



Cryo Broadlight™ 2

IPL SKIN REJUVENATION

CONSULTANT GUIDE



The Cryo Broadlight 2 IPL System (CBL2) is a unique and highly sophisticated IPL system that incorporates the exclusive Genesis Toning Pulse “GP” technology and Skin Cooling Technology. Its multi-spot tips ensure accurate and customised treatment of all areas. This results in highly efficient treatment that is tailored to the patient’s specific needs. These features help to deliver superior results and to reduce discomfort for the patient.

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 possible service 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 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 (pages 4-7) to qualify the patient’s concerns and expectations, and add medical information as it becomes available during your discussion with the patient.

QUALIFYING YOUR PATIENT

- ✳ Motivation for treatment, and personal goals:
 - » What concerns you most about your skin?
 - » Have you ever had skin treatment; and 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 should happen before the patient signs consent for the treatment.
- ✳ Explain CBL treatment and benefits.

CRYO BROADLIGHT 2: HOW THE TREATMENT WORKS AND ITS BENEFITS

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

- ✳ CBL Photo Rejuvenation treatment treats skin damage non-invasively, that is, without disrupting the external layer of skin (the epidermis). CBL2 is the gold standard for photo rejuvenation; it is at the forefront of innovation and excellence in IPL technology.
- ✳ CBL Photo Rejuvenation can make a difference to the appearance of the skin by helping to restore a smooth, even complexion.
- ✳ CBL Photo Rejuvenation is sometimes called a “photofacial”. Photorejuvenation is the term used to describe the use of light to treat

a range of skin conditions. It is a simple procedure that takes around 30 minutes (depending on the size of the area to be treated).

- ✿ Skin ageing is caused by a combination of internal and environmental factors, many of which contribute to a lack of the moist building blocks of youthful skin, collagen. Sun damage is known to be a strong contributor to skin ageing.
- ✿ CBL works by penetrating deep into the skin with intense pulses of light. Cryo Broadlight uses a series of filters, depending on the target. These promote very accurate treatment and also help to minimise treatment duration.
- ✿ CBL2 also has a range of spot tips that enable specific and accurate treatment of blemishes.
- ✿ The benefits of CBL 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 CBL2 TREATMENT

- ✿ Explain the need for eye protection and the sensation of 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.
- ✿ Recommend appropriate moisturisers or cooling agents such as aloe vera for the patient's use.
- ✿ Brown spots will seem a little more obvious for a few days, then they will gradually fade over time. With successive treatments, the skin will become clear.

- ✿ The skin gradually appears finer and smoother in texture.
- ✿ The skin appears more 'plumped up' and fine lines are less obvious as collagen formation helps rejuvenate the deeper layers of the skin.
- ✿ Because IPL 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 treatment does not disrupt your normal life.
- ✿ 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.
- ✿ As with any medical treatment, it is important to follow before and after instructions carefully to achieve the best results.
- ✿ If possible, show the patient pictures of people before and after treatment. Ideally, this will include pictures of the process, so the patient can understand that it takes time and a program of treatments to achieve the desired goal.



CONFIDENTIAL CLIENT 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 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 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"/> ACNE
<input type="checkbox"/> OILY	<input type="checkbox"/> COMEDONES	<input type="checkbox"/> CYSTIC ACNE
<input type="checkbox"/> DRY	<input type="checkbox"/> FLORID ROSACEA	<input type="checkbox"/> OCCASIONAL BREAKOUTS
<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"/> SPIDER VEINS
<input type="checkbox"/> MATURE	<input type="checkbox"/> UNEVEN/BLOTCHY	<input type="checkbox"/> TELANGIECTASES
<input type="checkbox"/> FACIAL HAIR	<input type="checkbox"/> HYPERPIGMENTED	<input type="checkbox"/> BROKEN CAPILLARIES
<input type="checkbox"/> BODY HAIR	<input type="checkbox"/> ANGIOMAS	<input type="checkbox"/> POIKILODERMA OF CIRVATTE

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 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 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 CBL 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 CBL 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. CBL treatment should not be administered to someone who has had significant sun exposure in the 2 weeks preceeding treatment.

You should explain to the patient that taking these medications does not exclude him/her from having CBL 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
- Ginko Biloba
- Orange Oil (*and possibly other citrus oils*)
- Herbal HRT Therapies

Antihistamines

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



Name: _____ D.O.B. _____

Skin type: _____ Texture: _____

Hair Type: _____

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: _____
