



AESTHETICS
BY VANESSA



flair with care

DERMAL FILLER AFTERCARE

Lip Enhancements

Nasolabial Folds - Marionettes - Cheek Enhancement - Liquid Rhinoplasty

Jawline & Chin Sculpting

Non-Surgical 6 Point Liquid Face Lift Also Known As “Y Lift” With Dermal Fillers

The following aftercare advice is essential to help reduce the risk of treatment complications, to improve your comfort/healing and to help achieve the best possible results from treatment.

Please follow the aftercare advice for dermal filler injections.

- Immediately after dermal filler injections the treatment area may be red, tender or swollen. The redness and tenderness should improve after 48 hours. Swelling is often worse on days 2-3 after injection, improved by day 5 and resolved by 2 weeks.
- For significant swelling contact your practitioner for advice. Swelling may be reduced by regular cold compress, anti-inflammatory medicines such as Ibuprofen (after 24 hours, if safe for you to take), antihistamines and sleeping with your head propped up on 3 pillows to help drainage of fluid overnight.
- Bruising is common following treatment; this will resolve naturally but may take up to 2 weeks to settle.
- Regular application of Arnica cream may be helpful for bruising.
- Tenderness is normal when the injected area is touched afterwards but active pain at rest is not normal. If you experience pain, you must contact your practitioner as soon as possible.
- Avoid any makeup for 24 hours after treatment as this will reduce the risk of infection.
- Do not lie flat or face down for at least the next 48 hours after treatment. Remain upright for 2 weeks after treatment, this can help to reduce product migration.
- Avoid wearing any spectacles or sunglasses for at least 48 hours after treatment on the nose & if possible also avoid for the next 2 weeks, this can help to reduce product migration.
- Avoid touching or rubbing the treated area for at least 48 hours after treatment, doing so may affect treatment results.





- Avoid any further cosmetic procedures to the treated area for at least 2 weeks following treatment, including permanent makeup and skin treatments.

- You may require a top-up appointment if there is some mild unevenness or discrepancies noticed once the initial swelling has resolved. Top-ups should not be done until at least 2 weeks post-treatment, as this is when all post-injection swelling would have resolved.

!! Please Note;- The cost of dermal filler treatments is based upon the number of product Syringe/s used for each treatment therefore any top-up required to even any discrepancies there will be an extra additional fee !!

- Drink plenty of water after treatment to keep well hydrated.
- Avoid alcohol, caffeine, hot drinks and spicy food for 24 hours.
- Avoid medications such as aspirin or Ibuprofen for 24 hours as they are blood thinning agents and may worsen bruising (if these medications have been advised by your GP you must check with your GP before stopping them)
- Avoid supplements such as multivitamins, fish oils, glucosamine and Vitamin B or Vitamin E, which are blood thinning agents and may exacerbate bruising for 24 hours (if these supplements have been advised by your GP please check with your GP before stopping them)
- Avoid any excess sun exposure, sunbeds, extremes of hot/cold, saunas, swimming or strenuous exercise until the redness and swelling has settled (Minimum 2 weeks).
- A rare complication of dermal fillers is vascular occlusion in which a blood vessel is accidentally blocked with filler. Signs and symptoms include throbbing and aching pain which can be severe, paleness, a cold feeling to the tissue and purple streaky mottling tissue changes. If you notice any of these symptoms you must contact your practitioner as soon as possible, they will guide you through how to perform a capillary refill test and then assess you fully and advise further action if required.
- You must seek medical attention and contact your practitioner if you experience any signs or symptoms of infection after treatment. Infection can present as hot, red shiny skin, there may be pus formation and you may have a fever or feel generally unwell.
- You must seek emergency medical attention if you experience any severe allergy symptoms after treatment. Symptoms may include rash, facial swelling and breathing difficulties.
- You must contact your practitioner as an emergency if you notice any visual disturbance or loss of vision after the filler injections.
- Contact your practitioner as soon as possible if you notice any other unwanted side effects.
- Results can be assessed at 2 weeks, by when any residual swelling will have settled. It is essential that you have read all the information available.



V Aesthetics Ltd is trading as Aesthetics by Vanessa. Registered in England. Company No - 13384120

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LIP Dermal Filler Journey

PRE

POST

48HRS

2 WEEKS

AESTHETICS BY VANESSA

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Managing Expectations

Swelling cannot be predicted or controlled. You might look beautiful immediately after or you might look swollen and bruised. If you are a serious worrier - dermal filler is not for you!!

Results take patience and it can take up to two weeks for results to settle and even out. The human body is complex.

Respect it, and let it heal!!

AESTHETICS BY VANESSA



LIP FILLER JOURNEY DON'T PANIC! IT'S ALL PART OF THE PROCESS

DAY 1	DAY 2-3	DAY 3-4
MY LIPS ARE INVISIBLE. I NEED SOME FILLER.	THEY'RE SO SWOLLEN. WHAT HAVE I DONE!	BRUISING AND BUMPY! IS THIS NORMAL?
DAY 5-7	WEEK 1-2	WEEK 2 ONWARDS
OH HANG ON, THESE ARE REALLY NICE.	YASSSS. PASS ME THE LIPPY, I LOVE MY LIPS!	I MISS THE SWELLING. I'LL BOOK MORE FILLER!



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! POSSIBLE FILLER COMPLICATIONS !

With any procedure, nothing is ever 100% risk free.
 Although these risks and complications are extremely rare, they can still happen.
 If you experience ANY of the following in red at all, please do **NOT** hesitate to contact me as soon as possible so that we may resolve any potential issues. Time is of the essence here:

white areas

- Any **white areas or patches**
- **Coldness in the area**
- **Numbness/Tingling in the area**
- **Swelling in the area**
- **Pain to the touch**
- **Rashes on the face**

white area

The above 2 pictures are examples of when an artery has been compressed or blocked by filler and it is not able to carry the blood supply around the face. This is called a '*vascular occlusion*' and can become very serious if left untreated.

Bruising during treatment: *normal*

Bruising several hours after treatment: *normal*

Extreme bruising several hours after treatment; *rare*

The 3 pictures on the left, are examples of bruising in the lips during & after the procedure. It is possible the bruising may and can get a lot worse a day or two later. This is normal.

Bruising can take up to 14 days (sometimes longer) to fully heal. Please be patient. As long as none of the symptoms above in red do not appear (mainly white patches), please do not worry.

Treatment Form – DERMAL FILLERS

Title (Mr, Mrs, Miss, Ms.):

First Name:

Surname:

Address:

.....

Post Code:

Date of Birth.....

Home Tel: Mobile:

E-Mail:**(Please tick below to confirm you Agree to the following)**

I am voluntarily consenting to Dermal Filler Treatments.

I also understand that I may require a series of 2-3 treatments over the next 12 months every 3-4 months to achieve individual required results.





____ I have been informed that the result of treatment is instant but takes up to 2 weeks for any swelling or bruising to settle before assessing the final results of the treatment. Also, if after 2 weeks there is persistent unevenness contact your practitioner for a review of which any top-up necessary will be an additional fee of £45.

____ I acknowledge that there is no written or implied verbal guarantee, warranty or assurance been made to me regarding the outcome of the procedure.

____ I need to avoid sunbathing, sunbeds, hot baths and showers, saunas, steam rooms and public pools for 10-14 days post treatment.

____ There is a small risk of infection of the treated skin area after the procedure, although this is not expected to occur due to the sterility of the medical devices used.

____ Other side effects include, bruising, swelling, hematomas and slight reddening of the area that may be present for up to 2 weeks.

____ I understand that there is a possibility that a vascular occlusion could occur during or within 24-48 hours after treatment of which signs & symptoms have been explained above in the aftercare. If this was to occur, I am aware that dermal filler dissolve using **Hyaluronidase** would be required ASAP to prevent Necrosis of the tissues affected which could lead to a permanent scar in the area treated & I am as the Client responsible to inform the practioner ASAP who will guide me through how to perform a capillary refill test and then assess me fully if required and advise further action if needed. I am aware if there is any delay on my behalf due to unable to attend ASAP due to an inconvenient time of appointment given by the practioner on that day, then I take full responsibility of the outcome knowing the full facts, side effects, treatment outcomes and complications and I will not hold the practioner or clinic responsible should any issues mentioned above occur.

____ I understand Dermal Filler usually lasts for approximately 3-6 Months or even longer in some clients as it depends upon each individual's body's metabolism excretion of toxins / substances in the body as we are all not the same & have or very own individual body mechanism.

____ I understand that individual results may vary, and no guarantees are made regarding the expected outcomes of this procedure. I am happy to proceed with this treatment on this basis.

____ I understand that I must not lie flat or face down for at least the next 48 hours after treatment & remain upright for 2 weeks after treatment, as this can help to reduce dermal filler product migration.

____ I understand that I must prevent from wearing prescription spectacles or sunglasses for at least 48hours after dermal filler treatment on the nose & if possible, also avoid for the next 2 weeks, as this can cause product migration & displacement.

____ I confirm that the treatment and product being used has been explained to me in full and that I am happy to proceed with the treatment on that basis. I have asked all questions that I may have and received all appropriate aftercare.

____ I understand that I am undertaking this treatment knowing the full facts, side effects, treatment outcomes and complications and I will not hold the clinic responsible should any issues mentioned above occur.

____ I give full consent to the use of my before and after images for marketing purposes. Images will be kept for 6 years and may be used in the event of a claim being brought against us. They will be stored on a password encrypted hard drive.

____ Under GDPR rule I understand that I have full access to all data held on me. This data will be held by the clinic for no longer than 6 years for insurance purposes, after which, digital information will be deleted permanently, and paper documents will be destroyed. All information on myself is kept on password encrypted hard drives or locked in filing cabinets to which only selective staff members have access. None of my personal data will be sold or used for anything other than to provide the services of this clinic.

Please ensure you understand the potential complications and personal requirements for the non-surgical dermal filler treatments being used & the dermal filler procedure that have been indicated within this document.





I confirm that to the best of my knowledge that the information that I have supplied is correct and that there is no other medical information I need to disclose.

I understand that treatments and products is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

Any Other side effects ads mentioned in the aftercare which last more than 2 weeks you must contact your Aesthetic Practitioner who will give appropriate advice.

Anything else you feel I need to know?

My Studio is at my Home Address & contact details are as below.

Any further Questions, please do not hesitate to get in contact.

Clients with unattainable expectations are not suitable for treatment.

Managing Expectations.

Swelling cannot be predicted or controlled immediately after treatment as you may look swollen & bruised in areas treated.

If you are a serious worrier – Dermal Filler is NOT FOR YOU!!

Results take patience - The Human Body is complex – Respect it & let it heal!!

Can you please Read, fill in, sign & date below:

Once you have read and understood all the above, please, print, sign & date the declaration on the dotted line within the document attached, screen shot & send back via email for future reference.

Print Sign Date

Kind Regards

Miss Vanessa Farrell BSc Dental Therapist GDC 112960

Practitioner Signature If you have suffered a serious side effect, related to the medicine or product used (rather than the technique of the practitioner), you may report to The Medicines and Healthcare Regulatory Authority (MHRA) using The Yellow Card Scheme yellowcard.mhra.gov.uk

