Procedure Information Sheet

Introduction

CO2 laser produces a wavelength of 10,600 nm. The laser beam causes thermal damage to the top layers of the skin which can ablate unwanted tissue and incise skin precisely.

Indications

1. Seborrhoeic keratosis, lentigines, warts, molluscum contagiosum, cutaneous horns, actinic keratosis, syringoma, sebaceous hyperplasia, milia, naevus, xanthelasmas.
2. Telangiectasia, pyogenic granuloma, cherry angioma.
3. Scars.

Before the Operation / Procedure

1. Local anaesthesia may be required.
2. Multiple treatments are usually required for improvement and total clearance may not be possible.
3. Clinical results vary and there is no guarantee to the final outcome of the treatment.
4. Recurrence is possible.
5. Photographs will be taken before and after the procedure.

After the Operation / Procedure

1. The treated area will become red and swollen and a thin scab might be formed. This might last for a few days to a week.
2. Scabs might be formed and it will take 1-2 weeks to come off.
3. After the scabs have come off, the underlying skin will be pink or red and this could take 1-6 months to fade.
4. Hypo- or hyper- pigmentation could develop after the treatment, and this could take 1-6 months to fade, and rarely, it may be permanent.
5. Apply antibiotic ointment to the wound until the scabs have come off.
6. Routine skin care products and makeup may be used after the scabs have come off.
7. Apply sunscreen and avoid exposure to sunlight.

Risks and Complications

1. Redness, swelling, bruising, bleeding, infection, itchiness.
2. Hyper- or hypo- pigmentation.
3. Depressed or hypertrophic scars.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. FDA approved indications for use (FORM FDA 3881) June 2015.
2. https://www.accessdata.fda.gov/cdrh_docs/pdf15/K151331.pdf

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Patient's Signature:_____ Date:_____