



The FIVE things you MUST know prior to having your

Redness/ Rosacea/ Capillaries/
Cherry Spots/ Port Wine Stains/
Prominent Veins treated



The FIVE things you MUST know prior to having Redness/Rosacea/Capillaries/Cherry spots/Port wine stains/prominent veins treated

There are so many options out there when it comes to treating vascular skin conditions with laser. It can be impossible to sort through the marketing, glossy photos and testimonial claims. This E-book will tell you the secrets of cosmetic laser clinics the big chains WON'T Tell you.

Sift through the noise and arm yourself with the knowledge to make the right decision when it comes to your skin.

These wide variety of conditions encompass most vascular skin conditions we see in daily practice at Contour Clinics. The approach to treating these conditions varies widely depending on

- 1) the condition requiring treatment,**
- 2) your skin type,**
- 3) clinical assessment of the lesion of concern,**
- 4) your recent history of sun exposure.**

This is not a one-size-fits-all approach.

Ensure your chosen clinic has all the options available to meet your specific needs. DO NOT just settle for a treatment that is 'good enough'.



Which laser should I choose to have my specific vascular concern treated?

This all depends on the type of vascular lesion treated, body location, and your skin type.

1) Skin type

	TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V	TYPE VI
BEFORE SUN	Ivory	Fair or pale	Fair to beige, with golden undertones	Olive or light brown	Dark brown	Deeply pigmented dark brown to darkest brown
AFTER SUN	Always freckles, always burns/peels, never tans	Usually freckles, often burns/peels, rarely tans	Might freckle, burns on occasion, sometimes tans	Doesn't really freckle, rarely burns, often tans	Rarely freckles, almost never burns, always tans	Never freckles, never burns, always tans

Darker skin types (Fitzpatrick III and above)- Asian, Mediterranean, Indian sub-continental, African skin types require longer pulse lasers that have a lower risk of hypopigmentation (removing skin pigment leaving white patches), hyperpigmentation (darkening of surrounding skin), or burns.

The laser of choice here would be a Nd:YAG long pulse laser, or alternatively a radiofrequency pin electrode for capillaries/cherry angiomas and smaller vascular lesions.

Lighter skin types can safely have most forms of laser provided they have not had sun exposure in the 2 weeks prior, or medical contraindications to treatment.

2) Location

There are some areas on the body which require a method of removal other than traditional lasers.

These include:

- **Scalp** - this is because traditional laser treatments can also remove hair in the surrounding area. Lesions in the scalp require targeted treatment with radiofrequency pin. This coagulates the microscopic blood vessels feeding the vascular lesion without affecting the surrounding skin or hair.
- **Eyelids** - this is a delicate area requiring careful removal with a low energy, small spot size device or radiofrequency pin. This is a specialist area requiring the insertion of corneal shields to protect the eye.





Are lasers safe to treat vascular skin conditions?

Darker skin types need to exercise caution when choosing a laser clinic to remove their pigmentation/redness or other vascular lesions.

The risk of burns, hyperpigmentation (darker skin) and hypopigmentation (lighter skin) is significantly higher in patients with darker skin. It is important your clinic knows:

- 1) How to assess for your underlying skin type,**
- 2) Which laser to choose depending on your skin type,**
- 3) The importance of checking for recent sun exposure in the 2 weeks prior to treatment.**

Darker skin types may also require preparation of the skin with cosmeceuticals to ensure safety in treatment. This is often in the form of a pigment inhibitor.

If used sensibly in the expert hands, lasers can be a safe and effective treatment for benign vascular lesions. It is when untrained staff use non-TGA approved equipment the likelihood of complications becomes significantly higher.

Ask your laser clinic about

- 1) Their experience treating this type of lesion,**
- 2) Whether the machine you will be treated with has TGA approval for this usage and**
- 3) What are the risks involved in having treatment?**



What is the difference between lasers?

Not all lasers are created equal.

Let's take IPL (Intense pulsed light) for example. Some budget clinics often offer this treatment for crazy rock bottom prices. Some have zero training on the real dangers of laser treatments and perform laser in an unsupervised environment. Some of these lasers may have a cost price for the machine of \$5000. These machines are often imported by the clinic and have no TGA approvals.

In contrast, many medical grade cosmetic clinics with supervising doctors (expert in cosmetic laser) have TGA approved lasers that cost up to \$300,000. The price of treatment may be more expensive, but with this expense comes: Safety, efficacy and confidence you are in experienced caring hands.

Questions to ask your laser cosmetic clinic prior to treatment

- Do I need to prepare my skin prior to treatment?
- What laser machine will you be using on my skin?
- Is this laser machine TGA or FDA approved for the condition treated?

Besides lasers what other treatments/general considerations can be thought about for redness and rosacea?

General considerations for treating redness/rosacea and other vascular skin conditions include:

- Frequent moisturising
 - *This should be done with a simple unscented moisturiser*
- Avoidance of heat- e.g. hot showers, hot yoga
- Drinking alcohol – this can cause flushing of the area and worsen your underlying redness
- Avoid steroid creams unless prescribed by your dermatologist – this can provide a short-term improvement, at the expense of a long-term worsening
- Protect yourself from the sun
- Keep your face cool to minimise flushing

Further methods of treating rosacea can be considered depending on the severity of the condition. All of these treatments target the underlying cause for redness but are unlikely to cure redness in and of themselves. This almost always requires laser treatment in addition to the prescription pills/creams. Options other than laser include:

- Antibiotics
- Topical prescription creams
- Specialist dermatology medications
- Medications to reduce flushing
- Anti-inflammatories

As all of the above are prescription medications we recommend seeing a Contour Clinics doctor, or your GP/Dermatologist for more information. You can read a good summary of treatment options here:

<https://dermnetnz.org/topics/rosacea/>

Questions to ask your doctor:

- What prescription options are available to treat my condition?
- Will those prescription treatments remove redness? Or just stop progression of the underlying cause?
- Would laser help my condition?
- What type of laser would help?



Which vascular conditions can be easily treated at your local skin/dermatology/cosmetic clinic?

The most common conditions we treat here at Contour Clinics include:

1) Rosacea/generalised redness

Rosacea and redness treatments can be broken into two categories:

1. Treatment of the underlying cause
 - a. This includes general measures such as avoidance of steroid creams, heat, UV light.
 - b. Treatment of underlying disordered skin physiology causing condition. This is assessed by your treating doctor and prescribed if necessary.

2. Symptomatic management with laser /prescription products
 - a. Laser photocoagulation of macro and microscopic blood vessels removes redness creating a smooth, refreshed complexion. Usually 3-5 sessions with either PDL/IPL or Nd: YAG is all that is required. Occasionally, on areas such as the eyelids/scalp RF pin may be required.
 - b. Prescription medications can occasionally be used under specialist care to reduce flushing. This should be discussed with your doctor.

2) Cherry angiomas

Provided these are determined to be benign by your doctor, these red spots can be quickly and easily removed with PDL/IPL.



3) Broken capillaries

Vascular lasers such as PDL, IPL and nd:YAG are safe and effective to use for this indication provided you are a Fitzpatrick I or II. Darker skin types require a more considered assessment and careful choice of laser. Unlike generalised redness, capillaries can usually be treated in one setting.



4) Prominent veins

Depending on the body part involved, this may be treated with either a long pulse laser such as Nd:YAG, RF pin or sclerotherapy.