Post Care Sheet After PDO Procedure

PDO threads are absorbable synthetic polymer that is highly versatile. The PDO thread will biodegrade over a period of 4 to 6 months. The PDO thread will create micro injures to the skin causing it to have a positive result on the dermal layers, for example, increase blood flow. Results from this treatment may take up to 3 weeks or longer for the treatment effect to be noticeable.

After Your PDO Thread Placement:  
To achieve the best possible result from your treatment, follow these instructions carefully. If you have any question or problems that are not addressed here, call our office, and we’ll be happy to help.

Normal response:  
• Bruising, and swelling normal can use over counter arnica topical  
• Post procedure discomfort medication to use: Tylenol - helpful for post procedure for 7 to 10 days • Most discomfort occurs in the first 24 to 48 hours. Place ice on very gently just in case of bruising. • Stinging, “pulling”, itchy sensation will decrease at about 3 to 5 weeks

What you need to Avoid:  
• Avoid heavy exercises for 1 week, this causes extreme facial movements  
• Do not touch or wash your face for 30 minutes  
• Do not pull down on face for 4 weeks  
• Eat soft foods, no large bites for 7 days  
• Sleep on back for 3-4 days  
• Do not chew gum for 2 weeks  
• No facial massages for 4 weeks  
• Limiting facial movements will help lifting threads to stay in place, so no dental work unless strictly necessary • Avoid heat in treatment area like saunas, IPL lasers or radio frequency treatment for 30 days  
• Avoid medication that affect the blood clotting effects like fish oils, vitamin's C, A & E for 7 days

If you experience increased redness, swelling, pain at injection or thread coming out in area, please notify the office.  
Lifting treads do require more things to avoid than just smooth and twisted.

A copy will be made for you to take home and original for Providers chart.

Patient Name (please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_