Xeomin Post Care Instructions

- **This treatment is NOT recommended if you are pregnant or doing breast feeding.**
- This treatment is not recommended if you have an important event within 2 weeks of injection due to potential for bruising.
- Avoid herbal supplements such as Ginko, green tea and anti-inflammatories of any kind for 2 weeks before and following treatment to limit bruising.
- For the first 5-6 hours following Xeomin, remain upright and periodically perform facial movements in the areas of injections in order to work the Xeomin into the muscle - e.g., smile, squint, etc.
- Do not participate in activities that include heavy lifting, vigorous exercise or straining for 6 hours (it takes approximately 2-3 hours for Xeomin to bind to the nerve and you do not want to increase circulation during that time).
- Do not rub, touch, or manipulate Xeomin for 6 hours.
- Avoid irritating products for 24 hours following Xeomin.
- Make-up may be applied gently before leaving the office, remember to wipe up and away from your eyes or brows.
- Bruising in the area injected is normal and often expected, especially if treated around the eyes. Bruising can last up to several weeks. Using/taking Arnica may help diminish bruising.
- It may take up to 12 days for Xeomin to take full effect.
- A follow-up visit at 10 days to 2 weeks is suggested to assess results for subsequent treatments, particularly if you are a first time client. If full correction is not achieved, you will need to purchase additional Xeomin for injection.
- Re-treatment is typically needed between 2-6 months.
- Regular injections usually yield a longer lasting Xeomin result.
- If your upper lip was treated you will not be able to drink through a straw, whistle, or enunciate some words for approximately 2 weeks.
- Although rare, infection in the injected area is possible. Signs of infection may include redness and tenderness in the infected area and fever. Should you develop an infection, antibiotics may be necessary. Please contact us should you have any concerns.

If you have ANY questions or concerns, please call our office during business hours.

I understand that these pre/post care instructions are important to my overall treatment. I agree that I have read and understand what is required of me before and following my treatment.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, __ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Client Signature

Date