BBL (Broad Band Light) Treatment Guide for Patient

Check List:

- NO Self-Tanner, sun or tanning bed exposure in the treatment area. Treating tanned skin can lead to a high incidence of epidermal reactions, blistering and pigmentation abnormalities. Avoid sun for 3-4 weeks BEFORE treatment, and Self-Tanner for 7-10 days BEFORE treatment.
- 2. Understand that if you present for your appointment with tanned skin, your appointment/treatment will be rescheduled. **Refer to #1 checklist item.**
- 3. When possible, present with a clean face, free of make-up and skin care products. If your schedule does not allow for this preparation, we will be happy to assist you in preparing your skin prior to treatment.

Contraindications for BBL (Broad Band Light) use:

- 1. Patients who have a history of abnormal response to sunlight.
- 2. Patients who use photo-sensitizing medications or drugs.
- 3. Patients who have used isotretinoin (Accutane) with the last 6-12 months.
- 4. Patients who are pregnant.
- 5. Patients who have medical conditions that may affect wound healing.
- 6. Patients who use anticoagulant medication or heavy Aspirin use.
- 7. Patients with active infections and/or compromised immune systems.
- 8. Patients with tanned skin.
- 9. Patients with a history of skin cancer, especially malignant melanoma.
- 10. Patients who have a history of keloid scar formation.
- 11. Patients who are skin Type VI.

After BBL (Broad Band Light) Care:

- 1. Observation: Erythema (Pink skin) for several hours after treatment.
- 2. Intervention: Cool compresses or ice packs can provide some comfort after treatment. If blistering occurs, aggressive wound healing measure should be implemented (Call the office).
- 3. Interval: treatment are performed 3-4 weeks apart. 3-5 Treatments may be required.
- 4. "Peppering" of brown or pigmented treatment spots can last up to 2 weeks, depending on your reaction to the BBL. Peppering may not appear for several days after treatment.
- 5. Sun precautions should be exercised before and after BBL treatments to maximize your results. This includes wearing a high quality sunscreen daily and a hat when exposed to prolonged sun light.

I have read and understand the pre and post BBL (Broad Band Light) guide for treatment. My signature represents my willingness to abide by the treatment guidelines to achieve maximum benefit from BBL treatment. I am responsible for protecting my skin from sun exposure before and during my ongoing BBL treatment. Patient: ______ Date: ______