

PATIENT INSTRUCTIONS

MORPHEUS 8 – RADIO FREQUENCY MICRONEEDLING (SARD)

CONTRAINDICATIONS

- Pacemaker or internal defibrillator, or other metallic or electronic implant anywhere in the body.
- Permanent implant in the treated area such as metal plates, screws and metal piercing or silicon, unless deep enough in the periosteal plane.
- Intra-dermal or superficial sub-dermal areas injected with Botox®/HA/collagen/fat injections or other augmentation methods with biomaterial, before the product has been dissipated (up to 6 months), except Botox after binding to the facial muscles (3-7 days). It is possible to treat sooner over injectable products placed in the deep periosteal plane as soon as the area has healed (1-3 weeks).
- Current or history of skin cancer, or any other type of cancer, or pre-malignant moles.
- Pregnancy and nursing.
- Severe concurrent conditions, such as cardiac disorders or sensory disturbances.
- Impaired immune system due to immunosuppressive diseases such as AIDS and HIV or use of immunosuppressive medications.
- Patients with history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
- Poorly controlled endocrine disorders, such as diabetes or thyroid dysfunction and hormonal virilization.
- Any active skin condition in the treatment area, such as sores, psoriasis, eczema, and rash.
- History of skin disorders, keloids, abnormal wound healing, as well as very dry and fragile skin.
- History of bleeding coagulopathies or use of anticoagulants in the last 10 days
- Any facial surgery performed within a year prior to treatment.
- Facial dermabrasion, facial resurfacing, or deep chemical peeling within the last three months, if face is treated.
- Having received treatment with light, laser, RF, or other devices in the treated area within 2-3 weeks for non-ablative procedures, and 6-12 weeks for ablative fractional laser resurfacing (according to treatment severity) prior to treatment, except special recommendations.
- Use of Isotretinoin (Accutane®) within 6 months prior to treatment.
- Use of non-steroidal anti-inflammatory drugs (NSAIDS, e.g., ibuprofen-containing agents) one week before and after each treatment session, as per the practitioner's discretion.
- Treating over tattoo or permanent makeup.
- Treating over the lips.
- Skin type V and dark VI patients treat with caution. Lighter RF energy load is used.
- Treating over hair bearing surfaces.
- Irritable skin like excessively tanned skin from sun, tanning beds or tanning creams and sprays within the last two weeks.
- As per the practitioner's discretion, refrain from treating any condition that might make it unsafe for the patient.

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POSSIBLE SIDE-EFFECTS

Possible adverse effects include but are not limited by:

- Discomfort or pain, excessive skin redness (erythema) and/or swelling (edema), damage to natural skin texture (crust, blister, and burn), change of pigmentation (hyper- and hypopigmentation), and scarring.
- Erythema lasting not longer than 24h and edema for 1-3 weeks is a typical skin reaction to the treatment.
- Crusting from the ablated dots will exfoliate naturally after 1-3 weeks.
- It is critical to understand the importance of pre-treatment and posttreatment instructions and that failure to comply with these instructions may increase the probability of complications.

PRE-TREATMENT RECOMMENDATIONS

- Avoid skin irritation or intentional skin tanning. Sunscreen is advisable when outdoors during daylight hours
- Asian patients and those with skin types IV-VI should be treated gradually by bleaching products 6 weeks prior treatment and stop at least 48 hours prior Morpheus8 treatment to minimize risk of post inflammatory hyperpigmentation.
- Prophylactic antiviral therapy should be prescribed for patients with history of cold sores (Herpes Simplex) when treating around the mouth.
- Stop anticoagulants 7-10 days prior to treatment, if medically permitted.
- The patient should shave the area to be treated. Long and dense hairs prevent electrode contact with the skin's surface.

POST-TREATMENT RECOMMENDATIONS

- Cool the treatment area for 5-10 mins.
- Emollient cream such as Aquaphor or occlusive dressing could be applied to the treatment area.
- Alternatively, prophylactic antibiotic treatment may be prescribed for 1-3 days post treatment. Patient is to contact the physician if there is any indication of infection, excessive swelling, redness, undue pain, or any other unusual or untoward symptom.
- Tiny scabs may appear after 1-3 days and stay for several days following the treatment. The scabs should not be touched or scratched even if they itch and should be allowed to flake off naturally.
- Blisters may be treated with a prescribed antibiotic ointment or burn treatment cream as per physician's discretion.
- During the first two days following treatment the treatment area should be kept clean to avoid contamination or infection; any mechanical or thermal damage to the area must be avoided.
- Prophylactic antiviral therapy should be continued for patients with history of cold sores (Herpes Simplex) when treating around the mouth.
- Moisturizer free of fragrance, oil, and any retinoids may be applied 24-72 hours after each treatment and then should be applied regularly throughout the course of the treatment. Make-up may be applied only 24-72 hours after each treatment session. Generally, 24 hours after treatment, patients may use regular soaps, but not scrub soaps or exfoliates.
- The patient should use a high-factor sunscreen (at least 30 SPF) and protect the treated area from over-exposure to sunlight for at least one month after the treatment, starting 24-72 hours post treatment. Excessive tanning of any sort (sun exposure, tanning beds, and artificial tanning lotions) is not allowed in the treated areas during the entire course of the treatment.
- For Asian patients and skin types IV and V, a prescription or compounded bleaching regimen may be prescribed by the physician for 6-12 weeks, 2-3 times a week following the healing of treatment area (typically 7 days) to minimize risk of post inflammatory hyper-pigmentation. It should be stopped 48-72 hours before another Morpheus8 session.