

dermaplaning best practices for melanin-rich skin

1

Have a **culturally intelligent consultation**, being mindful of how culture or ethnicity could influence the service.

5

Vary the number of passes if needed. Retention hyperkeratosis in Fitzpatrick 5 and 6 may allow for more than 6 passes. Invisible inflammation or impaired barrier may call for fewer than 6 passes.

2

Prime the client's skin at least 2 weeks prior to dermaplaning. Always incorporate home care to prevent inflammation and hyperpigmentation.

6

Be mindful of skin hollowing that is a sign of aging in Fitzpatrick 5 and 6. Hold the skin taut and work in smaller sections in areas of hollowing to avoid nicking.

3

Perform a culturally aware Face Mapping, being mindful of how a client's ethnicity may affect thickness of vellus hair, stratum corneum thickness, or raised areas such as dermatosis papulosa nigra. Identify any hair your client may not want removed.

7

Incorporate pro resolution into dermal layering and post-service home care in addition to the client's main concerns. This will increase the speed of healing and decrease the risk of inflammation or PIH after dermaplaning.

4

Use a butter blade (#10R or #10S) rather than a blade with a sharp tip. This decreases the risk of nicking, which in turn decreases PIH risk.

8

Adjust the time between services based on risk of inflammation and PIH. Clients prone to PIH may benefit from more than 4 weeks between dermaplaning services.

chemical peel best practices for melanin-rich skin

1

Perform a thorough, culturally intelligent consultation. Determine how cultural or ethnic factors and skin's tendency to PIH may affect outcomes.

5

Choose a progressive vs. aggressive approach. More treatments over a longer period may be required vs less in a shorter period

2

Discuss expectations + treatment plan based on consultation + client's goals. This should include how much improvement the client can reasonably expect, number of treatments, pre + post care.

6

Consider peel formulation. Opt for hydroxy acids lactic and salicylic acid. Exercise caution with glycolic acid, salicylic acid in high concentrations and Jessner type peels. Avoid TCA.

3

Prep skin. Ensure client is on a homecare regimen that includes resurfacing, tyrosinase inhibitors and sunscreen ingredients at least 2 weeks before service.

7

Avoid picking at flakes or scabs. Where frosting occurred, add anti-inflammatory ingredients to homecare, keep homecare minimal and allow flakes/ scabs to heal and fall off naturally.

4

Perform a thorough face mapping + be guided by results and knowledge gained during consultation. Don't just rely on what you see. Some skins may not show immediate visual signs of inflammation.

8

Manage initial darkening that may appear. Infuse skin with hydration to alleviate dehydration associated with higher TEWL in some skins. Advise client when to resume resurfacing to target existing pigment that's moving to the surface.

microneedling best practices for melanin-rich skin

1

Perform a thorough, culturally intelligent consultation and face mapping. Reference the Fitzpatrick Skin Chart and Lancer Ethnicity Scale. Ask additional questions to ensure a results driven treatment.

5

Proceed with caution. Take a progressive vs. aggressive approach. Each skin reacts differently. Some skins respond to injury in a more pronounced, less predictable manner within darker skin tones.

2

Assess the risk of post inflammatory inflammation (PIH) and scarring, which can be more prevalent in melanin-rich skin. Educate yourself so that these conditions are recognizable.

6

To help boost the wound healing recovery time use Pro Restore pre, during and post microneedling. Pro Restore is a professional concentrate that focuses on healing and strengthening the skin's barrier.

3

Use the Dermalogica Microneedling technique. Apply the serum first, then hold the skin taut while performing two passes-horizontally and vertically, forming a 'S' pattern. Use light pressure.

7

Use the 24 Pin cartridge and do not adjust the range between 0.2 - 0.6mm. Also, to maintain control, begin at a lower speed and gradually increase as the technique is mastered. Work in small sections.

4

Discuss how the professional treatment plan and expectations realistically align with the client's goals. Map out a program that might include other professional treatment options and home care that best address their skin concerns.

8

Manage post inflammatory hyperpigmentation and scarring. Advise client when to resume regular home care regimen. Incorporate tyrosinase inhibitors to reduce the probability of PIH. Do not forget sunscreen!