



POST-TREATMENT INSTRUCTIONS FOR PRP TREATMENTS

Please carefully read and follow these instructions after your PRP treatment

Do NOT touch, press, rub, or manipulate the treated area (s) for at least **8 hours** after your treatment

AVOID Aspirin, Excedrin, All Bayer products, Ibuprofen=Motrin/Advil, Aleve/Naproxen (all non-steroidal and steroidal anti-inflammatory agents), 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 on purpose. NSAIDs can undo that.**

If you experience discomfort or pain you may take **Tylenol or other Acetaminophen** products (rather than Advil or Aleve)

If numbing was administered with numbing cream, that will wear off shortly. If you’ve had an injection to get you numb, the numbness may last a few hours and can make motion of nearby muscles weak. This will wear off after 1-3 hours.

Do not wash or take a shower for at least **6 hours** after your treatment

Do not use any lotions, creams, or make-up for at **least 6 hours** after your treatment . (However...if you have had an under eye treatment with laser or microneedling, apply Aquaphor onto the treated skin 2 hours after you leave the office and reapply 4x per day and more often if needed for the next 5 days days)

AVOID vigorous exercise, sun and heat exposure for at least **1 week** after your treatment

AVOID: Alcohol, caffeine, and cigarettes for 3 days before and after your treatment (**Smokers do not heal as well** and problems recur earlier and results may take longer.)

Maintain a healthy diet and Drink at least 64 oz’s water the day of the treatment. Continue increased water intake the first week after your procedure.

It is normal to experience: Bruising, Redness, Itching, Soreness, and Swelling that may last from 3-10 days following your procedure.

Please call our office at (316) 722-1333 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. I understand these instructions and agree to follow them to achieve the best outcome

Patient Signature _____ Date _____

Witness Signature _____ Date _____