

# MICRONEEDLING

## Treatment Information

### BEFORE MICRONEEDLING

- Accutane/ Retin-A or Vitamin A should be stopped for 6-12 months prior (as per Health Canada guidelines).
- 24 hours before: no workouts, caffeine, alcohol, Aspirin/ASA, Advil/Ibuprofen, Niacin or Vit E.
- 7 days before: no brow waxing/tinting, microdermabrasion, sun exposure, tanning beds or sunless tanner.
- Within 14 days of your appointment refrain from having any injectable treatment, chemical peel or laser treatments.
- Within 14 days before and after appointment stop using Retinol, or acidic products such as Alpha Hydroxy Acid (AHA), Beta Hydroxy Acid (BHA), Glycolic or Salicylic Acid.
- Call to postpone if you have any concerning health changes.

### DURING MICRONEEDLING

- Your skin is gently cleansed, and our skin care specialist applies a numbing cream to the target areas to help make the treatment more comfortable for you.
- The numbing cream must be applied for 15-30 mins, and then the procedure itself can take between 15-30 minutes, depending on the size of the treatment area.
- During the treatment, the specialist glides a handheld device across the treatment area that applies pressure & tiny pinpricks to your skin. These tiny injuries trigger your body's natural immune system.

### AFTER MICRONEEDLING

- Multiple treatments may be necessary to achieve optimal results. Most studies show 6 treatments over 3-4 months when alternated with chemical peels results in drastic improvements.
- Do not touch the treated area and surrounding area for 24 hours.
- After 24 hours, keep the area clean both in the morning and night.
- Gently wash with a sensitive skin cleanser (no exfoliants).
- Do not use a washcloth or sponge because of the bacteria present on those.
- For 72 hours, avoid vigorous exercise that may cause excessive sweating, and avoid hot environments including sunny days outdoors, tanning beds, saunas, hot tubs, pools or hot showers/baths, as redness can reappear when in hot environments.
- Apply a very thin layer of the post care treatment product Aquaphor (if directed by Sara) and sleep on a clean pillow case.
- Refrain from injectables, strong chemical peels or laser treatments for 2 weeks.
- Do not apply makeup on the treated area for 3-7 days (wait until pinpoint bleeding has stopped).
- Do not pick, scratch, pull, or rub your skin as this will introduce bacteria that can harm it. Any scabbing or dry skin should naturally exfoliate off. Picking can cause scarring or undesirable pigmentation loss.
- For 1 year, refrain from sun exposure and use SPF 30 or higher when outdoors.

# MICRONEEDLING

Consent Form

**CLIENT'S FULL NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **I understand that a microneedling treatment:**

- Is a treatment that has been proven to reduce the visibility of acne scars, fine lines & wrinkles, diminish hyperpigmentation and improve skin tone and texture.
- Is an invasive procedure involving a mechanical device with very small sterile needles and after treatment ONLY products recommended by the medi-spa professional should be used to avoid infection.
- Involves a healing period which may take several days--redness and minimal pain are evident for at least 24 hours.
- Includes risks of extreme redness, histamine reaction, swelling, stinging, itch, sensitive/dry/flaking skin, or rare cases of hyper or hypopigmentation, scarring, and infection.
- Will involve a numbing cream for your comfort, but some pain, discomfort & redness to the areas treated will be inevitable.
- May involve known and unknown hazards related to the performance of the procedure and no guarantees are made as to what the results will be.
- In rare cases may result in areas of post inflammatory hyperpigmentation, especially in individuals prone to hyperpigmentation from scars or other injuries.
- Is one form of treatment, but alternatives may also accomplish skin improvement (like laser tx, chemical peels, microdermabrasion).

## **To determine if I am a good candidate, I have disclosed to the medi-spa professional if:**

- I have taken Accutane within the last 6-12 months (Accutane causes dryness and thins the skin, so it is not advisable to proceed).
- I have recently used Retin A, Vitamin A, Retinol, Differin, Tazorac or any other topical prescription medication (it is recommended to speak to your family physician to decide whether to stop the use of these products).
- I have open cuts, scratches or any form of rash.
- I have had Botox, filler, chemical peels, or any type of light/laser treatment within the last 2 weeks.
- I have a history of cancer or I am undergoing cancer treatments like chemotherapy or radiation.
- I have epilepsy (LED light therapy would be avoided in this case).
- I have a tendency to form raised or keloid scars.
- I have a hormone imbalance.
- I have an immune system disease (Hepatitis C, Aids, HIV, Collagen Vascular Disease, or other).
- I take a blood thinner or I am hemophilic.
- I have diabetes or a heart condition (includes pacemakers).

- I have active or frequent cold sores.
- I have psoriasis, eczema, or another form of dermatitis.
- I have very sensitive skin or rosacea.
- I have a sunburn.
- I have an allergy to Latex or pigment.
- I am pregnant, trying to become pregnant, or breastfeeding.

I acknowledge that I have read this information, have had an opportunity to ask all questions, and I give my consent to be treated by Sara L. This consent is valid for all future micro-needling treatments. I will inform Sara or the staff when there are any future changes to my medical history. I accept full responsibility for any and all present and future medical treatments and expenses I may incur in the event I need to seek treatment for any known or unknown reason associated with this treatment. I understand if I have an infection, adverse reaction or allergic reaction, I must notify Sara L and seek treatment at walk-in, our clinic or the emergency room.

**CLIENT'S PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_

**AESTHETICIAN SIGNATURE:** \_\_\_\_\_

# MICRONEEDLING

Chart Note

CLIENT'S FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## PROCEDURE TRACKING

PROCEDURE PERFORMED: \_\_\_\_\_

DISPOSABLE TOOLS USED: \_\_\_\_\_ LOT #: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

PROCEDURE NOTES:

- AFTERCARE "HOW TO" INFORMATION PROVIDED, EXPLAINED, AND PATIENT UNDERSTANDS
- AFTERCARE OINTMENT (AQUAPHOR) PROVIDED

MEDICAL AESTHETICIAN: SARA LOHRER

MEDICAL AESTHETICIAN SIGNATURE: \_\_\_\_\_