- **Vascular stability:** Minimize alcohol during the acute healing phase to limit bruising.

Your Prescriptions & Follow-Up

Medications prescribed: ☐ Antiviral ☐ Antibiotic ☐ Oral steroid ☐ Other: _____

Special instructions: _____

Follow-up appointment: _____ Questions? Call 206-395-4748.

Quick Reference: Standard vs. Aggressive / Ablative

Symptom / Activity	Standard Intensity	Aggressive / Ablative
Expected clinical signs	Redness, localized heat, mild-to-moderate tight sunburn sensation.	Deep redness, pronounced swelling, pinpoint bleeding, weeping, oozing.
Downtime window	1–5 days	7–14+ days
Stop physical activity	2–4 days	7–14 days (until skin stops flushing)
Avoid exfoliants & scrubs	5–10 days	7–14 days
Mineral makeup clearance	2–5 days	7–14+ days (fully healed skin only)

Disclaimer: This guide is a generalized clinical framework. Always prioritize the specific instructions given directly by Joshua Le, DO, as individual laser parameters and healing vary.

Dr. Joshua Le, DO