

PATIENT INFORMATION AND INSTRUCTIONS Laser  
Resurfacing using Mixto SX Fractional CO2 Laser

**WHAT IS CO2 LASER SKIN RESURFACING?**

CO2 is a Carbon Dioxide laser that has been used for more than 25 years in the Aesthetic Industry for treatment of skin conditions such as fine and coarse wrinkles, scars of various origin, uneven pigmentation and dilated pores. When a CO2 beam of light comes in contact with the epidermis it heats and vaporizes the skin tissue, instantly removing the superficial layers of the skin, scars and wrinkles while smoothing out the surface of the skin. This skin remodeling occurs with new skin and collagen growth.

**FRACTIONAL SKIN RESURFACING and its BENEFITS**

Fractional Skin Resurfacing is a Revolutionary Delivery System that increases the possibilities for busy people who want healthy, younger looking skin with minimal pain in a short period of time. The MiXto combines the benefits of a CO2 laser with a micro spot size of 300 microns that can treat 20-100% of the scanned area. Using a computerized pattern generator and a new scanning algorithm, thermal heat is dispersed within the epidermis while evenly treating damaged areas. This particular algorithm dramatically reduces pain, the need for anesthesia, and recovery time. Single treatments can show a significant improvement in skin texture and color.

**RISKS**

Erythema (redness of skin); The laser-treated areas have a distinctive redness representing increased blood flow due to the growth of the superficial tissue and collagen. It will gradually fade during the first two days.

Inflammation (swelling); Treatment with the MiXto System presents a minimal amount of swelling that can last up to 24 hours.

Hyperpigmentation (tanning); This is presented after the third day of the procedure but then begins to shed and reveal younger healthy looking skin.

A personal interview and clinical examination will be conducted to obtain relevant facts about your medical and dermatologic history, and any medications you are currently taking or have taken in the recent past.

If you are prone to cold sores, you need to ask your doctor for an antiviral prescription before the treatment.

Fractional Treatment with the MiXto SX has been proven safe for the face, neck, chest and hands.

## **C02 Fractional (MiXto) Laser Procedure Pre- and Post-Treatment Care Guidelines**

### **Pre-Treatment:**

1. Avoid sun exposure for at least one week prior to treatment. If sun exposure can not be avoided, a sunscreen of SPF 30 or greater should be worn as well as a hat. A Sunscreen with UVA and UVB coverage provides best protection.
2. Notify your Physician if you develop a cold sore or any other illness prior to the treatment.
3. Purchase a non-allergenic water-based moisturizer for use in post-treatment care (found at most Drug/Pharmacy Stores).
4. Pre-Treatment prescriptions (such as oral antibiotics or antiviral medications) should be filled and initiated prior to treatment (per your physician's instruction).
5. Avoid using Retin-A or any other product of the "retinoid" family for 1 week prior.
6. Do not wear make-up or other facial products (including moisturizer) on the day of the treatment.

### **Post-Treatment:**

1. Immediately following the treatment apply cool compresses (ice) to control any discomfort and/or swelling if needed. You may also find that having a fan blow air at you may help.
2. **Keep applying layers of Vaseline** ointment to the treated area for protection and to promote the healing process. **Re-apply and keep face moist as needed until peeling has stopped, about 3-5 days.**
3. The day after your procedure you may start washing the treated area twice a day with a non-soap, gentle cleanser only (such as Cetaphil). A gentle moisturizer may be used **only after** you've stopped peeling completely! **Please note that continued application of moisturizer will speed the healing process.**
4. It is important **Not to "pick or rub"** your skin during the healing process.
5. If your skin is broken or a blister appears, it may be necessary to use an antibiotic ointment (notify your physician).
6. Oral analgesics, non-steroidal anti-inflammatory agents, or other medications may be used at the discretion of your physician for discomfort.
7. Prolonged sun exposure should be avoided after treatment. If further treatment is planned, it is important that you commit to staying out of the sun. A sunscreen of SPF 30, with UVB and UVA ray coverage, should be worn daily regardless of sun exposure.
8. Contact your Physician with any other concerns.

## Informed Consent for Fractional CO2 Laser Procedures

### INITIALS

- I understand that Micro-Spot Fractional CO2 laser is intended skin rejuvenation and that results may vary depending on the condition of skin, skin type, and area treated.
- I understand that more than one treatment may be needed for optimal results.
- I certify that I have none of the known conditions that could make treatment contraindicated:
- Pregnancy or currently breast feeding
  - Herpes Simplex (cold sores or fever blisters) in area to be treated
  - History of keloid scarring
  - Use of medications that increase photosensitivity
  - Tattoo in treated area
    - Auto-Immune Disorders
    - Diabetes
    - Using Accutane
  - Use of aspirin, Ibuprofen, or other anti-inflammatory medications •
- UV light exposure 3 days prior and 3 days post treatment
- I am fully aware of the possible complications from the Micro-Spot Fractional CO2 laser, including but not limited to:
- Mild to moderate discomfort
  - Redness or swelling at the treated area
  - Sun sensitivity
  - Skin sensitivity
  - Blistering
  - Bruising/Swelling/Infection (rare)
  - Temporary or Permanent skin pigmentation changes (rare): hypo- or hyperpigmentation
  - Scarring (rare)
  - Eye Exposure: Protective eyewear will be provided to me
- I understand that there are other alternative treatments for skin rejuvenation besides the Micro-Spot Fractional CO2 laser.
- I understand that photos may be taken for my medical records
- I certify that I am a competent adult of at least 18 years of age and that this consent is given freely and voluntarily.

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above information and that I have had sufficient opportunity for discussion to have any questions answered.

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Signature of Patient/Guardian

Print Name/Relationship

Date

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Signature of Witness

Print Name/Relationship

Date

**PHOTOGRAPHY CONSENT FORM / RELEASE**  
(MUST BE SIGNED)

I, (print name) \_\_\_\_\_,  
hereby grant permission to Alberico J. Sessa, M.D. and Sarasota Surgical Arts, to  
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I further understand that my name and identity will not be used and reasonable  
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I authorize the use of these images without compensation to me. All negatives,  
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Sarasota Surgical Arts.

\_\_\_\_\_  
Patient's Signature Date

\_\_\_\_\_  
Witness Signature Date

I \_\_\_\_\_, do not wish for my photos to be used for any  
other reason than my medical records and for in office educational purposes.