Post-procedure care: Maximizing results after cosmetic resurfacing treatments.

Susan Stewart*

Department of Ophthalmology, University of California San Francisco, USA

Introduction

Cosmetic resurfacing treatments such as microneedling, laser resurfacing, chemical peels, and dermabrasion have become increasingly popular for their ability to rejuvenate the skin and treat various dermatological concerns, including scars, pigmentation, and wrinkles. However, the success of these procedures is not solely dependent on the treatment itself but also on diligent post-procedure care. Proper aftercare minimizes risks, speeds healing, and enhances outcomes, ensuring patients achieve the full benefits of their investment [1].

Emerging technologies are improving post-resurfacing recovery. Growth factor-based serums, stem cell extracts, and peptide formulations are being explored for their regenerative properties. Post-procedural healing varies depending on the depth and type of resurfacing performed. Superficial treatments like light chemical peels may require only a few days of recovery, whereas deeper resurfacing, such as ablative laser therapy, can necessitate weeks of healing. Immediately following treatment, patients typically experience redness, swelling, tightness, and peeling as the skin regenerates [2].

Maintaining a clean and moist environment is critical for optimal wound healing. Patients are usually advised to cleanse the treated area with gentle, non-irritating cleansers and avoid scrubbing or using harsh products. Emollients and occlusive agents like petroleum jelly or hyaluronic acid-based moisturizers can promote epithelial regeneration by keeping the wound moist and preventing scabbing [3].

Additionally, LED light therapy and oxygen facials have been shown to accelerate healing and reduce inflammation postlaser and microneedling treatments. Sun exposure is one of the most detrimental factors after cosmetic resurfacing. The treated skin is highly sensitive and vulnerable to UV-induced damage, which can lead to hyperpigmentation, delayed healing, or scarring. Daily use of a broad-spectrum sunscreen with SPF 30 or higher, along with physical protection such as wide-brimmed hats and avoidance of direct sunlight, is mandatory throughout the recovery period and beyond [4].

Addressing patient expectations and providing reassurance about the normal healing timeline are also essential components of holistic care. Post-procedure erythema and swelling are normal inflammatory responses. Cold compresses and anti-inflammatory agents, such as topical corticosteroids (in short courses), may be recommended to reduce discomfort and speed resolution. Oral anti-inflammatories like ibuprofen may also be useful but should be used cautiously to avoid interfering with natural healing mechanisms [5].

Customization of post-treatment regimens based on individual skin type and response can significantly enhance results and reduce downtime. Any break in the skin barrier increases the risk of bacterial, viral, or fungal infections. Antiviral prophylaxis is often prescribed for patients undergoing laser treatments, especially if there is a history of herpes simplex virus. Topical antibiotics or antiseptic solutions may also be recommended for specific procedures to prevent secondary bacterial infections [7].

Patients should discontinue retinoids, alpha hydroxy acids (AHAs), beta hydroxy acids (BHAs), and vitamin C serums until full re-epithelialization occurs. These active ingredients can exacerbate irritation, delay healing, or trigger post-inflammatory hyperpigmentation. Mild, fragrance-free skincare products are preferable during the healing phase [8].

Routine follow-up with the practitioner allows early identification of complications such as infections, scarring, or abnormal pigmentation. Systemic hydration and a nutrientrich diet can positively influence wound healing. Vitamins A, C, and E, along with zinc and protein, play crucial roles in collagen synthesis and tissue repair. Patients are advised to stay well-hydrated, avoid smoking, and consume balanced meals to support recovery from within [9].

Success in post-procedure care largely hinges on patient adherence to instructions. Detailed pre- and post-treatment consultations, including written guidelines and product recommendations, empower patients to take an active role in their recovery. Reintroduction of skincare products and cosmetics should be gradual. Makeup can typically be resumed once the skin has fully healed, usually within 7 to 10 days for lighter procedures and several weeks for deeper ones. Non-comedogenic and mineral-based products are generally safest during the initial reapplication phase [10].

Conclusion

Post-procedure care is a pivotal element in the success of cosmetic resurfacing treatments. A comprehensive, individualized aftercare regimen not only enhances outcomes

Citation: Stewart S. Post-procedure care: Maximizing results after cosmetic resurfacing treatments. Dermatol Res Skin Care. 2025; 9(2):256

^{*}Correspondence to: Susan Stewart, Department of Ophthalmology, University of California San Francisco, USA. E-mail: susans@earthlink.net

Received: 03-Apr-2025, Manuscript No. AADRSC-25-163871; **Editor assigned:** 04-Apr-2025, PreQC No. AADRSC-25-163871(PQ); **Reviewed:** 17-Apr-2025, QC No AADRSC-25-163871; **Revised:** 22-Apr-2025, Manuscript No. AADRSC-25-163871(R); **Published:** 28-Apr-2025, DOI:10.35841/aadrsc-9.2.256

but also mitigates potential risks and complications. Practitioners and patients alike must prioritize education, adherence, and appropriate product use to ensure safe and beautiful skin transformation. As research continues to advance, post-treatment protocols will become even more effective, supporting the growing demand for non-invasive aesthetic procedures.

References

- Swami V, Chamorro-Premuzic T, Bridges S, et al. Acceptance of cosmetic surgery: Personality and individual difference predictors. Body Image. 2009;6(1):7-13.
- 2. Ng JH, Yeak S, Phoon N, et al. Cosmetic procedures among youths: a survey of junior college and medical students in Singapore. Singapore Medical J. 2014;55(8):422.
- Furnham A, Levitas J. Factors that motivate people to undergo cosmetic surgery. Canadian J Plastic Surg. 2012;20(4):47-50.
- 4. Panse N, Panse S, Kulkarni P, et al. Awareness and perception of plastic surgery among healthcare professionals in Pune, India: do they really know what we do?. Plast Surg Int. 2012;2012.
- 5. Adedeji OA, Oseni GO, Olaitan PB. Awareness and

attitude of healthcare workers to cosmetic surgery in osogbo, Nigeria. Surg Res Pract. 2014;2014.

- Christophers E. Psoriasis- epidemiology and clinical spectrum. Clinical Experimental Dermatol. 2001;26(4):314-20.
- Boyd AS, Menter A. Erythrodermic psoriasis: Precipitating factors, course, and prognosis in 50 patients. J Am Academy Dermatol. 1989 Nov 1;21(5):985-91.
- Vanteru BC, Shaik JS, Yeasin M. Semantically linking and browsing PubMed abstracts with gene ontology. BMC Genomics. 2008;9(1):S10.
- Viguier M, Pagès C, Aubin F, et al. Efficacy and safety of biologics in erythrodermic psoriasis: A multicentre, retrospective study. British J Dermatol. 2012;167(2):417-23.
- Rosenbach M, Hsu S, Korman NJ, et al. Treatment of erythrodermic psoriasis: from the medical board of the National Psoriasis Foundation. J Am Academy Dermatol. 2010;62(4):655-62.

Citation: Stewart S. Post-procedure care: Maximizing results after cosmetic resurfacing treatments. Dermatol Res Skin Care. 2025; 9(2):256