

## PROFESSIONAL GUIDELINES FOR LICENSED ESTHETICIANS

As with any professional esthetic treatment, proper client selection is essential for optimal outcomes and client safety. Complete medical history documentation and assessment is required prior to treatment. Review the medical history form thoroughly with each client, addressing any incomplete sections. For subsequent treatments, inquire about changes in health status or medication regimens. The timelines provided serve as clinical guidelines; however, treatment should be postponed if the client presents with skin inflammation, peeling, edema, ecchymosis, delayed wound healing from previous treatments, or any signs of compromised skin integrity.

### **CONSULTATION REQUIREMENTS**

Contact our clinical support team for clarification regarding any of the following contraindications.

### **ABSOLUTE CONTRAINDICATIONS**

The following conditions preclude dermaplaning treatment:

- Active Blood-Thinning Medication or Coagulation Disorders: Clients with history of abnormal bleeding, delayed coagulation following injury, or those taking anticoagulant medications should not receive treatment
- High-Dose Aspirin Therapy: Treatment is contraindicated for clients on high-dosage or high-frequency aspirin regimens
- Grade 3+ Acne: Clients presenting with moderate to severe acne should not undergo dermaplaning
- Active Herpes Simplex Infection (Cold Sores): Reschedule treatment when lesions have completely resolved
- Severe Sunburn or Wind Damage: Treatment contraindicated; provide gentle cleansing and apply soothing agents (Ageless Mask recommended); reschedule when skin integrity is restored
- Acute Psychological Distress: Clients experiencing significant anxiety are not candidates; recommend alternative soothing facial treatments until anxiety is reduced

### **RELATIVE CONTRAINDICATIONS**

The following conditions require special considerations:

- Neurotoxin or Dermal Filler Treatments:
  - Pre-injection: Dermaplaning may proceed
  - Post-injection: Wait minimum 7 days after injection to prevent product migration
- Retinoid Use:
  - Discontinue all retinoid products 5 days before treatment
  - Resume use no sooner than 5 days post-treatment
- Chemical Peels:
  - Pre-peel: Dermaplaning is permitted and may enhance peel efficacy. Please refer to peel manufacturer for clinical guidance on combining dermaplaning and chemical peels
  - Post-peel: Minimum 14-day waiting period, depending on peel depth, strength, and post-procedure skin condition

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### RELATIVE CONTRAINDICATIONS (continued)

- Laser Treatments:
  - Pre-laser: Permitted with appropriate training
  - Post-laser: Minimum 14-day waiting period, contingent on treatment parameters and skin recovery status
- Intense Pulsed Light (IPL):
  - Pre-IPL: Permitted with appropriate training
  - Post-IPL: Minimum 10-day waiting period, dependent on treatment parameters and skin recovery
- Post-Inflammatory Hyperpigmentation (PIH) Susceptibility:
  - Implement prophylactic protocol for minimum 2 weeks pre and post-treatment
  - Treatment regimen must include appropriate melanin-inhibiting agents
- Diabetes Mellitus:
  - Treatment permitted only with verified glycemic control through medication or dietary management
  - Document control status in client records
- Cancer History:
  - During active treatment: Contraindicated
  - Post-treatment: Physician clearance required in writing
- Isotretinoin (Accutane):
  - Minimum 12-month discontinuation period
  - Written physician clearance required

### LOCALIZED CONTRAINDICATIONS

Avoid treatment directly on the following presentations:

- Pustular Acne Lesions: Erythematous or inflamed areas should be avoided or alternative treatments provided
- Cystic Acne Lesions: Complete avoidance of affected areas
- Nevi (Moles) and Acrochordons (Skin Tags): Circumnavigate these areas during treatment
- Raised Lesions of Any Kind: Avoid direct contact with blade

### DOCUMENTATION REQUIREMENTS

All contraindications, client discussions, and treatment modifications must be thoroughly documented in the client's permanent record. Obtain written informed consent acknowledging potential risks and modified treatment protocols when treating clients with relative contraindications.