Cleft Lip Dermal Filler Aftercare Form

Developed and Endorsed by Lindsay Owens – Cleft Lip Masterclass

1. TREATMENT OVERVIEW

You have received a Cleft Lip Dermal Filler Treatment, a specialised aesthetic procedure designed to enhance lip symmetry, smooth scar tissue, and restore contour in patients with a history of cleft lip and/or palate repair. Proper aftercare is essential for optimal results, safe healing, and to minimise complications.

2. WHAT TO EXPECT POST-TREATMENT

It's normal to experience some mild side effects following dermal filler injections, especially when treating previously repaired or scarred tissue. You may notice:

Possible post-treatment effects

- [ ] Redness, swelling, or tenderness at the injection site
- [ ] Mild bruising
- [ ] Small lumps or uneven texture (usually resolves within days)
- [ ] Temporary numbness or tingling
- [ ] Slight asymmetry while swelling subsides

These effects are temporary and typically improve within 3–7 days. Full results are visible after 2–4 weeks.

3. IMMEDIATE AFTERCARE (FIRST 24–48 HOURS)

To ensure a safe recovery and optimal results:

Immediate aftercare instructions

- [ ] Do not touch, press, or massage the treated area for at least 6 hours after your procedure.
- [ ] Avoid strenuous exercise, alcohol, and heat exposure (saunas, steam rooms, sunbeds) for 24 hours.
- [ ] Apply a cold compress gently for 10 minutes at a time to reduce swelling.
- [ ] Sleep on your back with your head slightly elevated the first night to prevent unnecessary pressure.
- [ ] Avoid makeup or skincare products on the treated area for 12 hours.
- [ ] Do not smoke for at least 24 hours, as it may affect healing and blood flow.

4. ONGOING CARE (DAYS 2–14)

Ongoing care instructions

- [ ] Continue to avoid dental work, facials, chemical peels, and laser treatments for 2 weeks after treatment.
- [ ] Stay hydrated and maintain good skin health to support filler integration.
- [ ] If you have a history of cold sores (Herpes Simplex Virus), an outbreak may occur. Contact your practitioner for antiviral advice if needed.
- [ ] Avoid exposure to extreme cold or heat, as it can affect the treated area.
- [ ] Mild asymmetry or small lumps may appear as the product settles — your practitioner will review and correct if needed during your follow-up.

5. RED FLAGS – WHEN TO CONTACT YOUR PRACTITIONER

Seek immediate advice if you experience any of the following:

Red flag symptoms

- [ ] Intense pain or burning in the treated area
- [ ] Skin blanching or discolouration (white, grey, or purple patches)
- [ ] Sudden swelling or severe bruising
- [ ] Vision changes, dizziness, or nausea
- [ ] Signs of infection (redness, warmth, pus, or fever)

These may indicate a complication such as vascular occlusion or infection, which must be treated urgently. Your practitioner is trained to manage complications and has access to hyaluronidase (filler dissolver) if required.

6. RESULTS AND FOLLOW-UP

Results and follow-up information

- [ ] Results will settle gradually over the next 2–4 weeks.
- [ ] A follow-up appointment is recommended after 2 weeks to assess results and ensure symmetry.
- [ ] Maintenance treatments may be required every 6–12 months, depending on product longevity, metabolism, and tissue response.
- [ ] Keep realistic expectations — due to previous surgery and scar tissue, perfect symmetry may not be achievable.

7. LONG-TERM CARE TIPS

Long-term care tips

- [ ] Maintain overall skin health and hydration.
- [ ] Protect lips from sun exposure using SPF lip balm.
- [ ] Avoid smoking to prevent premature breakdown of filler and collagen loss.
- [ ] Report any unusual or delayed reactions, even months later.
- [ ] Keep your practitioner informed before any future facial procedures.

8. PRACTITIONER CONTACT DETAILS

If you experience any concerns or complications, contact your practitioner immediately:

Clinic Name: _____ **Practitioner:** _____

Phone Number: _____ **Email:** _____

Emergency Contact: _____

9. ACKNOWLEDGEMENT

- [ ] I confirm that: I have received verbal and written aftercare instructions following my Cleft Lip Dermal Filler Treatment.
- [ ] I understand the importance of following these guidelines to ensure safe healing and optimal results.
- [ ] I have been advised that this procedure should only be performed by qualified professionals trained through the Lindsay Owens Cleft Lip Masterclass.

Patient Signature
Date: _____ dd / mm / yyyy

Practitioner Signature
Date: _____ dd / mm / yyyy