

# DERMAPLANE RESOURCE GUIDE

FALL / WINTER 2019

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# INTRODUCTION TO DERMAPLANING

Dermaplaning is a simple and safe clinical procedure that exfoliates the epidermis, while removing vellus hair. While the procedure has been around for 35 years or more, it has recently gained popularity in the esthetics field. The procedure is completed by gently gliding a stainless-steel scalpel blade across the skin to remove keratinized cell and “peach fuzz”. Dermaplaning can help smooth scarring and acne, reduce uneven skin tone, as well as minimize fine lines and wrinkles.

Dermaplaning as a stand-alone treatment is great to offer patients who want a deep exfoliation but are contraindicated to peeling agents. It is also a wonderful treatment to offer clients with excess vellus hair. Vellus hair causes a buildup of debris and oils in the follicle. Removing this hair gives healthier looking skin and radiant appearance.

Dermaplaning can also be used prior to chemical peels and other clinical treatments to increase effectiveness and produce deeper, more even results.

# STERILIZATION AND SANITATION

The first step in beginning your semi permanent makeup career is to complete the Blood Born Pathogens class. This certification is required by The Occupational Safety and Health Administration, which is an agency of the United States Department of Labor. The Red Cross offers this class as well as many other national and local organizations.

Preventing infection and avoiding cross contamination is the groundwork of a safe environment. To prevent infection one must always follow the suggestions below and all disposable supplies must be properly disposed of immediately following the treatment and may not be reused.

## **DISINFECTION AND STERILIZATION**

Disposable tools should be used at all times when performing a semi permanent makeup procedure. All equipment and surfaces must follow the standards of proper cleaning and disinfecting. Disinfectants specifically registered with the Environmental Protection Agency (EPA) should be used. The disinfectant should only be used for the approved purpose. When buying a disinfectant, ask the manufacturer to give you a material safety data sheet (MSDS), which provides information about the use of the product and worker safety. For more information on disinfection, please refer to your State Blood Borne Pathogens Class and see the following pages for a brief summary.

NOTES:

# STERILIZATION AND SANITATION EXAM

1. What configures the groundwork for a safe environment? (Hint: Two main points)

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2. What should you ask the manufacturer for when purchasing a disinfectant?

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3. List all 15 items that should be sterile in workspace before client arrives:

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# BLOOD-BORNE PATHOGENS

**During the Semi permanent makeup procedure, you have the potential risk of being exposed to various diseases because of blood borne pathogens.**

It's important to be aware of what blood borne pathogens are, how they are transmitted, and how you can protect yourself from them during the microblade process.

Blood borne pathogens are viruses and bacteria that can be infectious to humans, carried in the blood and body fluids. If any fluid contains any amount of blood, it is considered infectious.

The three most common blood borne pathogens are HIV, Hepatitis B, and Hepatitis C.

HIV is the virus that causes AIDS. Every 9 ½ minutes, someone in the U.S. is infected with HIV.

Hepatitis B and C are both liver diseases that can cause recurring disability and can be fatal. Hepatitis B is relatively easy to transmit via blood exposure and is 50 to 100 times more infectious than HIV.

In order to contract blood borne pathogens, the infected blood or body fluids have to get into your body.

## **THERE ARE THREE WAYS THAT BLOOD BORNE PATHOGENS ARE TRANSMITTED:**

- Through mucus membranes such as your eyes, nose and mouth
- Through non-intact skin such as cuts, sores, rashes, or dry, cracked skin
- Through a puncture wound from a sharp object, such as a needle or broken glass, that is contaminated with blood

## **THE THREE MAIN ELEMENTS OF PROTECTION ARE:**

- Awareness
- Personal Protective Equipment
- Work Practices

**Awareness:** The best way to protect yourself from those risks is by following a concept called universal precautions.

This means that you assume that all human blood and body fluids are infectious.

# BLOOD-BORNE PATHOGENS

**Personal Protective Equipment:** The most common way to follow universal precautions is to use personal protective equipment (PPE)-gear that is designed to keep potentially infectious fluids off you and your clothes.

Gloves, face masks, eyewear, and aprons should all be a part of your universal precautions during semi permanent makeup.

**Work Practices** is the third main element of protection along with Awareness and PPE.

If you use protective equipment, the first work practice is to know how to remove it safely.

When you're removing gloves or other equipment, turn the items inside out to contain any contaminants, and place them in designated containers to be stored, washed, decontaminated, or discarded.

Wash your hands after removing protective equipment. Contaminated clothing needs to be washed immediately. In some cases, you may have to clean the area where an

incident occurred in order to prevent the spread of blood borne pathogens.

Before you start to clean, put on appropriate personal protective equipment and use a hospital grade disinfectant to clean all work surfaces, equipment, and anything that's been contaminated with potentially infectious materials.

**If there's a possibility of employee exposure to blood borne pathogens in the workplace, OSHA, the Occupational Safety and Health Administration, has requirements that companies must follow, including:**

- A written exposure control plan that contains information and procedures to protect employees from exposure and transmission of blood borne pathogens in the workplace.
- PPE for employees who may come in contact with blood borne pathogens as part of their work activity.
- Employee training on the risks of exposure and how to protect themselves from exposure.

# BLOOD-BORNE PATHOGENS

- Hepatitis B vaccination for any practitioner who may have exposure to blood borne pathogens.
- Follow-up and evaluation, including a written report as well as the appropriate tests and consulting for the employee.
- Confidential medical records must also be kept for all employees with a risk of exposure on the job.
- The source of exposure is also asked to take a blood test and supply the results, but this person has the right to refuse the test.

The effects of diseases caused by blood borne pathogens can be serious, long term, and even fatal. **So remember: always protect yourself.**

NOTES:



# BLOOD-BORNE PATHOGENS EXAM

1. What are Blood-Borne Pathogens?

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2. What are the three ways Blood-Borne Pathogens are transmitted?

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# BLOOD-BORNE PATHOGENS EXAM

3. What is Personal Protective Equipment? Give examples

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4. Give three examples of the requirements made by the OSHA

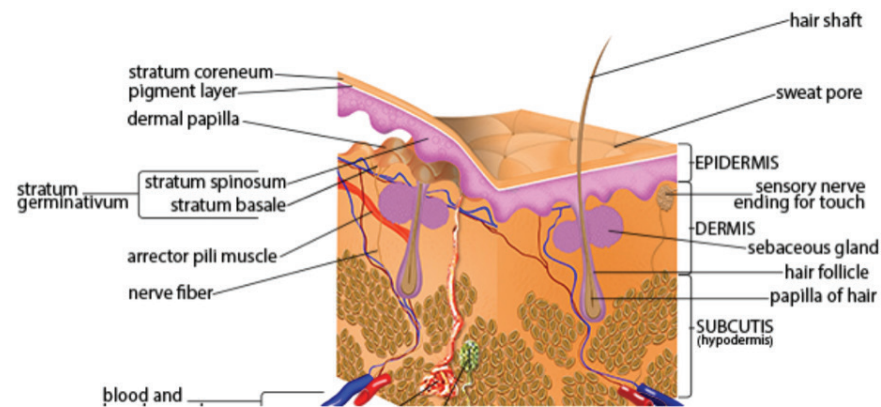
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# ANATOMY OF THE SKIN

The below reference of the layers of the skin is provided by the U.S. National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program.



## THE EPIDERMIS

The epidermis is the outermost layer of the skin and protects the body from the environment. The thickness of the epidermis varies in different types of skin; it is only .05 mm thick on the eyelids, and is 1.5 mm thick on the palms and the soles of the feet. The epidermis contains the melanocytes (the cells in which melanoma develops), the Langerhans' cells (involved in the immune system in the skin), Merkel cells and sensory nerves. The epidermis layer itself is made up of five sublayers that work together to continually rebuild the surface of the skin.

## THE EPIDERMIS

### THE BASAL CELL LAYER

### THE SQUAMOUS CELL LAYER

### THE STRATUM GRANULOSUM & THE STRATUM LUCIDUM

### THE STRATUM CORNEUM

## THE DERMIS

- Blood Vessels
- Lymph Vessels
- Hair Follicles
- Sweat Glands
- Sebaceous glands
- Nerve Endings
- Collagen and Elastin

### The Papillary Layer

### The Reticular Layer

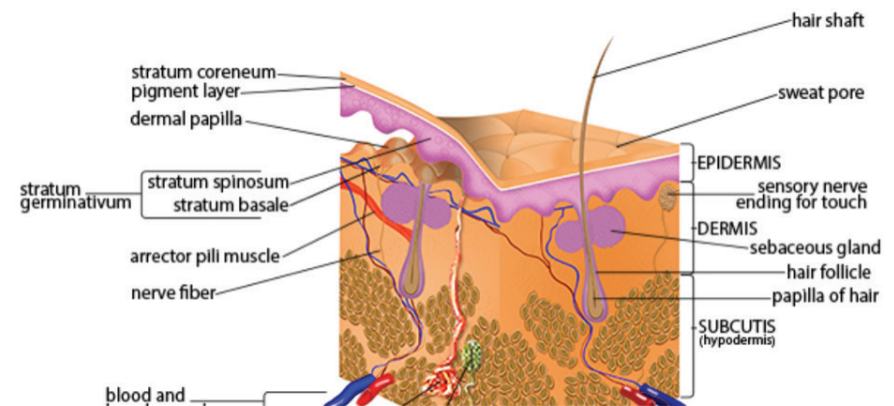
# ANATOMY OF THE SKIN

## THE BASAL CELL LAYER

The basal layer is the innermost layer of the epidermis, and contains small round cells called basal cells. The basal cells continually divide, and new cells constantly push older ones up toward the surface of the skin, where they are eventually shed. The basal cell layer is also known as the stratum germinativum due to the fact that it is constantly germinating (producing) new cells.

The basal cell layer contains cells called melanocytes. Melanocytes produce the skin coloring or pigment known as melanin, which gives skin its tan or brown color and helps protect the deeper layers of the skin from the harmful effects of the sun. Sun exposure causes melanocytes to increase production of melanin in order to protect the skin from damaging ultraviolet rays, producing a suntan. Patches of melanin in the skin cause birthmarks, freckles and age spots. Melanoma develops when melanocytes undergo malignant transformation.

Merkel cells, which are tactile cells of neuroectodermal origin, are also located in the basal layer of the epidermis.



# ANATOMY OF THE SKIN

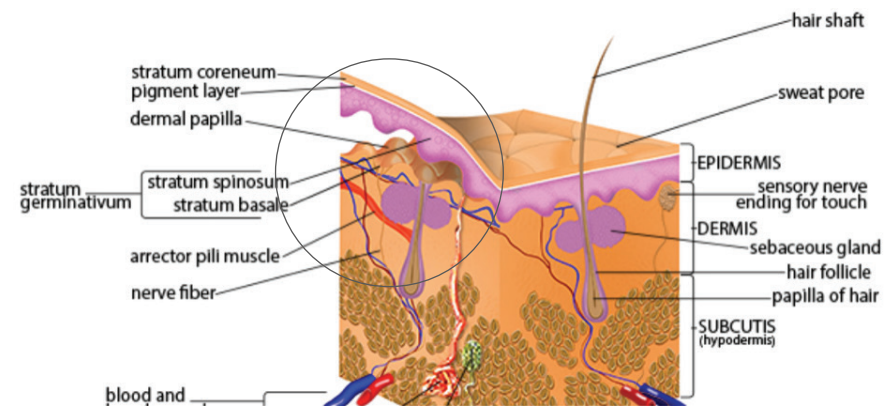
## THE SQUAMOUS CELL LAYER

The squamous cell layer is located above the basal layer, and is also known as the stratum spinosum or “spiny layer” due to the fact that the cells are held together with spiny projections. Within this layer are the basal cells that have been pushed upward; however, these maturing cells are now called squamous cells, or keratinocytes. Keratinocytes produce keratin, a tough, protective protein that makes up the majority of the structure of the skin, hair, and nails.

The squamous cell layer is the thickest layer of the epidermis, and is involved in the transfer of certain substances in and out of the body. The squamous cell layer also contains cells called Langerhans cells. These cells attach themselves to antigens that invade damaged skin and alert the immune system to their presence.

## THE STRATUM GRANULOSUM & THE STRATUM LUCIDUM

The keratinocytes from the squamous layer are then pushed up through two thin epidermal layers called the stratum granulosum and the stratum lucidum. As these cells move further towards the surface of the skin, they get bigger and flatter and adhere together, and then eventually become dehydrated and die. This process results in the cells fusing together into layers of tough, durable material, which continue to migrate up to the surface of the skin.



# ANATOMY OF THE SKIN

## THE STRATUM CORNEUM

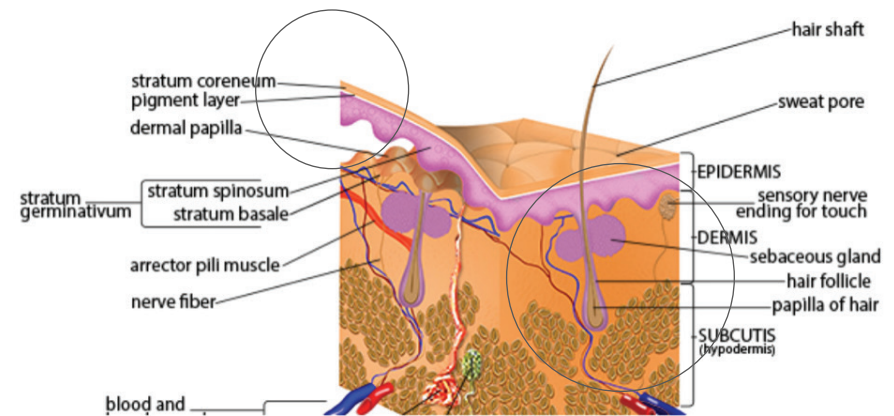
The stratum corneum is the outermost layer of the epidermis, and is made up of 10 to 30 thin layers of continually shedding, dead keratinocytes. The stratum corneum is also known as the “horny layer,” because its cells are toughened like an animal’s horn. As the outermost cells age and wear down, they are replaced by new layers of strong, long-wearing cells. The stratum corneum is sloughed off continually as new cells take its place, but this shedding process slows down with age. Complete cell turnover occurs every 28 to 30 days in young adults, while the same process takes 45 to 50 days in elderly adults.

## THE DERMIS

The dermis is located beneath the epidermis and is the thickest of the three layers of the skin (1.5 to 4 mm thick), making up approximately 90 percent of the thickness of the skin. The main functions of the dermis are to regulate temperature and to supply the epidermis with nutrient-saturated blood. Much of the body’s water supply is stored within the dermis. This layer contains most of the skins’ specialized cells and structures, including:

- **Blood Vessels**

The blood vessels supply nutrients and oxygen to the skin and take away cell waste and cell products. The blood vessels also transport the vitamin D produced in the skin back to the rest of the body.



# ANATOMY OF THE SKIN

- **Lymph Vessels**

The lymph vessels bathe the tissues of the skin with lymph, a milky substance that contains the infection-fighting cells of the immune system. These cells work to destroy any infection or invading organisms as the lymph circulates to the lymph nodes.

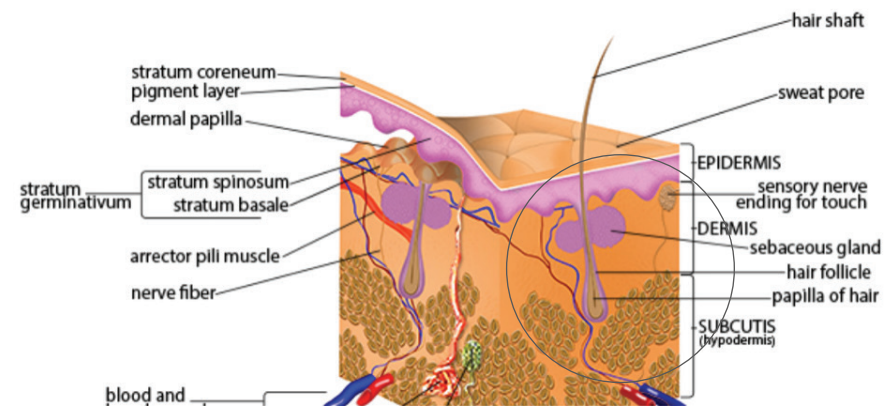
- **Hair Follicles**

The hair follicle is a tube-shaped sheath that surrounds the part of the hair that is under the skin. Hair follicles also nourish the hair.

- **Sweat Glands**

The average person has about 3 million sweat glands. Sweat glands are classified according to two types:

1. **Apocrine glands** are specialized sweat glands that can be found only in the armpits and pubic region. These glands secrete a milky sweat that encourages the growth of the bacteria responsible for body odor.
2. **Eccrine glands** are the true sweat glands. Found over the entire body, these glands regulate body temperature by bringing water via the pores to the surface of the skin, where it evaporates and reduces skin temperature. These glands can produce up to two liters of sweat an hour, however, they secrete mostly water, which doesn't encourage the growth of odor-producing bacteria.



# ANATOMY OF THE SKIN

- **Sebaceous glands**

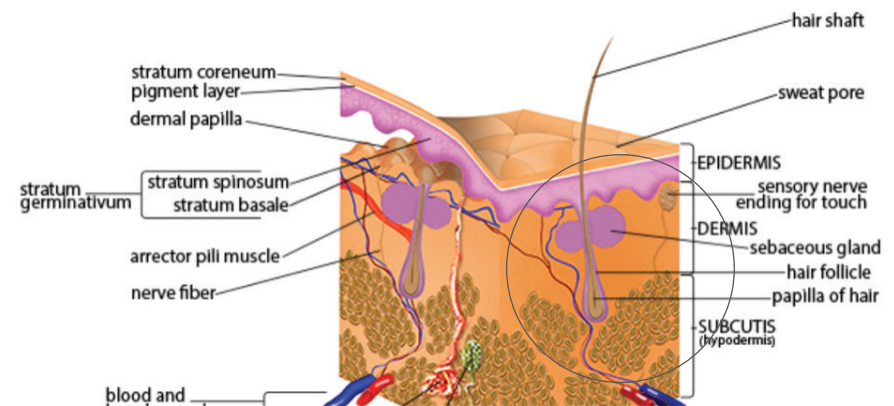
Sebaceous, or oil, glands, are attached to hair follicles and can be found everywhere on the body except for the palms of the hands and the soles of the feet. These glands secrete oil that helps keep the skin smooth and supple. The oil also helps keep skin waterproof and protects against an overgrowth of bacteria and fungi on the skin.

- **Nerve Endings**

The dermis layer also contains pain and touch receptors that transmit sensations of pain, itching, and pressure, as well as information regarding temperature to the brain for interpretation. If necessary, shivering (involuntary contraction and relaxation of muscles) is triggered, generating body heat.

- **Collagen and Elastin**

The dermis is held together by a protein called collagen, made by fibroblasts. Fibroblasts are skin cells that give the skin its strength and resilience. Collagen is a tough, insoluble protein found throughout the body in the connective tissues that hold muscles and organs in place. In the skin, collagen supports the epidermis, lending it its durability. Elastin, a similar protein, is the substance that keeps the skin flexible and allows it to spring back into place when stretched.





# ANATOMY OF THE SKIN

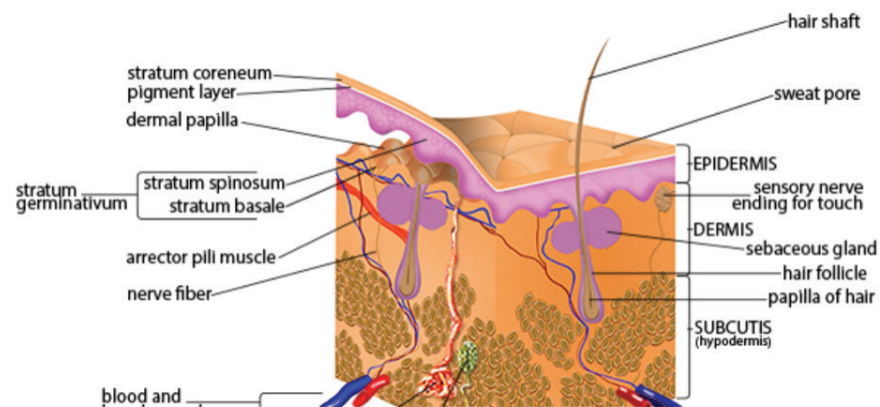
## THE DERMIS LAYER IS MADE UP OF TWO SUBLAYERS:

### The Papillary Layer

The upper, papillary layer, contains a thin arrangement of collagen fibers. The papillary layer supplies nutrients to select layers of the epidermis and regulates temperature. Both of these functions are accomplished with a thin, extensive vascular system that operates similarly to other vascular systems in the body. Constriction and expansion control the amount of blood that flows through the skin and dictate whether body heat is dispelled when the skin is hot or conserved when it is cold.

### The Reticular Layer

The lower, reticular layer, is thicker and made of thick collagen fibers that are arranged in parallel to the surface of the skin. The reticular layer is denser than the papillary dermis, and it strengthens the skin, providing structure and elasticity. It also supports other components of the skin, such as hair follicles, sweat glands, and sebaceous glands.




# FITZPATRICK COLOR THEORY

The Fitzpatrick Skin Type is a skin classification system first developed in 1975 by Thomas Fitzpatrick, MD, of Harvard Medical School. His skin classification system and its adaptations are familiar to dermatologists. Types range from the very fair (Type I) to the very dark (Type VI).

**I**  
White  
Always burns,  
never tans.




**IV**  
Medium Brown  
Rarely burns,  
fast tanning



**II**  
Beige  
Usually burns,  
tans with difficulty




**V**  
Dark Brown  
Rarely burns,  
fast & easy tanning



**III**  
Light Brown  
Sometimes burns,  
slow tanning



**V**  
Black  
Almost never burns,  
fast & dark tanning



## DERMAPLANING FAQ

**There are a lot of myths surrounding dermaplaning. Here are a few of the most common and how you can address them with your clients.**

**MYTH 1: It's going to hurt.**

The thought of taking a surgical steel scalpel to a client's face can sound very intimidating to a client. The truth is, it's a very relaxing treatment for your clients that poses little risk and no downtime.

It is important for your clients to be at ease with the process and relax during the treatment. Sudden movement by your client can cause a nick in the skin. The chances of this are minimal if proper protocols are followed. It is advisable for you to practice your technique on your arm or thigh to get the feel for pressure and correct blade angle before attempting dermaplaning on a client.

Explain the procedure to your client thoroughly before you begin. Show them a few examples of your work via a short video or pictures. Also let them know how the procedure will be done step by step and in what order you will perform the procedure. The more information you give, the more confident your client will be.

**What do you do if you nick your client?**

1. Stop the service immediately.
2. Wash your hands and apply a new pair of gloves.
3. Wash the area on your clients face using soap and water.
4. Apply hydrogen peroxide to the area using a disposable cotton swab.
5. Apply Neosporin to the area using a disposable cotton swab.
6. Dispose of the blade in a sharps container. Place of all soiled materials in a separate bad before disposing in a trash receptacle.
7. Remove gloves, wash hands and apply new gloves.
8. Resume treatment using a new blade while avoiding the nicked area.
9. Advice client to apply Neosporin twice a day u ntil healed. Advise client to never pick at a wound or scab during the healing process as this could result in hyper or hypo pigmenting and/or scarring.

## DERMAPLANING FAQ

### **MYTH 2: Dermaplaning will cause skin be sensitive or break out after treatment.**

Dermaplaning should not cause skin sensitivities or breakouts post treatment. If anything, your skin will appear immediately smoother and healthier than before the treatment.

It is not recommended to perform a peel or apply actives immediately after the first treatment. It is recommended the first dermaplaning treatment with your client should be a stand-alone treatment or facial treatment. This will give you and your client a clear picture of skin reactivity to the treatment and let your client experience the benefits of the treatment alone.

### **MYTH 3: My hair will grow back thicker and darker.**

Shaving has always been associated with this myth. But in truth, shaving or dermaplaning cannot change the structure of hair growth. Hair type and density are determined depending on factors such as body location, age, gender, and hormones. Removing hair from the epidermis cannot change these factors.

In truth, the reason this myth seems true is the way the hair grows back after depilation.

When a new hair grows from the follicle, it is thicker and the base and tapers out to a fine point at the tip. When the hair is depilated (shaved) it is cut off at the thickest point of the hair shaft. When the hair continues to grow, it will grow with a thick blunt end, versus the tapered end of a new hair. The difference makes the hair appear thicker, and darker.

Vellus hair will not appear thicker or darker upon re-growth as the nature of vellus hair is “fuzzy” and not coarse as is terminal hair on other parts of the body.

### **MYTH 4: Once I begin Dermaplaning I will have to continue to do it forever.**

This myth goes along with the prior myth. Unlike removing terminal hair, you shouldn't feel “stubble” as vellus hair regrows. The life cycle of a vellus hair is around 4-6 weeks. If you choose to not continue dermaplaning, the hair will grow back and return to the same state it was in prior to dermaplaning.

A series of 3-6 treatments will yield superior results.

People of all Fitzpatrick skin types and all ethnicities can benefit equally from dermaplaning. Dermaplaning is an excellent alternative to other treatments that may be contraindicated for higher Fitzpatrick clients.

# SKIN PHYSIOLOGY & CELLULAR TURNOVER

Your skin is the largest organ of the integumentary system. The study of skin's function is known as skin physiology. Because of its exposure to the environment, skin plays an important role in protecting the body.

## **The skin's six primary functions include:**

1. Protection from external toxins, pollutants and bacteria.
2. Absorption of water and oxygen, as well as external skin care ingredients through the pores.
3. Secretation of sebum, which lubricates the skin, keeping it soft and supple.
4. Excretion of toxic waste materials such as carbon dioxide are released through the sweat glands and pores.
5. Regulation maintains an internal temperature of 98.6 degrees. When cold, the arrector pili muscle contracts, causing goosebumps and shivering. Shivering releases energy that warms the body. When hot, the sudoriferous (sweat) glands secrete sweat. This sweat evaporates on the body, cooling it.
6. Sensation caused by millions of nerve fibers allow humans to detect heat, cold, pain pressure and touch. These sensations communicate to the brain and help protect us from danger.



For the average adult human, the skin has surface of 16-20 square feet.

The growth of human hairs occurs everywhere on the body except for the areola, lips, soles of the feet, palms of the hands, and the eyelids. Like skin, hair is composed of keratinized cells that begin their journey in the dermis and project through the follicle openings.

# SKIN PHYSIOLOGY & CELLULAR TURNOVER

The body has different types of hair, including vellus hair and terminal hair. The different construction gives the hair unique characteristics, serving specific purposes, mainly warmth and protection. Most humans develop the longest thickest hair on their scalps. The hair will usually grow several feet before shedding.

Some individuals experience growth on various area of the body. These conditions are known as hirsutism and hypertrichosis.

## Types of Hair:

- Capilli: Scalp Hair
- Barba: Beard Hair
- Cilia: Eyelash Hair
- Supercilia: Eyebrow Hair
- Lanugo: Downy hair found on the body at birth
- Vellus Hair: Thin, soft hair that covers the body, commonly called “peach fuzz”
- Terminal Hair: Thicker, coarser hair that grows on the body after puberty

Hirsutism typically affects women, causing dark hair to grow on the body where men typically grow more hair, such as the face, arms, legs, and back. Hirsutism is caused by an increase

in the hormone, androgen and is often a result of hormonal imbalances, particularly during menopause.

Hypertrichosis, sometimes referred to as werewolf syndrome, is genetically determined and can occur anywhere on the body in both men and women.



The hairs life cycle consists of three phases, anagen, catagen, and telogen.

Anagen is the first and longest phase of the cycle in which hair is actively growing. The hair follicles on your body are programmed to stop growing at predetermined time.

# SKIN PHYSIOLOGY & CELLULAR TURNOVER

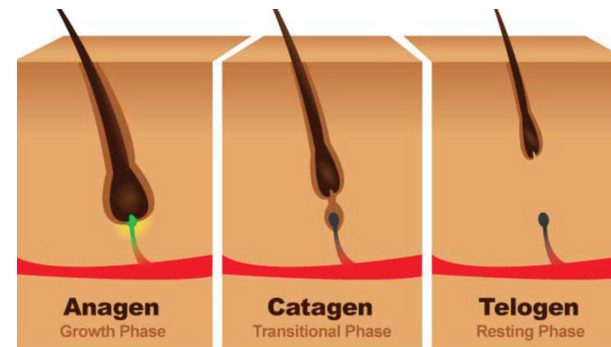
For body hair, this program stops growth at 4 to 8 weeks, while scalp hair is programmed to grow for 2-6 years. This programming is why the hair on your head grows long, while the hair on the rest of the body stays fairly short.

Catagen is the second and shortest stage of hair growth. Sometimes called the transition stage, the hair disconnects from the papilla and can no longer grow.

Telogen is the final stage of hair growth. The hair sheds, and the follicle rest while preparing to begin the anagen phase again.

This complete cycle takes an average of 4-12 weeks for the body hair and can be dependent on lifestyle and hereditary factors.

## Hair Growth Cycle



# THE DERMAPLANE PROCEDURE

**The dermaplaning procedure is a simple one yet the results are phenomenal. There are numerous indications and few contraindications. This makes it safe and effective for the majority of clients that desire the benefits.**



**INDICATIONS:** Dermaplaning is most effective for clients over the age of 35, although younger clients can benefit from the treatment as well. It is effective on most skin types and conditions and can be performed on all ethnicities.

Removing epidermal tissue allows product to penetrate deeper into the epidermis and can increase the effectiveness of masques and actives.

Physicians may recommend Dermaplaning prior to laser treatments and chemical peels to increase effectiveness of the treatments.

Other indications include:

Dry, rough skin

Superficial hyperpigmentation

Mild acne scarring

Fine lines and wrinkles

Subsequent touch-ups should be performed every 12-24 months.

**CONTRAINDICATIONS** are few but important to note.

Although unlikely, there is a chance your client may be nicked or scraped in the process. It is important your client remain still and relaxed during treatment. See chapter two, Dermaplaning FAQ'S for information on treating nicks and scrapes.

Clients using chemotherapeutic agents should be released from their doctor before receiving Dermaplane treatments, as their ability to heal is compromised.



## THE DERMAPLANE PROCEDURE

Clients on Accutane may not receive any exfoliating treatments for 12 months after discontinuing the medication.

You may not dermaplane over active acne or pustular rosacea.

Clients with an allergy to nickel are not candidates for dermaplaning.

Other contraindications include:

Sunburn

Facial rashes

Active herpes simplex

Open lesions on the face

Discontinue the use of topical retinoid/retinols and bleaching agents 72 hours prior to treatment. The skin will be more sensitive to the sun and other topical after the treatment. Sunscreen must be worn at least 14 days following treatment.



# PRECARE

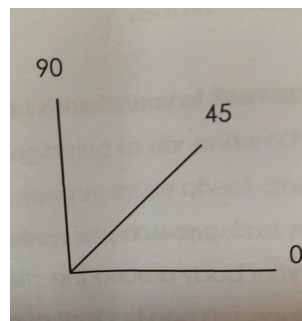
1. Before beginning, complete a medical history form and thoroughly explain the procedure with your client. Inform them that, although unlikely, there is a chance that they may obtain a superficial nick or scrape during the treatment.
2. Have your client sign a consent form that reviews the possibility of complications.
3. Gloves should always be worn during demaplaning procedure.
4. Prepare scalpel by putting a No. 10 blade in the handle. Have extra blades ready in case your current blade dulls.

We recommend using a No. 10 blade for all your services. You do not need to choose different blades based upon desired results of facial areas.



5. Degrease the skin using a aha/bha skin prep solution, medical grade acetone, or alcohol and ensure client's skin is completely dry. Any moisture on the skin increases your chance of nicking your client.
6. Perform a skin analysis before starting treatment and note any raised areas to avoid, such as moles, pustules, or skin tags. Do not dermaplane over these areas.

7. It is important to hold the blade at a 45-degree angle and blade the skin with precise movements in the opposite direction of hair growth. Practice using the blade on your arm or thigh. Notice the difference in effectiveness of the treatment based upon the angle of your blade.



8. It is important to develop a pattern to use on your client. Once established, use this pattern on each client for every service. Some practitioners prefer to do one side of the face completely, and then the other. This can save time from having to turn the client's head back and forth. However, I prefer to go back and forth from side to side as I work. My reasoning for this is that the treatment will be even if you need to stop mid-treatment for any reason. Also, the client feels more confident in knowing exactly which are you will be treating next by methodically working from forehead to neck.

## RECOMMENDED PATTERN

Begin each area by stretching the skin outward between your thumb and index finger. Work in small sections of approximately two inches on longer, flatter areas, and a half inch on smaller, pointier areas such as the chin and nose. Dermaplane each section using a back and forth motion 4 times for sensitive skin, 6 times on normal skin, and 8 times for thicker, coarser skin.

You will notice it takes approximately three strokes per area to remove the surface vellus, the final strokes will remove the keratinized surface cells from the epidermis.

Your clinical end point should be mild erythema. Moderate erythema may indicate too much pressure or excessive strokes.

Place a 4x4 piece of gauze next to your client's head to remove debris off of the blade as you're working.

The blade edge should be facing you as you work and strokes should be bladed toward your body. Move your body around the client to ensure you have optimal direction and control.

1. Begin in the center of the forehead near from the eyebrow to the hairline and continue to left temple. Stroked areas should overlap at around 20%.
2. Continue the same method from center of forehead to the right temple.

3. Have your client turn their face to their right and dermaplane along the apex (highest point) of cheekbone starting at temple and working your way to the nose.
4. Have your client turn their face to the left and dermaplane along the apex (highest point) of cheekbone starting at temple and working your way to the nose.
5. Have your client turn their face to the right and dermaplane crow's feet and under eye area towards nose. Stretching areas outside the orbital bone.
6. Have your client turn their face to the left and dermaplane crow's feet and under eye area towards nose. Stretching areas outside the orbital bone
7. Have your client turn to their right and dermaplane left cheek above jaw to cheekbone, beginning at ear and ending at corner of mouth. Have client stick their tongue inside cheek and press outward, raising the hollow area. Between jaw and cheekbone.
8. Have your client turn to their left and dermaplane right cheek above jaw to cheekbone, beginning at ear and ending at corner of mouth. Have client stick their tongue inside cheek and press outward, raising the hollow area between jaw and cheekbone.

## RECOMMENDED PATTERN

9. Have your client open their mouth in an “Ahhh” position and tuck their lips in around their teeth. Work the corner of the left side of the mouth and then the right side.
10. Have your client close their mouth and tuck their lips in around your teeth, hiding their lips. Tilt their head up to stretch the chin and neck area and dermaplane chin from tip to top of lower lip.
11. Keeping the same position, hold the tip of the nose upwards and dermaplane from under the nose downwards to top of lip. Dermaplane downward along left side of lip, and then downward along right side of lip.
12. Keeping the same position, gently dermaplane along the upper vermilion border of the lip, from the center outward on the left, and the center outward on the right. Complete the same steps on the vermilion border of the lower lip.
13. The nose is an optional area, but a double one. Move tip of nose to the right and dermaplane the left side starting at the nostril and working your way to the center. Repeat on opposite side. Pinch center of nose in between your fingers and dermaplane from top to tip.
14. To dermaplane the jawline. Stretch the clients skin up and over the bone to give you a flat surface to work on. Work from ear to chin and repeat on opposite side.
15. Tilt chin up and have your client turn to the right. Dermaplane neck beginning on side of lower neck to under the ear. Work your way to the center. Repeat on opposite side.
16. Check your work under a mag light to ensure completion.
17. Complete stand-alone treatment with an appropriate moisture and sunscreen.



## AFTERCARE

Ensure client satisfaction post-procedure. Answer any questions they may have. Offer your client the prescribed at home regimen and pre-book client for their Dermaplaning service in four weeks.

Always dispose of blades in a Sharps container, and never reuse blades on another client.

Wash metal and plastic implements with soap and water and place them in a hospital grade disinfectant for the manufactures recommended time. When complete, rinse and dry your implements and store them in a covered container.

The following items are not disinfectable and should never be used:

Dermaplane Blades, Gloves, Sponges, Gauze, Q-Tips or Glycolic Applicators, and Wooden applicator sticks used to remove product from jars.



**NOTES**

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