



**ABSOLUTE**  
COSMETIC MEDICINE

## RENUVION® AFTER CARE

**These guidelines may vary based on your individual medical history, the surface area(s) treated and with any combination therapies.**

1. Rest for the first 12-24 hours. Mild daily activity for 2-3 days, then resume your normal activities as tolerated.
2. You may experience mild to moderate swelling, bruising and soreness for 1-2 weeks following your procedure.
3. You may feel excess gas in your tissues (subcutaneous air), this is normal and will subside in 2-3 days, if you have any concerns contact your physician.
4. Do not apply ice or heat to the surgical area(s).
5. For neck procedures, sleep with head of bed elevated 30 degrees and keep neck extended with neck or towel roll.
6. Drainage from your incision sites may occur following your procedure. It is recommended to change your dressings every 4-6 hours for as long as you are having drainage. Wash incision sites with warm soapy water. Drainage should subside in 24-72 hours.
7. If a compression garment was used, you should wear as instructed by your physician. If the garment is not fitting properly, contact your physician.
8. Diet as tolerated. Drink plenty of fluids to stay hydrated.
9. Only engage in massage if instructed to do so by your physician.
10. Avoid direct exposure to sunlight until surgical area is completely healed. Apply sunscreen as directed.
11. Call the office if you notice any signs or symptoms of distress or infection, such as; shortness of breath, redness, unusual bleeding, increased pain, marked increase in swelling, skin that is warm/hot to the touch or a fever of above 38°C.
12. Follow any medication instructions given to you by your physician.
13. Keep your follow-up appointment: \_\_\_\_\_

**I have read the post-procedure instructions and fully understand what is contained therein.**

Patient Signature/Date: \_\_\_\_\_

Witness Signature/Date: \_\_\_\_\_

I cannot dispute what I have read, agreed to and signed above. If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.

I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records. (please initial) \_\_\_\_\_