Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Post Carbon Dioxide Laser Care

1. Post Carbon Dioxide Laser Care

1.1. CO2 Laser is a concentrated beam of light with specific wavelength, created when electric current passes through a special material. This can be targeted to water vaporization of skin tissue.

1.2. The treated area will be red and you will feel warm. Burning sensation is common in the first 24-48 hours after the procedure. The surface will be raw as a result of the superficial ablation. It may be covered with ointment or dressing.

1.3. Healing takes 7-14 days leaving the new skin red or pink. The amount of time for skin surface to recover is directly related to the level of therapy given. Scabs will develop after a few days and come off slowly. Do not remove them by any means as it may result in depressed or unsightly scars.

1.4. Avoidance of water contact over the treated areas is recommended until the wounds are completely healed, normally require 1-2 weeks depending on the sites and depth of the disease. You may use a warm towel to gently clean the treatment sites but do not wipe vigorously as this can cause injury, bleeding, infection and delay wound healing.

1.5. During this period, sun avoidance is highly advisable as ultraviolet radiation can undesirably trigger overproduction of melanin pigment and it can lead to increase in pigment over the treated area. Please apply sunscreen or use physical methods for sun protection.

1.6. Follow up appointment in 1-2 weeks will be arranged for you. Contact us if you notice any abnormality or have enquiry.

2. Please note

2.1. Keep the sites clean at all time.

2.2. Do not wet the wounds until you are told by the doctor to do so.

2.3. Apply post laser preparation according to doctor's instructions.

2.4. Avoid sun exposure.

2.5. Do not contact the wounds unnecessarily. Avoid picking at the treated areas or aggressive scrubbing of the skin.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____