

# HIFU Patient Guide

## Before - Treatment Day - Aftercare

A concise, decision-focused HIFU guide for patients. This document does not replace diagnosis, an in-person assessment or a personal treatment plan.



### **Dr. Hamza Gemici**

Medical Aesthetics Physician - Ataşehir, Istanbul

Patient-safety focused approach to non-surgical aesthetic medicine

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# Contents

A fast map of the guide.

## Sections

- **03. How to use this guide**  
Start
- **04. HIFU in one sentence**  
Summary
- **05. What HIFU can and cannot do**  
Realism
- **06. Who may be a better candidate?**  
Candidacy
- **07. When HIFU should wait**  
Postpone
- **08. What should be clarified first?**  
Consultation
- **09. Information to bring**  
Checklist
- **10. Preparation in the right weeks**  
4-2 weeks
- **11. Last 7 days and 48 hours**  
Final week
- **12. What happens at the clinic?**  
Treatment day
- **13. What does HIFU feel like?**  
Comfort
- **14. What is normal immediately after?**  
First hours
- **15. First-week aftercare**  
0-7 days
- **16. When are results understood?**  
2-12 weeks
- **17. Maintenance and duration**  
12-18 months
- **18. Normal symptom or warning sign?**  
Triage
- **19. Sun, heat and daily activity**  
Skin care
- **20. Blood thinners, isotretinoin, immunosuppression**  
Medication risk
- **21. Cold sores, dental work and skin infection**  
Infection
- **22. Patients visiting Istanbul**  
Travel
- **23. What photos can and cannot show**  
Photos
- **24. Botox, filler, RF and skin-quality treatments**  
Combinations
- **25. Why results vary**  
Outcome
- **26. Practical patient questions**  
FAQ
- **27. 10 questions to ask your physician**  
Questions
- **28. Evidence frame and clinic contact**  
Sources

# How to use this guide

A concise patient guide for safer HIFU decisions.

Start

**This guide is designed to help you decide whether HIFU is worth discussing, when treatment should be postponed, what to expect on treatment day and which symptoms should trigger prompt contact.**

## Clinically important points

- This document does not replace diagnosis, an in-person assessment or a personal treatment plan.
- Bring your medications, medical history, previous aesthetic procedures and expectations to the consultation.
- HIFU is not a surgical facelift and must not be read as a result-certainty promise.
- The purpose is safer decision-making, not promotional certainty.

### Best use

Read the guide once before consultation, mark the items that apply to you and ask those questions directly.

# HIFU in one sentence

Focused ultrasound for selected tissue-tightening goals.

## Summary

**HIFU uses high-intensity focused ultrasound energy delivered to selected skin and subcutaneous depths. In suitable patients, the aim is a gradual tightening response rather than a same-day dramatic transformation.**

## Decision table

### Intended goal

Firmer tissue feel, clearer contour and natural-looking tightening potential.

### Not intended for

Removing excess skin, replacing lost volume, stopping expression muscles or causing weight loss.

### Timing

Early sensation may occur within days; meaningful review is usually around 2-3 months.

## Clinically important points

- It does not involve incisions, stitches or general anesthesia.
- It is most meaningful in mild to moderate laxity.
- Severe skin excess may require surgical assessment.
- Device name alone is not a quality measure; candidacy, planning and follow-up matter.

## Patient question

Ask: 'Is my expectation realistic with HIFU, or do I need a different strategy?'

# What HIFU can and cannot do

Good outcomes start with clear limits.

## Realism

**HIFU may help selected patients with jawline, submental, neck or brow-area laxity. It does not add volume like filler, relax muscles like botulinum toxin or promise surgical lifting.**

## Decision table

### More suitable HIFU goal

Mild to moderate laxity, early jawline blurring, early neck laxity.

### May need another approach

Major volume loss, severe skin excess, deep static folds or active skin disease.

## Clinically important points

- Deep folds, volume loss and pigmentation may need other strategies.
- Asymmetry, facial skeleton and fat distribution limit the result.
- Filtered social-media examples should not define the target.
- Natural, gradual and measured change is the safer goal.

## Expectation check

Choose one primary concern before consultation: jawline, submental area, neck, brow or general firmness. Unclear priorities weaken the plan.

# Who may be a better candidate?

Tissue and expectation matter more than age alone.

## Candidacy

**HIFU candidacy is not based only on age. Skin thickness, elasticity, fat distribution, sun damage, weight change, medical history and realistic expectation are assessed together.**

## Decision table

### Better profile

Gradual natural change, low social downtime, mild to moderate laxity.

### Limited benefit possible

Heavy laxity, major skin excess, dramatic lifting expectation or uncontrolled medical risk.

### Assessment rule

A photo or message may help triage; it cannot confirm candidacy.

## Clinically important points

- Mild to moderate laxity is usually the strongest assessment area.
- Very thin tissue, sensitive anatomy or prior procedures may change parameters.
- Weight fluctuation can affect contour and perceived outcome.
- The first visit should include photography, symmetry, skin quality and medical risk review.

## Preparation

Before the visit, define the single area where you most want improvement. This makes the plan more honest.

# When HIFU should wait

Sometimes the best medical decision is not to treat today.

Postpone

**HIFU may be postponed with active infection, open wounds, sunburn, fever, uncontrolled systemic disease, pregnancy, breastfeeding, certain implants, recent surgery or recent aggressive skin procedures.**

## Decision table

### Postpone today

Fever, active infection, open wound, cold sore, clear irritation or sunburn.

### Re-plan with physician

Pregnancy/breastfeeding, implants, recent surgery, anticoagulants or immunosuppression.

### Refer if needed

Advanced laxity, surgical expectation or needs outside HIFU scope.

## Clinically important points

- Active cold sore, infected acne, dermatitis or impaired skin barrier must be disclosed.
- Anticoagulants, immunosuppression or neurological history require individual risk review.
- Dental infection or recent facial treatment can change timing.
- Unrealistic expectations are also a valid reason to pause.

### Safety rule

Arriving for the appointment does not mean treatment must proceed. The final safety check protects you.

### Urgent warning

For sudden neurological symptoms, breathing difficulty, widespread allergic reaction or serious infection concern, seek emergency medical care.

# What should be clarified first?

The plan starts with examination, not the device.

## Consultation

The first visit reviews your concern, previous procedures, medications, allergies, skin conditions, dental history and expectations. The question is not only 'Can HIFU be done?' but 'Is it the right option for this patient?'

## Decision table

|                           |  |
|---------------------------|--|
| <b>Patient shares</b>     | Main concern, goal, prior procedures, medications, conditions, travel and event dates. |
| <b>Physician assesses</b> | Tissue quality, laxity, symmetry, risks, alternatives and follow-up plan.              |
| <b>Joint decision</b>     | HIFU, postponement, combination plan or referral.                                      |

## Clinically important points

- Dates of filler, Botox, laser, RF, surgery or prior energy procedures matter.
- Photography is useful for objective follow-up; it is not diagnosis by itself.
- Area, depth, energy approach and follow-up timing are individualized.
- Informed consent should include alternatives, limits and risks.

## Core question

Ask: 'For my face, what change is realistic, in which area, over what time frame and with what limits?'

# Information to bring

A small missing detail can change the plan.

## Checklist

**Energy-based treatments do not cut the skin, but they are still medical procedures. Bleeding tendency, medications, implants, infection history, neurological symptoms and prior aesthetic complications should not be hidden.**

## Clinically important points

- All prescription medication, over-the-counter painkillers and supplements.
- Blood thinners, aspirin, clopidogrel, warfarin or DOAC medication.
- Isotretinoin, corticosteroids, biologics, chemotherapy or transplant medication.
- Cold sores, keloid tendency, healing problems, allergies and active skin disease.
- Recent dental care, filler/Botox dates, travel and important events.

## Medication safety

Do not stop medication on your own. Stopping or changing medication must be decided with the physician who manages it.

# Preparation in the right weeks

Keep the skin calm and the plan predictable.

4-2 weeks

In the weeks before HIFU, aggressive skin procedures, intense sun, tanning, irritating products and uncontrolled barrier damage can affect candidacy. Calm skin allows a safer assessment on treatment day.

## Decision table

### 4 weeks before

Collect prior procedure dates, report health changes, avoid sunburn.

### 2 weeks before

Keep the barrier calm, avoid new actives, prepare medication list.

### Postpone triggers

Active irritation, infection, sunburn or uncontrolled medical condition.

## Clinically important points

- Share dates of recent laser, peel, RF, filler or surgery.
- Do not start strong new active skincare.
- Report sunburn, dermatitis, acne flare or cold sore symptoms.
- Avoid scheduling immediately before a major social event.

## Planning note

If this is your first HIFU treatment, leave several weeks before important events so the course can be assessed calmly.

# Last 7 days and 48 hours

Simple skincare, clear communication, adequate sleep.

## Final week

**The final week is about reducing surprises. New medication, infection, fever, dental treatment, cold sore symptoms or skin reaction should be reported before the appointment, not only in the treatment room.**

## Decision table

### 7 days before

Confirm travel, appointment time, follow-up access and clinic contact details.

### 48 hours before

Avoid irritating products, sleep well, call if new symptoms appear.

### Morning of

If you feel unwell, contact the clinic before arrival.

## Clinically important points

- Do not plan intense exercise, sauna, steam room, tanning bed or long sun exposure on the same day.
- You may be asked to arrive without heavy makeup or skincare.
- Poor sleep, alcohol and heavy sun may increase sensitivity.
- Prepare a short written question list.

## Final check

Bring your medication list, allergy history and prior procedure dates with you.

# What happens at the clinic?

Accuracy matters more than speed.

## Treatment day

Treatment day includes a brief health update, area assessment, possible photography or marking, review of the plan, consent and application. Patients are usually awake; sensation varies by area.

## Decision table

|             |  |
|-------------|--|
| Arrival     | Health change and consent check.                               |
| Planning    | Area, border, depth and energy approach.                       |
| Application | Short pulses, region-specific sensation, pauses if needed.     |
| Discharge   | First care, warning signs, contact route and follow-up timing. |

## Clinically important points

- The skin is cleansed and gel may be used for contact.
- Cheeks, jawline, submental area, neck and brow area may be planned separately.
- Bony prominences and nerve-path areas require anatomical caution.
- Pain threshold, sensitivity and anxiety should be communicated openly.

## During treatment

Do not try to prove endurance. Tell the physician immediately if pain, burning or unusual sensation feels unmanageable.

# What does HIFU feel like?

Zero sensation is not required; comfort should be manageable.

## Comfort

HIFU pulses may feel warm, deep, prickly, electric, pulling or tender. Sensation can change by region even within the same face.

## Decision table

### Expected sensations

Warmth, prickling, short pulse sensation, touch tenderness.

### Speak up

Sharp unmanageable pain, burning or a clearly unusual sensation in one area.

### Wrong assumption

More pain does not mean a better result.

## Clinically important points

- Jawline, bony areas and sensitive regions may feel stronger.
- Short pauses, communication and comfort measures can help.
- Severe pain should not be silently accepted as normal.
- Touch tenderness can persist for several days.

## Comfort scale

Rate the sensation from 0 to 10. If it reaches unmanageable 7+ pain, tell the physician immediately.

# What is normal immediately after?

The first appearance is not the final result.

## First hours

After treatment, mild redness, warmth, tightness, touch tenderness or mild swelling may occur. Some patients notice early firmness; this is not the final outcome measure.

## Decision table

### May be expected

Mild redness, tightness, touch tenderness, temporary warmth.

### Observe trend

Mild swelling or tenderness should generally improve.

### Call

Increasing pain, blistering, wound, clear one-sided weakness or infection signs.

## Clinically important points

- Keep the skin gentle and avoid excess heat on the first day.
- Makeup and product use should follow skin response and physician advice.
- Do not plan sauna, steam room, tanning bed, hot yoga or intense exercise the same day.
- Before leaving, clarify which symptoms should trigger contact.

### Same-day plan

Keep the skin calm, avoid heat and massage, and document unexpected symptoms with clear photos before contacting the clinic.

### Urgent warning

Severe increasing pain, blistering, burn-like change, facial weakness, fever or spreading redness needs prompt medical assessment.

# First-week aftercare

Fewer products, better observation.

0-7 days

**The first week is not the time to judge the final result. The goal is to protect the skin barrier, watch whether symptoms improve and report unexpected changes early.**

## Decision table

**0-24 hours**

Avoid heat, intense exercise, sauna, steam room and aggressive products.

**2-3 days**

Tenderness should trend down; increasing pain or asymmetry should be reported.

**1 week**

Skin should be calmer; active skincare returns according to personal plan.

## Clinically important points

- Gentle cleanser, barrier-supportive moisturizer and sun protection are the basics.
- Retinoids, acids, peels or aggressive home treatments return according to physician advice.
- Facial massage, intense pressure and excess heat can increase early sensitivity.
- If symptoms are not improving or are worsening, do not simply wait.

## Symptom log

Record start time, area, severity, whether it is improving or worsening, and any fever or infection signs.

# When are results understood?

HIFU is a process, not a single-day result.

2-12 weeks

HIFU response is gradual. Some patients feel early firmness at 2-4 weeks; a more meaningful review is often around 2-3 months. Interpretation should include baseline photos and clinical assessment.

## Decision table

2-4 weeks

Early firmness or contour change may begin.

8-12 weeks

More meaningful review window.

4-6 months

A more mature photo comparison may be possible.

## Clinically important points

- Compare photos with the same light, angle and facial expression.
- Weight change, sleep, sun, smoking and skincare affect perceived outcome.
- Early improvement is not the final result; early subtle change is not automatic failure.
- Repeat treatment should be based on assessment, not a calendar alone.

### Correct assessment

Judge outcome through follow-up, standardized photos and your original target, not through a different-light selfie.

# Maintenance and duration

Follow-up depends on individual response.

12-18 months

How long benefit lasts depends on biology, age, skin quality, sun damage, smoking, weight change and lifestyle. Annual maintenance can be discussed for some patients; it is not automatic for everyone.

## Decision table

### Good follow-up

Photos, examination, goal and lifestyle factors are interpreted together.

### Weak follow-up

Automatically repeating treatment because the calendar says so.

### Safe goal

Maintain natural appearance while avoiding unnecessary treatment burden.

## Clinically important points

- If advanced laxity develops, surgical assessment may be more appropriate than repeating HIFU.
- If volume loss is dominant, filler or another strategy may be needed.
- If skin quality is the concern, skin booster, RF microneedling or other approaches are separate decisions.
- Maintenance should be based on previous response and new examination.

## Maintenance question

Ask: 'Based on my response, do I actually need maintenance now, or is waiting better?'

# Normal symptom or warning sign?

Direction, severity and associated symptoms matter.

## Triage

**Mild redness, warmth and touch tenderness may be temporary. Increasing pain, burn-like change, blistering, infection signs or neurological symptoms should not be ignored.**

## Decision table

### Observe at home

Mild improving redness, temporary tenderness, mild tightness.

### Call the clinic

Increasing pain, swelling, asymmetry, crusting, wound or color change.

### Emergency care

Facial weakness, sudden numbness, breathing difficulty, widespread allergic reaction, fever with worsening infection.

## Clinically important points

- Symptoms trending down are usually more reassuring.
- Increasing pain, one-sided findings or systemic symptoms require assessment.
- Photos can help; they do not replace examination.
- For serious after-hours symptoms, waiting only for message replies is not appropriate.

## Sending photos

Use the same light, no filters, close and medium-distance views; write when it started and whether it is worsening.

## Urgent warning

Seek emergency care for sudden neurological symptoms, breathing difficulty, rapidly worsening infection or widespread allergic reaction.

# Sun, heat and daily activity

Early care should be simple and consistent.

## Skin care

**After HIFU, the goal is to keep the skin calm, avoid excess heat and protect from sun. More products do not mean faster recovery; they may irritate the skin.**

## Decision table

|                   |   |
|-------------------|---|
| <b>First day</b>  | Gentle cleansing, avoid excess heat, do not over-handle the skin.       |
| <b>First week</b> | Barrier-friendly care, sun protection, slow return to actives.          |
| <b>Long term</b>  | Sun protection, smoking avoidance, stable weight and planned follow-up. |

## Clinically important points

- Sun protection matters for pigmentation risk and long-term skin quality.
- Sauna, steam room, tanning bed and intense heat may increase early sensitivity.
- Return to heavy exercise depends on sensitivity and physician advice.
- Retinoids, acids and peels should return according to your skin plan.

## Simple rule

If the skin feels hot, sensitive or irritated, do not add more heat, massage or active products.

# Blood thinners, isotretinoin, immunosuppression

Medication history is planning information.

## Medication risk

**HIFU is not an injection, but medications and systemic conditions can affect comfort, healing, infection risk, bruising context and combination planning.**

## Decision table

### Anticoagulant/aspirin

Stopping decisions require the physician managing the medication.

### Isotretinoin

Dose, duration, end date and current skin barrier are reviewed.

### Immunosuppression

Active infection, follow-up access and specialist coordination may be needed.

## Clinically important points

- Blood thinners should not be stopped on your own.
- Isotretinoin can affect dryness, sensitivity and barrier condition.
- Corticosteroids, biologics, chemotherapy and transplant medication affect infection/healing review.
- Herbal supplements and non-prescription products should also be listed.

## Safe sentence

Ask directly: 'I use this medication; does it change the HIFU plan?' Do not stop medication on your own.

# Cold sores, dental work and skin infection

Infection near the face can change timing.

## Infection

**Active cold sores, open wounds, infected acne, dermatitis, impetigo, fungal infection, dental abscess or recent dental work can affect the timing of an energy-based facial procedure.**

## Decision table

### Cold sore history

Active symptoms, frequent recurrence or recent flare may change timing.

### Dental work

Infection, swelling, pain or implant information should be shared.

### Skin infection

The infection should be treated before energy procedures.

## Clinically important points

- Report active cold sore symptoms before arrival.
- Dental extraction, implant, root canal, abscess or antibiotic use should be disclosed.
- Open or crusted wounds are not treatment areas.
- Cold sore prevention can be discussed based on personal history.

## Before arrival

If you have pain, swelling, blisters, wounds or antibiotic use around the face, mouth or teeth, contact the clinic before treatment day.

# Patients visiting Istanbul

Low downtime does not mean no follow-up.

## Travel

Many patients return to routine quickly after HIFU, but unexpected tenderness or reactions require access to follow-up. Flights, major events and leaving the city should be discussed in advance.

## Decision table

### Before appointment

Discuss flight time, stay duration, event date and follow-up access.

### After treatment

Get written warning signs and contact instructions.

### Remote follow-up

Photos, timing and symptom severity help; they do not replace examination.

## Clinically important points

- A long flight the same day may not be ideal for every patient.
- International patients should know where to seek help if urgent symptoms occur.
- Photo follow-up may help in some situations; it cannot provide definite diagnosis.
- Travel insurance and local medical access should be considered.

## Travel question

Ask before treatment: 'For my situation, when is it reasonable to leave the city after HIFU?'

# What photos can and cannot show

Photos support follow-up; they do not diagnose.

## Photos

**Standardized photos are useful for baseline and follow-up comparison. Light, angle, expression, distance, weight change and swelling can all distort interpretation. A photograph cannot replace examination.**

## Decision table

### Good follow-up photo

Front, right/left 45 degree, profile, same light and similar distance.

### Misleading photo

Filtered, different lighting, smiling, too close or different lens.

### Limit

Photos do not replace touch, temperature, pain assessment or neurological examination.

## Clinically important points

- Same light, same angle, similar expression and no makeup are more useful.
- Filters, portrait mode, beauty effects and different lenses are misleading.
- Close lesion photos and contour photos serve different purposes.
- For urgent symptoms, photos can help but should not delay care.

## Photo format

Send photos with the date, days since treatment, whether symptoms are worsening, pain score and any fever/infection signs.

# Botox, filler, RF and skin-quality treatments

Different procedures solve different problems.

## Combinations

**HIFU is considered for tightening and contour. Filler addresses volume, botulinum toxin affects muscle activity, and RF microneedling or other skin treatments target different tissue concerns.**

## Decision table

|                         |  |
|-------------------------|--|
| <b>HIFU</b>             | Firmness, contour and support-tissue target.                           |
| <b>Filler</b>           | Volume, contour and selected deeper lines.                             |
| <b>Botulinum toxin</b>  | Expression muscle activity and dynamic lines.                          |
| <b>RF microneedling</b> | Skin quality, scars, pores and dermal firmness; separate risk profile. |

## Clinically important points

- Combination can be powerful; unplanned combination increases risk and disappointment.
- First identify the dominant problem: laxity, volume loss, expression lines or skin quality.
- Closely timed procedures in the same area require safety and interpretation planning.
- RF microneedling has a separate risk profile including burns, scarring, fat loss and nerve injury concerns in safety communications.

## Sequencing question

Ask: 'What is my dominant problem, and why is this sequence safer or more logical?'

# Why results vary

Biology is not a standard machine output.

## Outcome

The same device and similar protocol can produce different responses. Age, skin thickness, elasticity, fat distribution, bone structure, hormones, sun, smoking, sleep, weight change and genetics all contribute.

## Decision table

### Good assessment

Baseline photos + examination + patient goal + realistic timeline.

### Poor assessment

First-week selfie, different lighting or social-media comparison.

### Limited response

Does not automatically mean poor treatment; candidacy and biology may explain it.

## Clinically important points

- More advanced starting laxity requires more cautious expectations.
- Dominant volume loss can make HIFU alone feel insufficient.
- Poor skin quality may require skincare or combination planning.
- Result-certainty language is not appropriate in medical aesthetics.

## Realistic result sentence

The target is not a different face. It is a more supported, natural-looking frame in the right candidate.

# Practical patient questions

Short answers become personal after examination.

## FAQ

**These answers are educational. Individual decisions require examination, medical-history review, risk assessment and expectation analysis.**

### Clinically important points

- When can I work? Many patients return the same day; tenderness varies.
- When are results visible? Early sensation may occur over weeks; meaningful review is often 2-3 months.
- Will I bruise? HIFU is not an injection, but redness, tenderness or swelling can occur.
- Is one session enough? Decide by assessment and response, not automatically.
- Is pain normal? Manageable sensation can occur; severe increasing pain should not be treated as normal.

### Safest answer

If uncertain about a symptom or result, contact the clinic with timing, photos and pain score instead of relying on search results.

# 10 questions to ask your physician

Good questions reduce unnecessary treatment.

## Questions

**Asking the right questions is one of the best ways to understand whether HIFU is appropriate for you. It is reasonable to postpone a plan you do not clearly understand.**

## Clinically important points

- Is my degree of laxity suitable for HIFU?
- Do I need surgical assessment?
- Which area is the priority: jawline, submental area, neck or brow?
- What should I not expect from this treatment?
- Which symptoms should make me call you?
- When should follow-up be planned?
- Do my medications or medical history change the plan?
- If combination treatment is recommended, why this order and interval?
- If I am leaving Istanbul, what follow-up plan is safe?
- When would postponing treatment be safer than treating today?

## After-consultation standard

A good plan clearly includes risks, alternatives, realistic benefit, follow-up timing and urgent contact instructions.

# Evidence frame and clinic contact

References are for transparency, not result-certainty promises.

## Sources

This guide was prepared using regulatory context for aesthetic focused ultrasound, clinical literature on HIFU, energy-device safety communications and Dr. Hamza Gemici's patient-safety approach.

## Decision table

### FDA HIFU guidance

fda.gov - Focused Ultrasound Stimulator System for Aesthetic Use guidance.

### FDA body contouring

fda.gov - Non-Invasive Body Contouring Technologies; ultrasound/RF risk context.

### PubMed HIFU

PubMed 40184185 and 32026164 - HIFU efficacy, safety and limitation literature.

### Clinic

Dr. Hamza Gemici - Ataşehir, Istanbul - drhamzagemici.com.

### Contact

+90 532 344 82 16 - Atatürk Mah. Turgut Özal Bulv. Gardenya 4-2 No:6-A D:2.

## Clinically important points

- Official sources were used to frame device class, risk context, manufacturer responsibility and patient education.
- Clinical literature was summarized because HIFU response is gradual, candidacy-dependent and variable by anatomic area.
- Energy-device safety warnings require conservative language about burns, scarring, nerve effects, fat loss and patient selection.
- Clinic-owned content adds practical patient framing on candidacy, postponement, photo follow-up, medication risk and warning signs.

## Final note

HIFU should be considered for the right patient, with the right expectation and the right follow-up plan. Personal decisions require in-person physician assessment.