



Cryo Broadlight™ 2

## IPL PERMANENT HAIR REDUCTION CONSULTANT GUIDE



The Cryo Broadlight 2 System is one of the most advanced methods of permanent hair reduction available today. Intense Pulsed Light is not laser, but a more advanced technology: a 'broad-spectrum therapeutic light' treatment. Cryo Broadlight's advanced technology is capable of treating both fair and dark hair. Its multi-spot tips ensure accurate and customised spot treatment. This results in highly efficient treatment that is tailored to the patient's specific needs.

Accurate, positive and appropriate communication with patients—before, during and after treatment—is essential. This guide is designed to assist you to provide the best service possible for 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 often 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 section (page 4-7) to qualify the patient's concerns and expectations, and to add medical information where relevant.

### QUALIFYING YOUR PATIENT

- ✿ Motivation for treatment and personal goals:
  - » What concerns you most about unwanted hair?
  - » What methods of hair removal/reduction have you used in the past, and what were the results?
  - » What would you most like to achieve from having treatment?
- ✿ Questions regarding patient's health and medication use to ensure the patient is not contraindicated for treatment.

### CRYO BROADLIGHT 2: HOW THE TREATMENT WORKS AND ITS BENEFITS

Explain CBL treatment in terms of the outcome the patient can expect.

- ✿ CBL permanent hair reduction uses light energy in the form of pulses of intense light to destroy hair follicles, preventing the regrowth of the hair.
- ✿ CBL does not removal all hair. However, most people experience approximately 80% reduction in hair after between 4 and 8 treatments. If possible, show what this looks like, as the vast majority of people will be very happy with this result.
- ✿ CBL treatment for permanent hair reduction is less painful than waxing; also, whereas CBL kills the hair follicle, waxing simply pulls out the hair by its roots, so another hair begins growing again quite quickly.
- ✿ Because the reduction is permanent, over a period of several years, CBL is more cost effective than waxing.

## WHAT THE PATIENT CAN EXPECT FROM CBL2 HAIR REDUCTION TREATMENT

- ✿ Ensure the patient is not contraindicated for CBL hair reduction, either by any medical condition or medication. Ensure that the patient provides a complete list of any medications that may affect the body's sensitivity to light.
- ✿ 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.
- ✿ Explain the need for eye protection and the sensations the patient can expect during the treatment.
- ✿ Ensure that the patient understands the After-Care instructions in the Information Guide.
  - » Avoid hot baths and showers for 24 hours.
  - » Avoid swimming in heavily chlorinated water for 24 hours.
  - » Apply sunblock to any treated skin that is exposed.
  - » Do not wax or tweeze between treatments. Explain that waxing or tweezing means that the light pulse that kills the hair cannot reach the hair follicle if the hair has been removed. Shaving is permissible.
  - » Explain why several treatments are required to achieve maximum hair reduction: that hair grows in cycles, and not all hair follicles are active simultaneously.
  - » Recommend appropriate moisturisers or cooling agents such as Aloe Vera for the patient's use.



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## CONFIDENTIAL CLIENT ASSESSMENT AND TREATMENT RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: ☐ M ☐ F

Age: \_\_\_\_\_

### GENERAL INFORMATION

What areas of unwanted hair are of particular concern to the patient?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the patient had previous hair removal/reduction 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, decline treatment)*

Is the client using tanning booths or has 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 client to seek advice from a 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	Rare burns	Never had burns
Degree of tanning	Hardly, or not at all	Light colour tan	Reasonable tan	Tan very easily	Turn 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 hair, 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 CBL treatment. If the score is between 25 and 30, you should perform a spot test to determine whether CBL will be effective.

Type I is usually considered ideal for CBL 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 treatment.

IPL hair reduction is most effective in treating darker hair. However, Cryo Broadlight can also make a difference to the amount of lighter coloured unwanted hair.

## 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. If the area to be treated is exposed, the patient should also limit exposure to the sun and make sure the skin is protected. IPL 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 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, Matabon*)
- Imipramine (*Melipramine, Tofranil*)
- Nortriptyline (*Allergon*)
- Antimalarials
- Chloroquine
- Quinine

### Herbal preparations & miscellaneous medications

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

### Antihistamines

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

# CBL2

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### TREATMENT PROTOCOL GUIDE HAIR REDUCTION

Cooling Temperature: +5 to -10

Skin Type	Dark Hair	Medium Hair	Light Hair	Pulse Width	Filter
I-II	5-10J/cm	7-15J/cm	10-20J/cm	12-16ms	585nm
III-IV	5-10J/cm	7-15J/cm	10-20J/cm	16-20ms	640nm
V-VI	N/A	N/A	N/A	N/A	N/A

Pulse can be split for sensitive skin into Twin and Triple pulse as needed.

*PLEASE NOTE, THIS IS A GUIDE ONLY*



Name:	D.O.B.
Skin type:	Texture:
Hair:	Neck:
Body:	

Gender: ☐ M ☐ F

### 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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Body:	

Gender: ☐ M ☐ F

### TREATMENT DATA

Therapist:	Filter:
Fluence:	Pulse:
Treatment Area:	
Treatment Notes:	

### REVIEW DATA

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Comments:

### TREATMENT DATA

Therapist:	Filter:
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Treatment Area:	
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### REVIEW DATA

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Comments:



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Skin type:	Texture:
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Body:	

Gender: ☐ M ☐ F

### TREATMENT DATA

Therapist:	Filter:
Fluence:	Pulse:
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