

Q&A of Common Clinical Questions

1. My client is taking medications, can I treat them?

At Lynton Lasers we use the up-to-date medication guidelines from the British Medical Laser Association {BMLA}. The medications we have listed on the Lynton Lasers - LASERS/IPL Consultation Form would contra-indicate a client for test patching and treatments. This list plus more information about these medications can also be found in your training manual and the Lynton customer portal on our website under BMLA Guidance on Drugs and Lasers. Following the initial consultation, it is important to ask the client if there have been any changes in their medications since their last appointment before every treatment.

There are other medications that can cause photosensitivity. If your client is on any medication not listed on the consultation form you should refer to the information leaflet that comes, by law, with all medications or consult the British National Formulary {BNF - <https://bnf.nice.org.uk/>} in the possible adverse reaction/side effects section of the medication.

If there is a possibility of photosensitivity, Lynton / BMLA advise:

- For hair removal and tattoo removal treatments - test patch and wait the usual period of one week before carrying out a full treatment if no signs of adverse reaction.
- For all vascular and pigmentation treatments – test patch and wait one month following test patch before carrying out a full treatment if no adverse reaction.

2. My client has used tanning supplements, can I still treat them?

No. If a client has ever used tanning enhancers such as tanning injections, Melanotan, tanning tablets or tanning nasal sprays they are completely contra-indicated to LASER/IPL treatment in the future.

This is because these products are not licenced in this country; we do not know how they will cause the body to react to light treatments or for how long it could have an effect.

3. What is Melasma? B. How can I identify Melasma? C. Can Melasma be treated?

- A. Melasma is a hormonal pigmentation found in the dermis which is common during pregnancy or when taking the contraceptive pill and less commonly due to other medical problems or medications that affect hormones. If it is due to a pregnancy, it often fades and resolves after the baby is born or when the client stops taking the contraception pill. Exposure to Ultraviolet [UV] light, from the sun, sunbeds or phototherapy can trigger it or make it worse.
- B. Melasma usually looks worse in the summer, it is a brownish, patchy pigmentation and tends to be symmetrical which is most noticeable on the upper lip, cheeks, forehead, and chin. It can be in all these areas or just one.
- C. There is no known cure for Melasma at present, do not treat with LASER or IPL. Advice to Melasma sufferers is to avoid triggers e.g., change contraception or stop taking hormonal medication, avoid UV exposure and use a daily SPF 50 such as

Lynton Light Protect and reapply throughout the day if exposed to daylight/sunlight. It is not advisable to carry out any facial light or heat treatments if a client suffers with Melasma or to attempt to treat the Melasma as there is a high possibility of making the condition worse.

4. What sort of pigmented lesions as a therapist can I treat?

Non medics/therapists should only treat small, superficial pigmented lesions such as lentigines (also known as sunspots, liver spots or age spots) and ephelides (freckles) which are smaller than a 5 pence piece.

If you are unsure of what any pigmented lesion is, or think it may be suspicious, do not treat. You should advise the client to get it checked by a Dermatologist. If treated it could cause delayed diagnosis of a lesion that may be changing or malignant.

5. My client has reported a burn/ blister/graze /pigmentation changes following a treatment, what do I do?

Although rare, occasional unwanted reactions can occur following an Intense Pulsed Light or LASER treatment. If a blister forms, advise the client not to pop it, if it does pop, do not derroof it. It is essential that any blisters or grazes which form following the treatment are not popped, picked, or scratched but the area is kept clean and dry. Once the blister subsides the skin may be dry and flaky, do not exfoliate, let the skin flake at its own speed. If there are any pigmentation changes following a treatment, then treatments must stop until resolved. UV avoidance is essential. If the skin is not broken or once healed, Lynton Light Soothe can be applied to the skin twice daily, and Light Protect SPF 50 must be used daily to protect the skin and will reduce the risk of pigmentation changes.

6. Is IPL/LASER Hair Removal treatment permanent?

We all have hair follicles that have not yet produced hair and can start to do so at any time, hair also has different stages of growth, for these reasons a course of treatments is recommended and for some people it can be ongoing. IPL and LASER treatments however are the gold standard for removing or reducing {making hair much finer and manageable} unwanted hair on people who are suitable e.g. have colour in the hair. Hormonal hair can be trickier to treat as can darker skin types, occasionally some people do not respond as satisfactorily as we would hope, thankfully this is rare and for many people this treatment is life changing.

7. Is LASER always better than IPL for hair removal?

The simple answer is no. Lynton IPL is considered by many to be the best IPL system available. It is used in many NHS hospitals and can be used very effectively for hair removal on Fitzpatrick skin types 1 to 5. However, there are many variations with systems and wavelengths. When choosing a system, the therapist must consider who will be their clients, e.g. will they be treating clients from many different ethnic backgrounds and skin types. The Alexandrite LASER is the gold standard system for skin types 1-3. Lynton IPL is very good for treating skin types 1 – 5, and for skin types 6, a Long-pulsed Nd:YAG LASER would be required. When treating darker skin types, we must trade efficacy for safety so treatments may be less effective, and more treatments needed.

8. Do I really need to wear my goggles?

Yes. Laser safety goggles are crucial personal protective equipment {PPE} when using IPL and LASER. The goggles provided with your system have been designed to protect your eyes from direct and indirect radiation that can cause damage to the eyes. They have special lenses that filter light and block certain wavelengths both visible and invisible. Not all goggles are the same, Lynton will provide you with the correct goggles for your system.

9. My client finds the blackout goggles uncomfortable, can I put cotton pads underneath them?

No. The client blackout goggles provided with your system by Lynton Lasers have been designed and tested for safety to sit directly over the eye, cotton pads should not be used underneath the blackout goggles as this will change how they fit and so will impact on the effectiveness of the goggles.

10. Are there any special requirements for an IPL/LASER treatment room?

Although there are no specific requirements, you should think about health and safety. A treatment room should be comfortable, well ventilated and safe to work in. We would advise that the room is large enough for the therapist to easily be able to work from all sides of the treatment couch, that the IPL or LASER system can also be moved to each side of the couch for easy use and there should be enough power points on all sides of the room to prevent trip or fall hazards. Treatment couches ideally should be able to be used at variable heights, the room should be easily cleaned, floors that can be mopped, etc. have a sink with both hot and cold running water and have storage for all the consumables needed to carry out a treatment.

Be aware that some laser systems are only rated to run effectively below 25 degrees Celsius, so if your room gets very warm, you may need to consider air conditioning.

11. Can IPL treat leg vessels?

We do not recommend IPL for leg vessels, as the results are much more unpredictable than treating facial vessels. Treatable leg vessels, small broken capillaries {not varicose veins}, sit deeper in the skin than the superficial broken vessels found on the face or décolleté so require a longer wavelength that penetrates deeper into the skin such as a long-pulsed Nd:YAG LASER. However, most vessels on the face and décolleté are superficial and Lynton IPL is the perfect treatment for them.

12. What qualifications do I need to carry out IPL and Laser treatments?

Regulations can vary in different areas of the country. Salons and clinics in London, Wales and certain areas of the East Midlands are regulated by their local councils, so you must check with them. You also need to check with your insurance company, for insurance purposes the minimum qualifications would usually be a Core of Knowledge Course {Laser safety course} which should be completed every 5 years, and training delivered by the Manufacturer of your systems.

At Lynton we are committed to staff training and believe in Continuing Professional Development {CPD} and we do recommend regular update training. In addition to the above, we also offer the following VTCT Qualifications:

- VTCT Level 2 OFQUAL Award in Infection Prevention (COVID-19) for Clinical Aesthetics
- VTCT Level 3 OFQUAL Qualification in Anatomy and Physiology
- VTCT Level 4 OFQUAL Certificate in Laser and Light Therapies
- VTCT Level 5 OFQUAL Certificate in Laser Tattoo Removal

13. What is the minimum age for IPL/LASER treatment?

At Lynton we recommend clients should be at least 18 years of age for IPL and LASER treatments. Most clinics and salons will not be insured to treat under 18's. If you are insured to treat 16 and 17-year olds, then a special young person's checklist should be used in addition to the usual consultation form to ensure that the client understands and has the capacity to consent. We would also recommend a parent/guardian be present and we would also recommend that intimate areas are never treated on anyone under the age of 18.

14. Can I treat a client who is of a darker skin type?

This will depend on the treatment you wish to carry out and the system you are using. For all treatments we use Fitzpatrick skin typing, which looks at melanin content of a client's skin and considers how the skin reacts to the sun, how quickly the skin tans and ethnic background of the client. The higher {darker} the skin type, the longer the wavelength required. Some skin chromophores are very shallow and so will need shorter wavelengths which are not suitable for darker skin types. In your training it will be clear which treatments you can carry out on which skin types.

15. Do I have to shave the area before carrying out hair removal?

Yes, when carrying out hair removal treatments we need to heat the hair below the skin surface which then spreads into the surrounding follicle and damages the stem cells to prevent or delay future regrowth. If the hair is above the skin surface, the light is absorbed by that which results in some of the energy being wasted and can potentially cause skin damage, burns and damage to your system.

16. Why do I have to test patch the area before an IPL/LASER treatment?

It is an insurance requirement that all clients are test patched before treatment. The reason we test patch is to check how the skin reacts to treatment which can prevent any unwanted reactions and to commence treatments on a parameter that will be effective. For this reason, test patching should be carried out in all areas to be treated and before any subsequent increase in energy. We recommend approximately 7 days be left following the test patch before the first treatment is carried out.

17. Can I treat a client for hair removal or skin rejuvenation if they have a tattoo or semi-permanent lip liner?

You cannot treat over a tattoo. The IPL/LASER would be attracted to the colour which would burn the client, spoil the tattoo, and in the case of semi-permanent make-up cause a colour shift, e.g. change the lip liner to black and potentially burn and cause scarring. An area of at least one centimetre must be left all around any tattoo or semi-permanent makeup. Lynton also advise that you never treat a client for a facial treatment if they have ever BB Glow.

18. Can I use anaesthetic creams prior to carrying out IPL/Laser treatments?

We do not recommend the use of anaesthetic creams prior to most IPL or LASER treatments. Treatments are usually very tolerable and anaesthetic creams can be an extra expense and add time to the appointment (they must be applied at least 45-60 minutes prior to treatment). Some people can be also allergic to anaesthetic and in some cases can affect the efficacy of the treatment. We recommend pre and post cooling methods e.g. cool packs [not direct ice], cryo coolers and well rung out cold water flannels/gauze to help with any discomfort.

19. Repeated mark on the skin following an IPL treat – what has caused this?

If you find the skin has a mark which is repeated at regular intervals on the skin e.g. a tiny dot or a repeated shape, it has more than likely been caused by a 'dirty IPL block'. If blocks are not thoroughly cleaned throughout and following a treatment, it can result in stray hairs or dirt burning to the block's surface which will result in unwanted reactions and potential burns to client's skin. We recommend blocks are cleaned and disinfected using alcohol (above 70%), methanol or medical wipes after every treatment.

If the marks are red/pink in a defined block/circle, like the shape or size of LASER spot, or in the shape and size of the IPL block, this is usually caused by either incorrect parameters being used, incorrect skin type assessment or very often the client has a tan in the area.

The area must be cooled for as long as necessary (usually 30-40 minutes) to minimise any unwanted reactions.

20. Can I use any gel?

When carrying out IPL treatments and some LASER treatments gel must be used to help skin cooling and to aid light absorption into the skin. The gel is known as ECG/Ultrasound or IPL gel, it is a water-based gel and must be clear in colour.

21. What can I use to mark/grid the skin?

We recommend the use of white eyeliner pencil for gridding areas for treatment. White doesn't absorb light so will not burn the client if treated over.

22. My client has had Botox / Filler / Thread lift. Can I treat over the area with my IPL/LASER?

Lynton recommend to wait 2 weeks after Botox or superficial hyaluronic acid injectable fillers such as Restylane before carrying out an IPL/LASER procedure. Do not carry out treatment over any injectable product that is considered to be semi-permanent or permanent, such as Radiesse and Sculptra.

If your client has had thread lifts, we advise to wait 6 months before carrying out IPL/LASER treatment.

23. My client has recently had a COVID vaccine, can I still treat? Do I need to re-test patch?

We recommend that clients are re-test patched if they haven't had treatment within 6 months of their last treatment. It is not necessary to carry out another test patch if someone has had a recent vaccination however, we do advise to wait around a week before treating them to avoid any cancellations due to the vaccine causing them to feel under the weather.

24. Can I treat over breast implants?

Lynton wouldn't advise treating over a breast implant, especially if it's above the muscle. This is not because there is any evidence that IPL/laser can cause issues, but implants can be problematic for a host of reasons, so best practice is to avoid aesthetic treatments in these areas.



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