

DERMAPLANING HISTORY

- Dermaplaning has been practiced by dermatologists and plastic surgeons for over 40 years
- BioMedic - first medical skincare company to integrate dermaplaning into their Micropeel treatment protocol
- Performed to prepare the skin for other treatments
- Now popular as a stand-alone treatment as well as a popular choice for combination treatments

DERMAPLANING... What is it?

- Highly effective, physical exfoliation procedure
- A sterile, surgical scalpel gently removes the outer-most layer of non-living skin cells
- Removes fine, vellus hair (aka peach fuzz)
- Only performed on the face
- Not to be used to shape eyebrows, which are made up of "terminal" (not vellus) hairs
- Typically 2-3 weeks worth of dead skin cells removed
- Performed monthly in line with healthy skin renewal process

BENEFITS OF DERMAPLANING

- Can be performed in less than thirty minutes, with no downtime post-treatment
- Cost-effective, high profit treatment to perform
- Removes the dull, non-living cells from epidermis, revealing new, light reflective skin cells
- Speeds up cell renewal process
- Better for skins which may react to chemicals
- Safe in pregnancy after 12 weeks and when breastfeeding - if no problems during pregnancy
- The only exfoliation treatment which also removes vellus hair
- Allows skincare products to penetrate deeper
- Good skin preparation for other treatments

BENEFITS OF DERMAPLANING

- Suitable for all Fitzpatrick phototypes

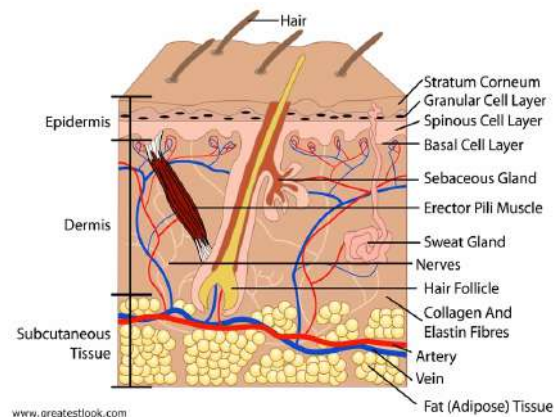
The Fitzpatrick Scale



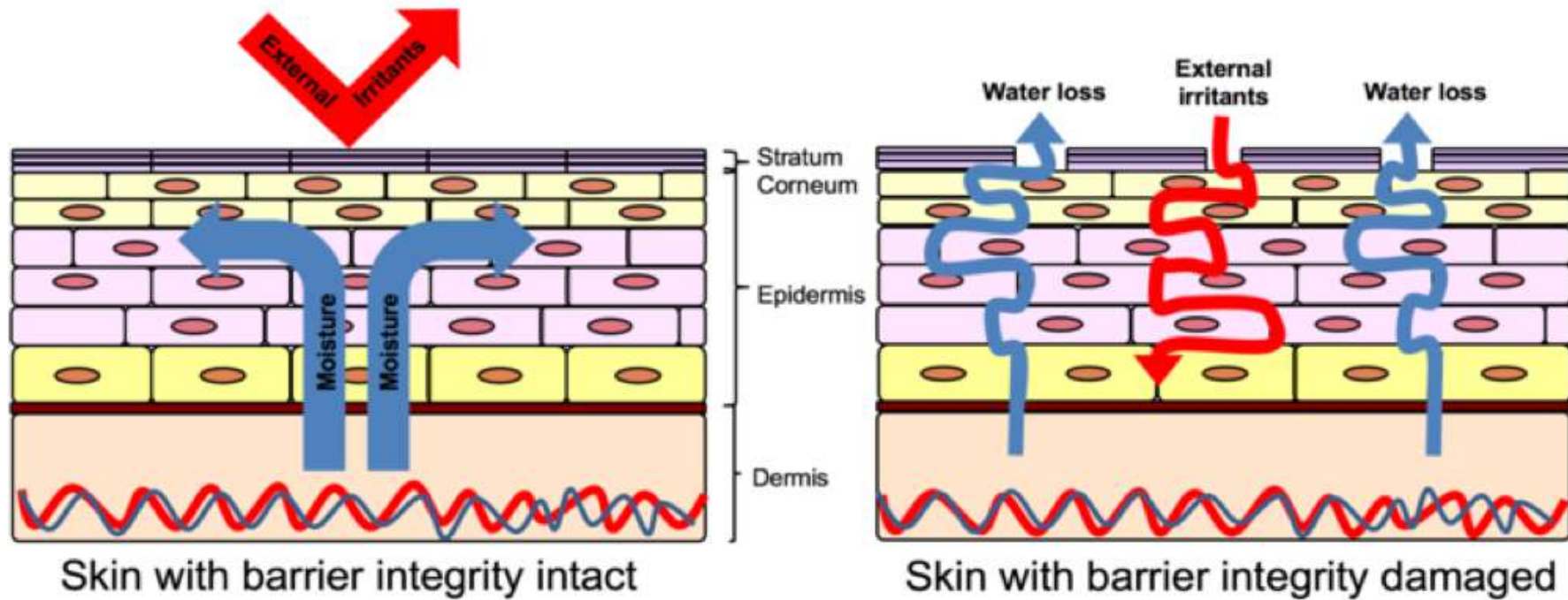
- Suitable for most skin types (with some exceptions!)

THE STRATUM CORNEUM

- Safe, effective reduction of the stratum corneum - the outermost layer of the epidermis, consisting of corneocyte cells
- This layer is non-living BUT it performs a protective function and is known as the skin barrier
- Acts as the first line of defence against the external environment
- Made of a compact layer of cells and lipids and has two critical functions:
 1. Protects the body from bacteria, UV damage and free radicals
 2. Binds in natural moisture, preventing it from escaping - therefore keeping skin hydrated



THE STRATUM CORNEUM

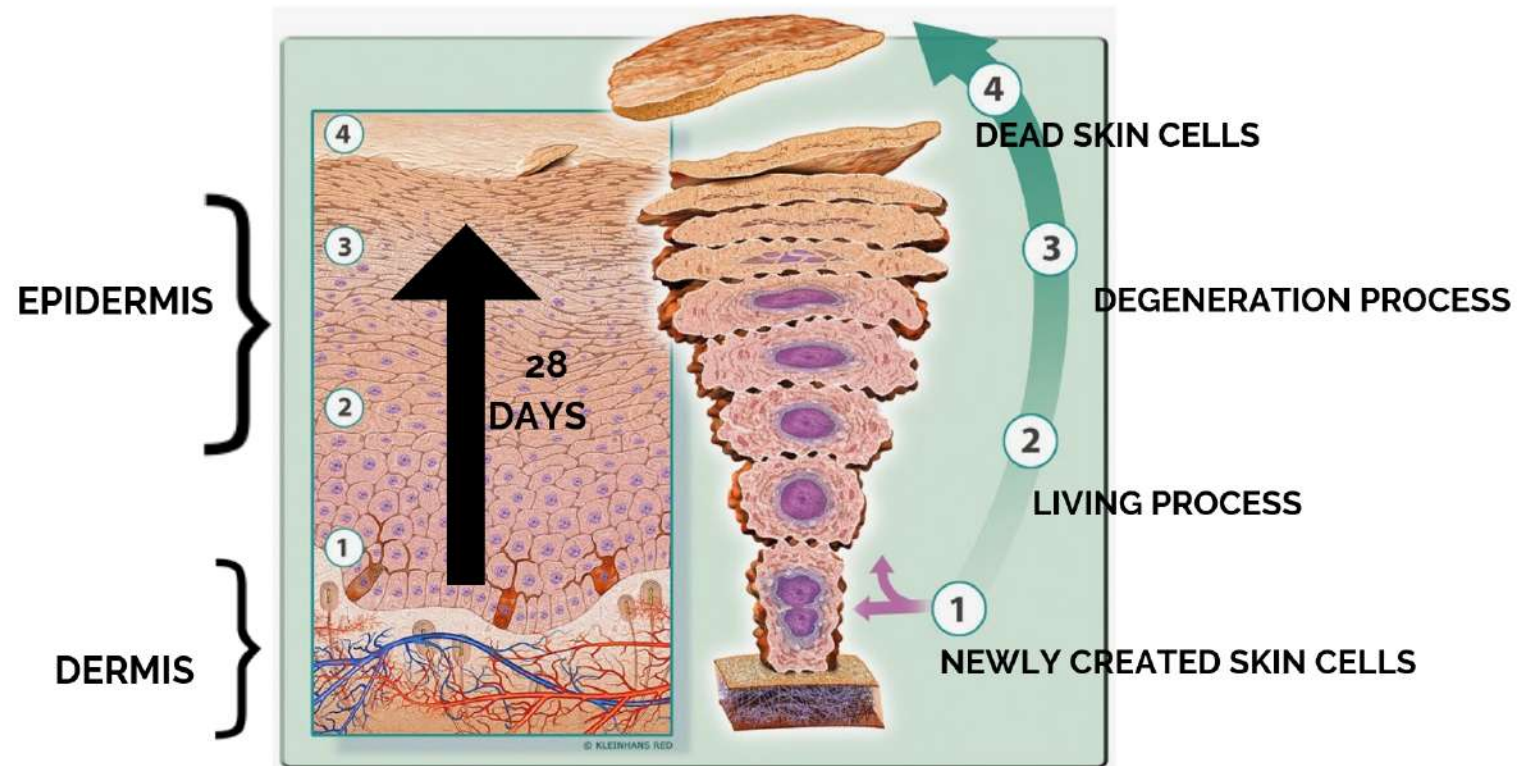


THE STRATUM CORNEUM

- It is therefore important to keep it well balanced, nurturing it post treatment to prevent trans epidermal water loss, sensitivity or other barrier function issues
- We can safeguard against this post dermaplaning treatment by:
 - Avoiding over exfoliation
 - Keeping skin hydrated (Using LA Glow Hydrate & HydraBoost)
 - Avoiding harsh products and potential irritants (soaps, wipes etc)
 - Using products designed for strengthening the barrier
 - Using SPF 30-50

EXFOLIATION PROCESS

- Dermaplaning is performed monthly in line with the cell renewal process of a healthy skin (28-30 days)



EXFOLIATION PROCESS

- As we age, the cell renewal process slows down

SKIN CELL TURNOVER BY AGE



14 days



28 days



28 - 42 days



84 days

WHO SHOULD CONSIDER DERMAPLANING?

- Clients with visible or excessive vellus hair (which can often accumulate dirt and oil)
- Clients wishing to achieve better results from their skincare regime
- Clients looking for general skin rejuvenation and skin brightening
- Safe for pregnant (after 12 weeks, if no problems have occurred) or breast-feeding clients

WHO SHOULD CONSIDER DERMAPLANING?

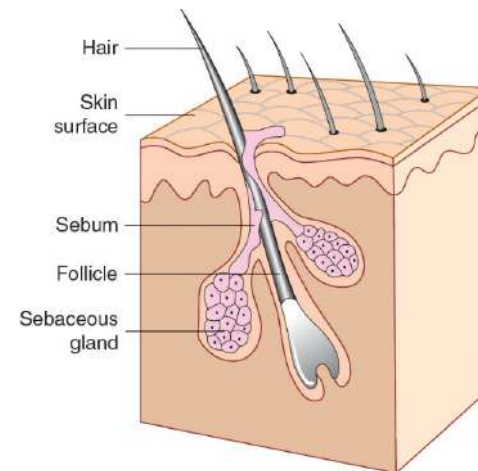
- Safe for pregnant or breast-feeding clients (cannot have chemical peels, which penetrate to cellular level - therefore contraindicated)
- Clients with visible or excessive vellus hair (which can often accumulate dirt and oil)



NOT SUITABLE FOR DERMAPLANING

Dermaplaning should **NOT** be carried out on clients suffering from **severe acne** and/or an **over production of the sebaceous glands**

- The oils from the sebaceous gland need to travel up and connect with the vellus hair.
- If the hair is removed, the oils tend to stay below the surface where they mix with bacteria, ultimately stimulating more acne



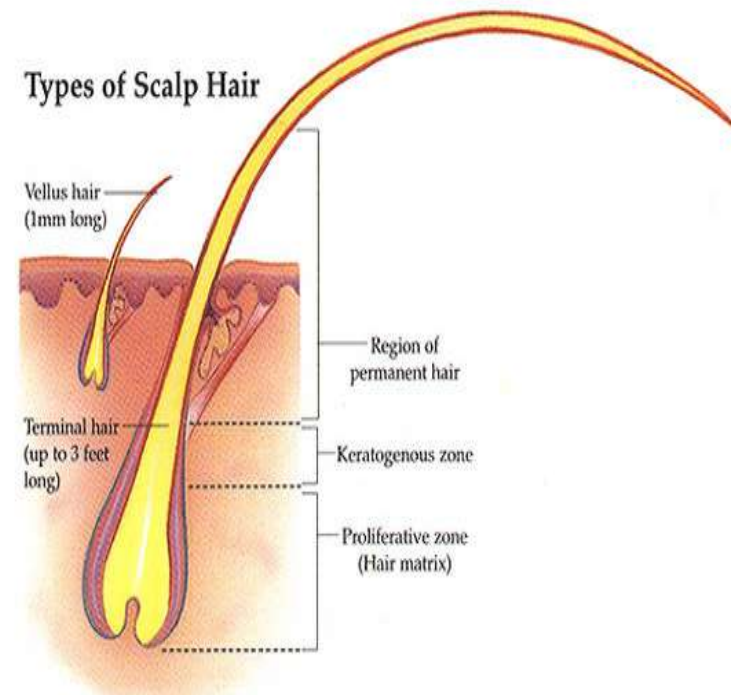
CLASSIFICATION OF HAIR

Hairs are classified into three main types:

1. **Lanugo Hairs** - Fine long hairs covering foetus. Protect skin from amniotic fluids. Generally shed before or shortly after birth
2. **Vellus Hairs** - Replace lanugo. Fine, wispy, translucent hairs covering much of the body surface
3. **Terminal Hairs** - During puberty, androgen hormones cause much of the vellus to change to terminal hairs - the strong, thick pigmented hairs found in abundance in the scalp, underarms, pubic region, face

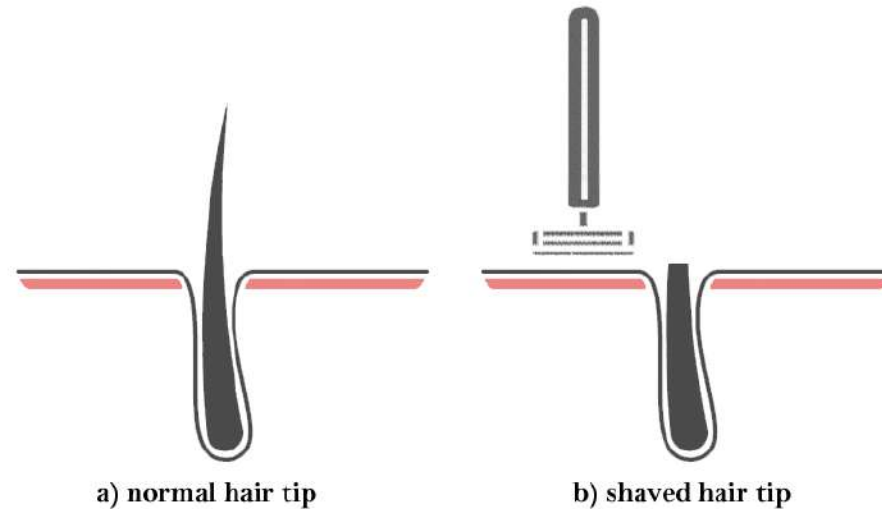
VELLUS .VS. TERMINAL

- Vellus hair has a similar structure to terminal hair
- Both grow from a hair follicle and have same growth patterns
- However, unlike terminal hair, vellus hair does not typically have a **medulla** - the innermost layer of the hair's core which strengthens it and allows it to grow longer



VELLUS .VS. TERMINAL HAIR

- Contrary to popular belief, vellus hairs will not grow back thicker or darker after dermaplaning
- Treatment is superficial and does not do anything to change the anatomy or structure of the hair follicle



DERMAPLANING SIDE EFFECTS

Side effects are generally short lived but can include:

- Sensitivity
- Redness
- Dryness to accelerated cell turnover (positive!)
- Nicks/grazes
- Skin purge (potential breakouts/pigmentation)
- Skin more vulnerable to UV and free radicals (SPF vital!)

DERMAPLANING CAUTIONS

- Autoimmune disorders (e.g. diabetes, thyroid etc)
- Blood thinning medications
- Eczema, dermatitis or psoriasis
- Breakouts
- Raised lesions on the skin (papules, sebhorreic keratosis, cherry angioma, skin tags, milia etc)
- Semi-permanent make-up
- Skin sensitivity
- Sun exposure
- Skin conditions - e.g. pigmentation
- Assess recent skin treatments within the last 2 weeks

DERMAPLANING CONTRAINDICATIONS

- An allergy to nickel - stainless steel blade
- Cold sores (herpes simplex virus)
- Haemophilia
- Active eczema or dermatitis on treatment site
- Open wounds on treatment site
- Active acne
- Excessively oily skin
- Light sensitising drugs (tetracycline range and acne drugs)

DERMAPLANING CONTRAINDICATIONS

VITAMIN A / RETINOIDS & DERIVATIVES BOTH ORAL & TOPICAL

- Retinol/Vitamin A within the last 1-2 weeks
- Roaccutane within the last 6-12 months - look out for other forms/names:
 - Accutane
 - Tretinoin
 - Isotretinoin
 - Differin

If uncertain about medications, try to identify whether they cause photosensitivity or ask client to check with GP. If in doubt, DO NOT TREAT

BEFORE TREATMENT

Pre-Care Instructions AVOID:

2 weeks before:

- Waxing
- Laser hair removal

1 week before:

- Electrolysis
- Sun exposure
- Cease use of active/strong exfoliating agents, e.g. AHAs etc
- Cease retinol products

DERMAPLANING PROCEDURE

- Complete consultation form and assess skin
- Explain the procedure and inform that although unlikely, there is a risk of a superficial scrape or nick to the skin
- Ensure client signs the consent form that states possibilities of complications
- Take before and after photos

DERMAPLANING PROCEDURE

- Equipment required:
 - Trolley
 - Bowl
 - Beauty Chair
 - Light
 - Sterile pack including gloves and apron
 - Hair bonnet or headband
 - Products
 - Scalpel - size 10 or 14

CLINISEPT+

Fast Acting Cleanser & Antimicrobial Solution

- Disinfect the skin with Clinisept+
 - Provides protection against infection before, during and after aesthetic procedures
 - Offers complete skin compatibility - aiding the healing process by providing an ideal environment for skin regeneration
- Ultimate Cleansing antimicrobial
- Non-irritant, reduced redness
- Dermatologically tested
- Skin neutral pH
- Non-Cytotoxic - Aids skin recovery
- No Alcohol
- Cleans, Calms, Cares
- Bactericidal
- Fungicidal
- Virucidal
- Sporicidal



DERMAPLANING PROCEDURE

- Due to the nature of the treatment, it is important that the client remains still throughout the procedure
- The blade is scraped across the skin at an approx. 45 degree angle with precise movements in the opposite direction of the hair growth
- Follow a regular pattern, such as starting at one side of the face and finishing at the other, to ensure all of the areas are covered and not over treated

Dermaplaning Step by Step Guide Is Available In Your Protocol Manual



AFTERCARE

- Use LA Glow gentle cleanser or tepid water (no soap, face wipes, AHAs)
- Moisturise with barrier restoring products (LA Glow Hydrate or LA Glow HydraBoost)
- Avoid make-up for 24-48 hours (minerals can be used after 24)
CAUTION DIRTY MAKEUP BRUSHES
- Cease the use of exfoliants for at least one week after
- Use LA Glow Protect or a broad spectrum sunscreen of at least SPF30 and avoid direct sunlight for at least one week
- May resume the regular use of retinol and/or exfoliating products after one week

Client can rebook for 4 weeks time for next treatment