

# Real

## Health & Aesthetics

### AFTERCARE ADVICE FOR CO2 LASER TREATMENT

#### What to Expect & Warning Signs

- Days 1–3: Red, raw, weeping yellow-tinged fluid. Normal.
- Days 3–7: Intense itching (antihistamines help). Do not scratch.
- Days 5–10: Skin peels. Let edges fall off naturally—never peel skin.
- Red Flag Signs (Call Immediately):
  - Honey-coloured crusting (signals impetigo/infection)
  - Spreading redness or heat beyond treated area
  - Sudden severe pain or fever

Here is a concise day-by-day guide, with the why behind each step.

#### The #1 Rule: Don't Let It Scab

Unlike normal cuts, CO2 scabs trap heat and bacteria, leading to scarring and prolonged redness. You want a moist wound healing environment. If it feels tight or looks crusty, you aren't applying ointment often enough.

#### The Regimen

##### 1. Vinegar Soaks (Days 1–4)

Mix 1 tablespoon of white vinegar with 1 cup of cool boiled or distilled water. Soak clean gauze, apply to face for 10–15 minutes, 3–4 times a day.

##### 2. Ointment Application (Crucial Step)

Use Vaseline or a prescribed occlusive balm. No "medicated" ointments unless specifically told.

After vinegar soaking, gently pat dry. Immediately apply a thick, visible layer—like a face mask of ointment. Reapply whenever skin feels dry.

Once skin is smooth and new (usually Day 5–7), switch to a gentle, fragrance-free moisturiser.

##### 3. Sleeping

Sleep on your back with your head elevated on two pillows. Swap to a fresh, clean pillowcase nightly to reduce infection risk.

#### What to Avoid (2–4 Weeks)

- Sun: Your new skin has zero melanin. Any sun exposure can cause permanent hyperpigmentation. Zinc oxide SPF 50 is mandatory outdoors, but physical avoidance (hats, indoors) is better for the first month.
- Heat: No saunas, steam rooms, or strenuous gym sessions for 2 weeks. Heat triggers inflammation.
- Skincare: No scrubs, acids, retinoids, or vitamin C for at least 14 days—or until skin feels completely normal and isn't pink.

#### Hyperpigmentation Warning

If you have olive to dark skin (Fitzpatrick III–VI), you are at high risk of post-inflammatory hyperpigmentation. If we prescribed a pigment-suppressing cream (e.g., hydroquinone, azelaic acid), do not start it until the skin barrier is fully healed (usually Day 14), unless explicitly instructed otherwise. Starting it on broken skin will burn and worsen the pigment.

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