



## Pre and Post Treatment Instructions

### Sculptra

For your safety and in order to obtain optimum results, the instructions below should be followed

- How to Prepare for your Sculptra Treatment:
  - o Do NOT take aspirin, Motrin, Ibuprofen, Naproxen, Aleve, Vitamin E, Gingko Biloba, fish oil, St. John's Wort, garlic pills, or other anti-inflammatory medications for 1-2 weeks if okay with your primary physician. These medications can increase the risk of bruising. For mild pain or headaches Tylenol is preferred.
  - o DO consider taking over the counter Arnica supplements (available at our office and most supplement stores) starting 2 days before your treatment as they have been shown to decrease bruising. Arnica will also help with any swelling.
  - o DO inform your nurse or physician if you have a history of medication allergies, history of anaphylaxis, and any other medical problems
  - o The ideal time to schedule this procedure is at LEAST 2 weeks before a big event. The effects of Sculptra will not be apparent for a few months; however, at two weeks, any swelling or bruising that may occur will have subsided.
- What to Expect After Your Sculptra:
  - o Remember 3x3x5: Massage the area THREE times a day, for about THREE minutes, for FIVE days. Doing so will help reduce the occurrence of nodules forming.
  - o You may use ice packs on the treated areas to help with swelling and discomfort.
  - o Treated areas may be red, swollen, and bruised for the first 2-7 days.
  - o If bruising occurs, you may continue Arnica supplements, DO apply topical Arnica gel, drink fresh pineapple juice, and/or take oral Bromelain supplements to help bruising resolve faster.
  - o A few days after treatment, you will look as you did before treatment. This is normal. Over time, Sculptra will replace lost collagen.
  - o You may resume exercise 24-48 hrs following the procedure depending on your level of discomfort.
  - o On average, a series of 2-3 treatment sessions over the course of a few months may be needed.
- 1-2 vials should be performed annually to maintain results.

**I have read and understand the above. I have had the opportunity to ask any questions and I have received a copy of these instructions.**

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**Patient Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**