



SQUARE-WAVE PULSE TECHNOLOGY FOR SKIN REJUVENATION

CONSULTANT GUIDE

The Etherea IPL-Sq® Intense Pulsed Light (IPL) System is a unique and highly sophisticated IPL system that incorporates exclusive SQUARE-WAVE PULSE® technology. This helps to deliver better therapeutic results and offers significantly greater predictability 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.
- ✦ Use the assessment form (p 4-7) to record information about the patient.

QUALIFYING YOUR PATIENT

- ✦ Motivation for treatment and personal goals:
 - What concerns you most about your skin?
 - Have you ever had skin treatment? If so, what was it, and how did your skin respond?

- What would you most 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.

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® photorejuvenation treatment treats skin damage non-invasively, that is, without disrupting the external layer of skin (the epidermis). IPL is the gold standard for photorejuvenation, and Etherea IPL-Sq® is at the forefront of innovation and excellence in IPL technology.
- ✦ IPL-Sq® photorejuvenation can make a dramatic difference to the appearance of your skin. It can fade age spots and sun damage; it can treat acne, rosacea, spider veins and broken capillaries that contribute to a blotchy appearance. IPL-Sq® photorejuvenation is a great tool in helping to restore a youthful, creamy complexion.
- ✦ IPL-Sq® photorejuvenation is sometimes called a “photofacial”. It is a simple procedure that takes around 30 minutes (depending on the size of the area to be treated). Photorejuvenation is the term used to describe the use of light to treat a range of skin conditions.
- ✦ Red, blotchy, wrinkled skin is caused by a combination of factors: broken blood vessels, dark pigmentation, and a lack of the moist building blocks of youthful skin, collagen.
- ✦ IPL-Sq® works by penetrating deep into the skin with intense pulses

of light (IPL). It uses a series of filters, depending on the target. The intense pulsed light is absorbed by the target—the pigment (dark colour), vascular lesions, broken capillaries (spider veins), or the bacteria and inflamed sebaceous glands that contribute to acne—breaking them up so the body can eliminate them naturally through the lymphatic system (the body’s waste system). The light also stimulates the skin to produce more collagen, which helps to fill out fine lines and wrinkles.

- ✦ The benefits of Etherea IPL-Sq® occur gradually in the weeks after the treatment. Depending on your skin issues, we will advise you on the appropriate number of treatments to achieve the best results.

WHAT THE PATIENT CAN EXPECT FROM IPL-SQ® TREATMENT

- ✦ Pigment and brown spots will seem a little more obvious for a few days, then they will gradually fade as the body eliminates them. Over the course of several treatments, the skin will become clear.
- ✦ Spider veins shrink and then disappear.
- ✦ The skin appears finer and smoother in texture as the pores shrink.
- ✦ The skin appears more ‘plumped up’ and fine lines are less obvious as collagen formation helps rejuvenate the deeper layers of the skin.
- ✦ IPL-Sq® is an effective solution for those suffering from mild to moderate inflammatory acne. Besides clearing up pustules and active inflammation, IPL-Sq® treatment has the added benefit of improving the appearance of facial scarring, a common outcome of chronic acne.
- ✦ Because IPL-Sq® treatment is not invasive, there is no downtime. You will need to avoid sun and UV exposure before and after treatment, and there may be other mild heat effects, which can be managed with simple remedies. However, IPL-Sq® treatment can be managed without disrupting your normal life.
- ✦ As with any medical treatment, it is important to follow before and after instructions carefully to achieve the best results.

- ✦ Ideally, you should be able to show the patient “before and after” pictures. Pictures of the process will help the patient to 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 the skin type assessment on the Patient Assessment and Treatment Record. It is important to do a thorough assessment of the patient’s skin type for two reasons:

- ✦ It helps design your treatment plan for the patient;
- ✦ It helps the patient understand what is involved in the treatment, and what she/he can expect from it.

You should explain how each area of the assessment helps determine the kind of treatment that will provide the best results for the patient.

EXPLAIN THE OPTIONS

Some patients will have done enough research to know that IPL is the treatment for them. Others will wish to hear about the options, so they can make an informed decision.

Other options:

- ✦ Laser resurfacing
- ✦ Deep chemical peels
- ✦ Microdermabrasion
- ✦ Surgical procedures such as face lifts

FINALLY, SIGN THE INFORMED CONSENT

Explain to the patient that this is a 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

What skin concerns does this patient have?

Has the patient had previous skin therapy treatment? If so, what?

What 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?

YES NO *(If yes, postpone treatment)*

Does the client have active outdoor pursuits?

YES NO

Has the client had dermal filler treatment recently?

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 hyper pigmentation.)

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-Sq® 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 very rarely 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 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 (*Tryptanol, Triptine, Amitrol, Endep, Mutabon*)
- Imipramine (*Melipramine, Tofranil*)
- Nortriptyline (*Allergron*)
- 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 PROTOCOL GUIDE

PHOTOREJUVENATION

Parameters of the Initial Treatment Photorejuvenation IPL-Sq handpiece				
SKINTYPE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	12–18	30–40	640	IV–V
III	10–16	30–40	640	IV–V
IV	10–16	50–100	640	IV–V

ACTIVE ACNE PUSTULAR

Parameters of the Initial Treatment Active Acne IPL-Sq handpiece					
SKINTYPE	PASS	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	1° Pass	14–16	100	400	III–IV
I–II	2° Pass	10–12	20	400	III–V
III–IV	1° Pass	12–14	100	400	IV–V
III–IV	2° Pass	8–10	30	400	IV–V

ACTIVE ACNE INFLAMMATION

Parameters of the Initial Treatment Active Acne IPL-Sq handpiece					
SKINTYPE	PASS	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	1° Pass	12–18	100	640	V
I–II	2° Pass	10–12	30	400	V
III–IV	1° Pass	10–18	100	640	V
III–IV	2° Pass	8–10	40	400	V

PLEASE NOTE, THIS IS A GUIDE ONLY

BENIGN PIGMENTED LESIONS

Parameters of the Initial Treatment of benign pigmented lesions IPL-Sq handpiece				
WITH VASCULAR SQUARE TIP (12 x 12mm)				
SKINTYPE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	15–17	10	540	IV–V
I–II	15–20	15	540	IV–V
III	14–18	15	540	IV–V
IV	14–17	15–20	540	IV–V
WITH VASCULAR ROUND TIP (Ø8mm)				
SKINTYPE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	15–19	10	540	IV–V
I–II	15–21	15	540	IV–V
III	14–19	15	540	IV–V
IV	14–18	15–20	540	IV–V

LIGHTER SKINTYPES AND SUPERFICIAL INJURIES

Parameters of the Initial Treatment of Benign Pigmented Lesions IPL-Sq handpiece				
SKINTYPE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	14–18	10	540	II–III
I–II	14–20	15	540	II–III
III	13–18	15	540	II–III
IV	10–16	15–20	540	II–III

DEEPER LESIONS OR HIGHER PHOTOTYPES

SKINTYPE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I–II	14–20	15	580	II–III
III	14–19	15	580	II–III
IV	10–17	20	580	II–III

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VASCULAR INJURIES

LIGHTER SKIN TYPES AND SUPERFICIAL INJURIES

Parameters of the Initial Treatment of Vascular Injuries IPL-Sq handpiece					
SKIN TYPE	THICKNESS OF VASE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I – II	< 0.3 mm	14 – 19	10	540	III – IV
I – II	> 0.3 mm	15 – 20	15	540	III – IV
III	< 0.3 mm	14 – 17	10	540	III – V
III*	> 0.3 mm	14 – 18	15	540	III – V

*Carefully

DEEPER LESIONS OR HIGHER PHOTOTYPES

Parameters of the Initial Treatment of Vascular Injuries IPL-Sq handpiece					
SKIN TYPE	THICKNESS OF VASE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I – II	> 0.3 mm	14 – 19	15	580	III – IV
III	> 0.3 mm	15 – 20	20	580	III – V
IV	< 0.3 mm	14 – 18	15	580	IV – V
IV*	> 0.3 mm	15 – 19	20	580	IV – V

*Carefully

WITH VASCULAR SQUARE TIP (12 x 12mm)					
SKIN TYPE	THICKNESS OF VASE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I – II	< 0.3 mm	17 – 20	10	540	IV – V
I – II	> 0.3 mm	18 – 21	15	540	IV – V
III	< 0.3 mm	15 – 18	10	540	IV – V
III	> 0.3 mm	16 – 20	15	540	IV – V
IV*	< 0.3 mm	15 – 20	20	540	IV – V

*Carefully

WITH VASCULAR ROUND TIP (Ø8mm)					
SKIN TYPE	THICKNESS OF VASE	FLUENCE (J / cm ²)	PULSE WIDTH (Ms)	FILTER (Nm)	COOLING (Level)
I – II	< 0.3 mm	17 – 22	10	540	IV – V
I – II	> 0.3 mm	18 – 24	15	540	IV – V
III	< 0.3 mm	16 – 19	10	540	IV – V
III	> 0.3 mm	17 – 22	15	540	IV – V
IV*	< 0.3 mm	16 – 21	20	540	IV – V

*Carefully

PLEASE NOTE, THIS IS A GUIDE ONLY



Name: _____ D.O.B. _____
Skin type: _____ Texture: _____
Hair type: _____

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: _____



Name: _____ D.O.B. _____
Skin type: _____ Texture: _____
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TREATMENT DATA

Therapist: _____ Filter: _____

Fluence: _____ Pulse: _____

Treatment Area: _____

Treatment Notes: _____

REVIEW DATA

% Improvement: POOR GOOD EXCELLENT OR % _____

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Fluence: _____ Pulse: _____

Treatment Area: _____

Treatment Notes: _____

REVIEW DATA

% Improvement: POOR GOOD EXCELLENT OR % _____

Comments: _____



Name: _____ D.O.B. _____
Skin type: _____ Texture: _____
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TREATMENT DATA

Therapist: _____ Filter: _____

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Treatment Area: _____

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Therapist: _____ Filter: _____

Fluence: _____ Pulse: _____

Treatment Area: _____

Treatment Notes: _____

REVIEW DATA

% Improvement: POOR GOOD EXCELLENT OR % _____

Comments: _____

