

Dermabrasion

Patient Information and Post-operative instructions

What is dermabrasion?

Dermabrasion is a skin-resurfacing procedure that uses a rapidly rotating device to sand the outer layers of skin. After dermabrasion, the skin that grows back is usually smoother and younger looking.

Dermabrasion can decrease the appearance of fine facial lines and improve the look of scars, such as those caused by acne. Dermabrasion can be done alone or in combination with other cosmetic procedures.

During dermabrasion, doctors will numb your skin with anaesthetics. You might also have the option of taking a sedative or receiving general anaesthesia, depending on the extent of your treatment.

Skin treated with dermabrasion will be sensitive and bright pink for several weeks. The pinkness will take at least three months to fade.

When is dermabrasion used?

Dermabrasion can be used to treat or remove:

- Scars caused by acne, surgery or injuries
- Fine wrinkles, especially those around the mouth
- Sun-damaged skin, including age spots
- Uneven skin tone
- Swelling and redness of the nose (rhinophyma)
- Potentially precancerous skin patches (actinic keratoses)

What are the risks of dermabrasion?

Dermabrasion can cause side effects, including:

- **Redness and swelling.** After dermabrasion, treated skin will be red and swollen. Swelling will begin to decrease within a few days to one week, but might last for weeks or even months.

Your new skin will be sensitive and bright pink for several weeks. The pinkness will likely take about three months to fade.

- **Acne.** You might notice tiny white bumps (milia) on treated skin. These bumps usually disappear on their own or with the use of soap or an abrasive pad.
- **Enlarged pores.** Dermabrasion might cause your pores to grow larger. Typically, pores shrink to near-normal size after any swelling decreases.
- **Changes in skin color.** Dermabrasion often causes treated skin to temporarily become darker than normal (hyperpigmentation), lighter than normal (hypopigmentation) or blotchy. These problems are more common in people who have darker skin and can sometimes be permanent.
- **Infection.** Rarely, dermabrasion can lead to a bacterial, fungal or viral infection, such as a flare-up of the herpes virus — the virus that causes cold sores.
- **Scarring.** Rarely, dermabrasion that's done too deeply can cause scarring. Steroid medications can be used to soften the appearance of these scars.
- **Other skin reactions.** If you often develop allergic skin rashes or other skin reactions, dermabrasion might cause your skin to flare up.

Dermabrasion isn't for everyone. Your doctor might caution against dermabrasion if you:

- Have taken the oral acne medication isotretinoin (Amnesteem, Claravis, others) during the past year
- Have a personal or family history of ridged areas caused by an overgrowth of scar tissue (keloids)
- Have acne or other pus-filled skin condition
- Have recurrent herpes simplex infections
- Have burn scars or skin that's been damaged by radiation treatments

Preparing for dermabrasion

- **Stop using certain medications.** Before having dermabrasion, your doctor might recommend stopping blood thinners and any medications that cause skin to become darker than normal (hyperpigmentation).
- **Stop smoking.** If you smoke, your doctor might ask you to stop smoking for a week or two before and after dermabrasion. Smoking decreases blood flow in the skin and can slow the healing process.

- **Take an antiviral medication.** Your doctor will likely prescribe an antiviral medication before and after treatment to help prevent a viral infection.
- **Take an oral antibiotic.** If you have acne, your doctor might recommend taking an oral antibiotic around the time of the procedure to help prevent a bacterial infection.
- **Have botulinum toxin (Botox) injections.** These are usually given at least three days before the procedure, and help most people achieve better results.
- **Use a retinoid cream.** Your doctor might recommend using a retinoid cream such as tretinoin (Renova, Retin-A) for a few weeks before treatment to promote healing.
- **Avoid unprotected sun exposure.** Too much sun exposure before the procedure can cause permanent irregular pigmentation in treated areas. Discuss sun protection and acceptable sun exposure with your doctor.
- **Arrange for a ride home.** If you're sedated or receive a general anesthetic during dermabrasion, you'll need help getting home after the procedure.

During the procedure

- During dermabrasion, a member of your health care team will hold your skin taut. Your doctor will move the dermabrader — a small motorized device with an abrasive wheel or brush for a tip — across your skin with constant, gentle pressure. He or she will carefully remove the outer layers of skin to reveal new, smoother skin.
- Dermabrasion can take a few minutes to more than an hour, depending on how much skin is being treated. If you have deep scarring or you're having a large amount of skin treated, you might have dermabrasion done more than once or in stages.

What are my post-operative instructions?

- Have someone drive you home after surgery and help you at home for 1-2 days.
- Get plenty of rest.
- Follow balanced diet.
- Decreased activity may promote constipation, so you may want to add more

raw fruit to your diet, and be sure to increase fluid intake.

- Take pain medication as prescribed. Do not take aspirin or any products containing aspirin.
- Do not drink alcohol for 3 weeks as it causes fluid retention and interacts with pain medication.
- Do not smoke, as smoking delays healing and increases the risk of complications.
- If prescribed, continue to take the Acyclovir after your procedure.

Treated Area Care:

- If a bandage was applied, it may be replaced in 1-2 days and removed in approx. 1 week.
- Keep areas clean and clear and inspect daily for signs of infection.
- **Wash your face with plain soap and water gently to remove Vaseline and crusting 3 times daily** – more if needed. For persistent crusting, try sponging with a mixture of 1 teaspoon of vinegar in 1 cup of cooled, boiled water. Do this as often as necessary to avoid a build-up of the weeping discharge and resulting crusts.
- **Do not pick the crusts off** the treated area. Excessive crusting can lead to additional scarring.
- **Apply a thin layer of Vaseline/aquaphor to the areas after each washing.**
- You may blot the area with a gauze pad, but be sure to reapply the ointment to keep the area moist and keep from crusting.
- Ice packs can help control swelling.
- After 1 month, you will start using silicone based products to the treated areas for the following 2-3 months. Silicone improves scarring
- **Avoid exposing scars to sun for at least 12 months.**
- Always use a strong sunblock, if sun exposure is unavoidable (SPF 30 or greater).
- Do not apply makeup until approved by your surgeon.

- Protect the treated area from the sun using a hat/visor whenever you go out into the sun and apply sun screen when oozing stops.
- If resurfacing was done around the eyes, wear good quality sunglasses with UVA and UVB 100% filters.

What should my activity level be?

- Start walking as soon as possible, this reduces swelling and helps prevent blood clots.
- Do not drive until you are no longer taking any pain medications (narcotics).
- More strenuous activities should be avoided for 4-6 weeks.
- May return to work in 2-3 weeks.

What will it look like?

- **Pinkness or redness of skin may remain up to 6 months.**
- Usually, your skin will be free of crusts in about 10 days postoperatively.
- Final results of surgery may take several months to a year to appear.

Who can I call if I have concerns?

Depending on where you initially saw Dr Meller, you may call;

1. The rooms at SCENT, Frenchs Forest
49 Frenchs Forest Rd East
(02) 9451 9883

2. The rooms at 52 Denistone Rd, Denistone
(02) 9874 0347

OR; Prince of Wales Hospital on (02) 9382 2222 ; please ask for the ENT registrar on call.

If you are concerned that you are experiencing an emergent problem, such as serious bleeding or difficulty breathing or swallowing, please call 000 or attend your nearest emergency department immediately.

- _You will experience a stinging sensation immediately after the procedure. This may advance to a burning discomfort later in the day and evening but will improve over the next few days.
- _Your skin will heal over the next 2 weeks, leaving the areas with a bright pink coloration.
- _Your skin will feel tight and smooth. Continue to use the recommended moisturizing agent to the skin surface.
- _You will experience increased sensitivity to makeup and acute sun sensitivity.
- _Return of pigmentation and light sun exposure in 6-12 months.

What follow-up care will I receive?

- _You will be seen in the clinic on a weekly basis until you are healed.

When should I call my doctor?

- _If you have increased swelling or bruising.
- _If swelling and redness persist after a few days.
 - _If you have increased redness along the incision.
 - _If you have severe or increased pain not relieved by medication.
- _If you have any side effects to medications; such as, rash, nausea, headache, vomiting.
- _If you have an oral temperature over 100.4 degrees.
- _If you have any yellowish or greenish drainage from the incisions or notice a foul odor.
- _If you have bleeding from the incisions that is difficult to control with light pressure.
- _If you have loss of feeling or motion.
- _If you notice any hepatic lesions on the lasered surfaces.

Who should I call if I have questions?