



SQUARE-WAVE PULSE TECHNOLOGY FOR PERMANENT HAIR REDUCTION

CONSULTANT GUIDE

The Etherea IPL-Sq® System is a unique and highly sophisticated IPL system that incorporates the exclusive SQUARE-WAVE PULSE® technology. This helps to deliver better therapeutical results and offers significantly greater safety and efficacy to procedures.

Accurate, positive and appropriate communication with patients—before, during and after treatment—is essential. This guide and the associated documents are designed to assist you to provide the best service possible to your patients.

PATIENT ENQUIRIES

A few simple principles should guide your approach to patient enquiries:

- ✱ Always begin by asking prospective patients about themselves. Listen carefully to everything the patient has to tell you. This is vitally important in establishing a rapport with the person, and in determining the right advice to provide him/her.
- ✱ Always answer questions clearly and in plain English. Remember that patients usually have little medical knowledge and can be put off by terms and 'jargon' they don't understand.
- ✱ Make sure you can explain the benefits of the treatment in terms that are relevant to the patient's life.
- ✱ Use the assessment form (p 4-7) to record information about the patient.

QUALIFYING PATIENTS

- ✱ Motivation for treatment, and personal goals:
 - » What area(s) of your face or body have unwanted hair?
 - » Have you ever had hair removal treatment? If so, what was it, how effective was it, and how did your skin respond?
 - » What would you like to achieve from having treatment?
- ✱ Medical history: complete the Treatment Record as you talk, but unless the patient has committed to treatment, don't go through the entire form. That can happen before the patient signs consent for the treatment.
- ✱ Explain Etherea IPL-Sq® hair reduction treatment and benefits.

ETHEREA IPL-SQ®: HOW THE TREATMENT WORKS AND ITS BENEFITS

Explain IPL-Sq® treatment in terms of the outcome the patient can expect.

- ✱ IPL-Sq® hair reduction treatment acts directly on the hair follicle (root). The light travels along the hair shaft to the follicle where the hair is produced. Hair follicles that are in their active growth phase will be heated and destroyed. The surrounding tissue will not be affected.
- ✱ As you undergo successive treatments about six weeks apart, you will gradually capture all hairs during their growth stage. Over a period of months, the hair growth will be dramatically reduced.

WHAT THE PATIENT CAN EXPECT FROM IPL-SQ® TREATMENT

- ✿ Explain the importance of keeping the eyes covered during treatment.
- ✿ The surface of the handpiece is placed against the skin and the patient will be aware of the pulses of light flashing. He/she will feel a slight sting, as if a rubber band is being snapped against the skin, but this is minimal because of the adjustable contact cooling that it built into the Etherea IPL-Sq®.
- ✿ The length of the treatment will depend on the size of the area being treated. You should provide an estimate of the time prior to beginning treatment.
- ✿ Ideally, you should be able to show the patient “before and after” pictures. Ideally, this will include pictures of the process, so the patient can understand that it takes time and a number of treatments to achieve the desired goal.

ASSESS THE PATIENT’S SKIN TYPE

You need to complete a skin type assessment for the patient. This assists you to set the correct treatment protocols, but it is also a useful reference when helping the patient to have realistic expectations regarding the results.

EXPLAIN THE OPTIONS

Some patients will have done enough research to know that IPL-Sq® is the treatment for them. Others will wish to have a cost vs benefit discussion of the options, so they can make an informed decision.

Other options for hair reduction/removal:

- ✿ Electrolysis (the closest to permanent, but very painstaking and slow)
- ✿ Waxing (not at all permanent because the hair root is still there, and will begin to produce a new hair almost immediately)
- ✿ Tweezing, shaving, epilatory creams and other DIY methods all leave the hair root intact.

FINALLY, SIGN THE INFORMED CONSENT

Explain to the patient that this is medical procedure, performed by a trained practitioner, and as such, the law requires that an informed consent form be signed.

- ✿ It is important to explain that every medical treatment has some risks and potential complications, and that even though these are rare, it is possible they could occur. The patient must understand the risks and complications prior to signing the consent form.



CLIENT CONFIDENTIAL ASSESSMENT AND TREATMENT RECORD

Name: _____

Address: _____

Phone: _____

Gender: ☐ M ☐ F

Age: _____

GENERAL INFORMATION

Area(s) proposed for permanent hair reduction: _____

How has the patient managed hair minimisation to this point? _____

What level of hair reduction would the patient like to achieve from this treatment? _____

MEDICAL HISTORY / PATIENT ASSESSMENT

Is the client pregnant?

☐ YES ☐ NO *(If yes, postpone treatment)*

Is the client using tanning booths or has the client had sun exposure on the area to be treated?

☐ YES ☐ NO *(If yes, postpone treatment)*

Has the client recently had dermal filler in the area to be treated?

☐ YES ☐ NO *(Wait approximately 14 days before/after injection treatment)*

Does the client have, or has the client had cancer or cancerous lesions?

☐ YES ☐ NO *(If yes, advise the patient to seek medical advice from a skin cancer specialist before proceeding with treatment.)*

Does the client have any allergies? If so, specify: _____

Does the client smoke?

☐ YES ☐ NO *(If yes, explain potential negative effect on treatment)*

Does the client suffer from regular or intermittent cold sores/fever blisters?

☐ YES ☐ NO *(If yes, have the client use their regular medication to help prevent an outbreak following treatment)*

Is the client using:

☐ RETIN-A ☐ ROACUTANE *(If yes, postpone treatment)*



MEDICAL HISTORY / PATIENT ASSESSMENT (CONT'D)

Is the client using any of the following:

☐ HORMONES ☐ CONTRACEPTIVE PILL ☐ OTHER MEDICATION

If other medication, please specify:

(Please explain to the patient that some medications may produce a heightened sensitivity, or act as a trigger for hyperpigmentation.)

Is the client using:

☐ Glycolic / AHA home care products?

If so, please specify:

How does the skin react to them?

Fitzpatrick Skin Type

☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

Comments/Clarification:

Skin description (check all that apply):

<input type="checkbox"/> NORMAL	<input type="checkbox"/> T-ZONE/COMBINATION	<input type="checkbox"/> CYSTIC ACNE
<input type="checkbox"/> OILY	<input type="checkbox"/> COMEDONES	<input type="checkbox"/> UNEVEN/BLOTCHY
<input type="checkbox"/> DRY	<input type="checkbox"/> FLORID ROSACEA	<input type="checkbox"/> HYPER-PIGMENTED
<input type="checkbox"/> FRECKLED	<input type="checkbox"/> SUN-DAMAGED	<input type="checkbox"/> MELASMA
<input type="checkbox"/> SCARRED	<input type="checkbox"/> WRINKLED	<input type="checkbox"/> MILIA
<input type="checkbox"/> SAGGY	<input type="checkbox"/> LARGE PORES	<input type="checkbox"/> FACIAL HAIR
<input type="checkbox"/> MATURE	<input type="checkbox"/> OCCASIONAL BREAKOUTS	<input type="checkbox"/> BODY HAIR
<input type="checkbox"/> ACNE		

Has the client signed the consent form?

☐ YES ☐ NO *(It is a legal requirement for the client to sign the consent form and treatment cannot proceed without it.)*

PATIENT SKIN TYPE ASSESSMENT

GENETIC DISPOSITION

Score	0	1	2	3	4
Eye colour	Light blue, grey, or green	Blue, grey, or green	Blue	Dark brown	Brownish Black
Natural hair colour	Sandy red	Blond	Chestnut or dark blond	Dark brown	Black
Colour of non-exposed areas of skin	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
Extent of freckles	Many	Several	Few	Incidental	None
Total score for genetic disposition: ____ + ____ + ____ + ____ = ____					

REACTION TO SUN EXPOSURE

Score	0	1	2	3	4
Reaction to sun	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never had burns
Degree of tanning	Hardly, or not at all	Light colour tan	Reasonable tan	Tans very easily	Turns dark brown quickly
Time to tan	Never	Seldom	Sometimes	Often	Always
Sensitivity of face to sun	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Total score for reaction to sun exposure: ____ + ____ + ____ + ____ = ____					

TANNING HABITS

Score	0	1	2	3	4
Last exposure to natural or artificial tanning	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Has the treatment area been exposed?	Never	Hardly ever	Sometimes	Often	Always
Total score for tanning habits: ____ + ____ + ____ + ____ = ____					

TOTAL SCORE: _____

FITZPATRICK SKIN TYPE CLASSIFICATION:

SKIN TYPE SCORE	FITZPATRICK SKIN TYPE
0-7	I
8-16	II
17-25	III
26-30	IV
over 30	V-VI

FITZPATRICK CLASSIFICATIONS:

SKIN TYPE	COLOUR	REACTION TO UVA	REACTION TO SUN
TYPE I	Caucasian; blond or red hair, freckles, white, very fair skin, blue eyes	Very sensitive	Always burns easily, never tans; very fair skin tone
TYPE II	Caucasian; blond or red hair, freckles, fair skin, blue or green eyes	Very sensitive	Usually burns easily, tans with difficulty, fair skin tone
TYPE III	Darker Caucasian, light Asian; 'creamy-white' skin, any hair and eye colour	Sensitive	Burns moderately, tans gradually; fair to medium skin tone
TYPE IV	Mediterranean, Asian, Hispanic; brown skin and eyes	Moderately sensitive	Rarely burns, always tans well; medium skin tone
TYPE V	Middle Eastern, Latin, light-skinned black/dark brown skin, Indian	Minimally sensitive	Very rarely burns, tans very easily; olive or dark skin tone
TYPE VI	Black, Nigerian, black skin, brown eyes	Least sensitive	Never burns, deeply pigmented; very dark skin tone

PATIENT EXPLANATION

One of the most important determining factors in designing the right treatment for your skin is your skin type. The Fitzpatrick Classifications categorise your skin according to your genetic makeup, the way your skin reacts to sun exposure, and your own personal habits with regard to sun exposure.

If a patient has a score of over 30, he/she will not be a good candidate for IPL-Sq® treatment. If the score is between 25 and 30, you should perform a spot test to determine whether IPL will be effective.

Type I is usually considered ideal for IPL-Sq® treatment, and Types II and III generally produce very good results. Type IV may be acceptable, depending on the results of the spot test, but Types V and VI are not recommended for IPL-Sq® treatment.

PHOTOSENSITIVITY

When a person has an abnormal sensitivity to UV rays from the sun or another UV source, he/she is said to be photosensitive. Some medications can increase sensitivity to UV light, and to IPL-Sq® and other light-based therapy. You should advise patients to discontinue taking any medication that might cause sensitivity at least 2 weeks before their treatment. They should also limit their exposure to the sun and make sure they protect their skin. IPL-Sq® treatment should not be administered to someone who has had significant sun exposure in the 2 weeks preceding treatment.

You should explain to the patient that taking these medications does not exclude him/her from having IPL-Sq® treatment, but additional precautions should be taken and/or the treatment possibly delayed briefly.

Below are lists of some of the medications known to cause photosensitivity:

Antibiotics

- Doxycycline (*acne treatment*)
- Griseofulvin (*ringworm treatment*)
- Minocycline (*acne treatment*)
- Tetracyclines (*acne treatment*)
- Sulphonamides (*Bactrim, Septrim, Sultrin*)

Antidepressants

- Amitriptyline (*Tryptanor, Triptine, Amitrol, Endep, Mutabon*)
- Imipramine (*Melipramine, Tofranil*)
- Nortriptyline (*Allergon*)
- Antimalarials
- Chloroquine
- Quinine

Herbal preparations & miscellaneous medications

- St John's Wort
- Ginko Biloba
- Orange Oil (*and possibly other citrus oils*)
- Herbal HRT Therapies

Antihistamines

- Diphenhydramine (*Dramamine*)
- Cyproheptadine (*Periactin*)



TREATMENT RECORD

Name: _____ D.O.B. _____

Skin type: _____ Texture: _____

Hair Colour and Texture: _____

TREATMENT DATA

Therapist: _____

Filter: _____

Fluence: _____

Pulse: _____

Treatment Area: _____

Treatment Notes: _____

REVIEW DATA

% Improvement: ☐ POOR ☐ GOOD ☐ EXCELLENT ☐ OR % _____

Comments: _____

TREATMENT DATA

Therapist: _____

Filter: _____

Fluence: _____

Pulse: _____

Treatment Area: _____

Treatment Notes: _____

REVIEW DATA

% Improvement: ☐ POOR ☐ GOOD ☐ EXCELLENT ☐ OR % _____

Comments: _____
