What is Dermaplaning?

Dermaplaning is a form of manual exfoliation similar in theory to microdermabrasion but without the use of suction or abrasive crystals. An esthetician grade, sterile blade is stroked along the skin at an angle to gently “shave off” dead skin cells from the epidermis. Dermaplaning also temporarily removes the fine vellus hair of the face, leaving a very smooth surface.

As with any type of exfoliation, the removal of dead skin cells allows home care products to be more effective, reduces the appearance of fine lines, evens skin tone and assists in reducing milia, closed and open comedones, and minor breakouts associated with congested pores.

Dermaplaning can be an effective exfoliation method for clients that have couperose (tiny blood vessels near the surface of the skin), sensitive skin or allergies that prevent the use of microdermabrasion or chemical peels.

Due to the contours of the face, certain areas of the face (such as the eyelids and nose) are not treatable using this method.

What should you expect during your treatment?

As your esthetician, I will perform a thorough skin analysis prior to your first dermaplaning.

If dermaplaning is not appropriate, you will be informed during this session and an alternative treatment may be recommended instead.

If dermaplaning is not contraindicated, maximum results are obtained by participating in a series of treatments plus following a home care regimen.

I will review your current daily regimen and skin care products, advise you on which products you should continue to use, and recommend any additional products or changes to your regimen to enhance your desired outcome.

Is satisfaction guaranteed?

The majority of my clients receive noticeable, satisfactory to above average results with a series of treatments and a commitment to a daily skin care regimen. However, this outcome cannot be guaranteed as maximum results are highly dependent on age, cumulative sun exposure, health, lifestyle, genetic traits, general skin condition, and willingness to follow recommended protocols.

Be aware that many changes may occur deeper within the skin over time. To continue the maintenance of your skin after you complete your treatment(s), I may inform you of long-term age management programs.
Contraindications
Although it is impossible to list every potential risk and complication, the following conditions are recognized as contraindications for dermaplaning treatment and must be disclosed prior to treatment.

- Active acne
- Active infection of any type, such as herpes simplex or flat warts.
- Any raised lesions
- Any recent chemical peel procedure
- Chemotherapy or radiation
- Eczema or dermatitis
- Family history of hypertrophic scarring or keloid formation
- Hemophilia
- Hormonal therapy that produces thick pigmentation
- Moles
- Oral blood thinner medications
- Pregnancy
- Recent use of topical agents such as glycolic acids, alpha-hydroxy acids and Retin-A
- Rosacea
- Scleroderma
- Skin Cancer
- Sunburn
- Tattoos
- Telangiectasia/erythema may be worsened or brought out by exfoliation
- Thick, dark facial hair
- Uncontrolled diabetes
- Use of Accutane within the last year
- Vascular lesions

Client Initials

Post-Treatment/Home Care
Aerobic exercise or vigorous physical activity should be avoided until all redness has subsided. Direct sunlight exposure is to be completely avoided immediately following the treatment (including any strong UV light exposure or tanning beds). Although SPF 30+ should already be a part of your daily skin care, after dermaplaning, SPF 30+ must be applied daily to the treated area for a minimum of two weeks. Twice daily cleanse the treated area with a post-treatment cleanser, followed by a serum or treatment cream and follow with SPF 30+ sunscreen.

Recommended Products: __________________________________________________________

______________________________________________________________________________

If you have additional questions or concerns regarding your treatment or suggested home regimen, you will consult your esthetician immediately.

Client Initials

Client Name (printed) ____________________________________________________________

Client Name (signature) _________________________________________ Date ____________

Esthetician _________________________________________ Date ________________