BAPRAS British Association of Plastic Reconstructive and Aesthetic Surgeons

The British Association of Aesthetic Plastic Surgeons

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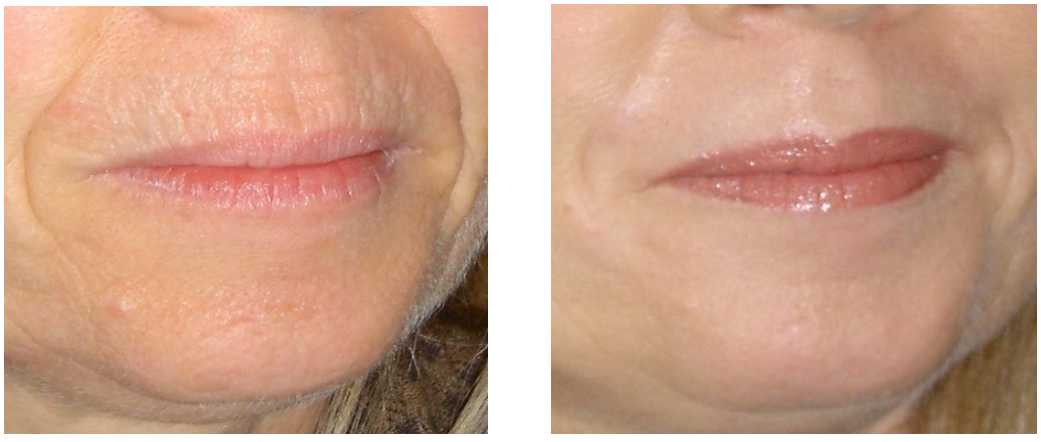
Dermabrasion

Dermabrasion is a skin resurfacing technique used to remove the top layer of the skin and is undertaken to smooth down areas of wrinkling, thickening and/or scarring. It used to be performed with a rotating metal burr but because of concerns re blood spray and infection most dermabrasion is nowadays undertaken with a manual sanding device. It is a technique used in particular for the softening of the lines that occur in the upper and lower lips. Such lines, though more common in smokers may also occur in non-smokers and may result from excessive sun exposure or a familial predisposition. Dermabrasion is also useful in the treatment of acne scarring and can be used to remove certain benign skin lesions such as seborrheic keratoses.



Pre and 5 month post-operative photographs of perioral dermabrasion

Microdermabrasion is quite different to dermabrasion. It involves the use of very fine burrs or silica jets that remove only the top few microns of the skin. This is usually undertaken by

beauticians, requires repeated treatments, is useful only for very fine wrinkles and has variable results.

Pre-dermabrasion advice.

In order to optimize the result and minimize the risks a number of factors should be considered. Smokers have a much higher risk of developing complications. It is therefore advised that they should refrain from smoking for ideally four weeks prior to, and four weeks following surgery. Aspirin and related anti-inflammatories should be avoided for a week prior to surgery. If a patient has an active herpetic lesion or impetigo the procedure will be cancelled until the lesions have been effectively treated. Similarly, for patients suffering from acne the procedure is best undertaken when the acne is quiescent or well controlled. In patients with a history of herpetic lesions or impetigo treatment with antivirals and antibiotics respectively is required. Some patients may benefit from pre-treatment with Retin-A lotion, though anyone who has had Isotretinoin tablet treatment in the past year should avoid dermabrasion.

What happens before the procedure?

At the initial consultation with Mr Cadier after discussing regarding the specific concerns a full medical and surgical history will be obtained. Details regarding the procedure, the aims, the limitations, the recovery and the risks will be discussed. Before the procedure (if being undertaken under a general anaesthetic) you will usually attend for a pre-operative nurse led assessment. You may require a blood test.

Any significant health problems not previously identified may be discussed with Mr Cadier or the anaesthetist, and a further assessment may be required to determine suitability for the general anaesthetic. If being undertaken under a local anaesthetic this is done as a walk in, walk out procedure in the outpatient department, with no need for any pre-assessment or any tests.

The dermabrasion procedure.

This can be undertaken either under local anaesthetic (using topical cream applied 1 hour before and supplemented with injections at the time of surgery) or general anaesthetic especially when being performed at the same time as another procedure. After cleansing of the skin, the area is dermabraded to the correct level to achieve the desired effect whilst minimizing adverse effects. By itself dermabrasion is usually undertaken as a minor operation in the outpatient department, however in many cases it will be undertaken at the same time as other facial rejuvenation procedures – most commonly a facelift. Following treatment, a temporary dressing with local anaesthetic will be applied which is removed when the oozing has stopped, and antibiotic ointment applied.

What to expect after the dermabrasion.

For the first 5-7 days the area should be kept moist by the application of small amounts of antibiotic ointment and Vaseline. A short course of antibiotic tablets may be prescribed. Washing with cold water and simple soap is permitted on a daily basis and any crusty accumulation may be very gently removed. Extensive picking should be avoided as it will predispose to infection and scarring. The area will say red for about 2 weeks, then pinkish for several more weeks. Makeup can usually be applied after 10-14 days. For between 3 and 6 months following the dermabrasion sun exposure should be avoided, and a high factor (SPF 30 or greater) should be used on a daily basis. Simple painkillers (Paracetamol and Ibuprofen) may be taken for the first few days though many patients experience minimal discomfort. A sudden increase in pain may be as a result of infection. Patients should return to the hospital for medical review.

Follow up.

Patients will usually be offered a follow up at a week in the specialist nurse dressing clinic. Patients will be reviewed by Mr Cadier at a minimum of one and five months in the outpatients. Appointments to see Mr Cadier in the outpatients will be sent via the post.

Risks and complications.

The risks include the following:

- Redness and swelling
- Temporary increase in pore size
- Acne like small spots (milia)
- Changes in the skin colour
- Infection
- Scarring
- Allergic reactions to the ointments/skin preparation
- Psychological distress
- Incomplete correction

Redness and swelling are normal with the redness fading after several weeks and the swelling usually settling in a few days. The swelling may be associated with an increase in the pore size. Prolonged swelling can occur and may take many weeks to settle – this is an unusual complication. Small white spots can develop whilst the skin is healing, these will disappear by themselves.

The commonest problems following the dermabrasion are changes in the pigmentation of the skin. In the immediate period patches of over (hyper) pigmentation can occur. This usually results from sun exposure without adequate protection and in most cases will resolve of a few months. Ultimately following all dermabrasions, a degree of paling (hypopigmentation) of the skin is inevitable. This is usually very slight and is rendered inconspicuous by treating areas of the skin in aesthetic units. For instance, when undertaking dermabrasion to the cheeks the whole area of cheek on both sides of the face has to be treated to avoid any demarcation lines. It should be noted that the facial skin colour varies normally between aesthetic units (for instance the lip skin is normally a different colour to the cheek skin). As a result of these pigment changes dermabrasion is usually contraindicated in patients with a coloured skin and should be undertaken with caution in patients that do not wear makeup.

Occasionally the areas that have been treated can become infected. When this occurs the pigmentary changes above may be more noticeable and in more severe cases scarring can follow. Patients are therefore advised to avoid excessive touching of the area and the temptation to pick at the area should be resisted. Patients who have a tendency for cold sores may need special precautions to prevent a herpetic eruption. Even without an infective problem skin damage and scarring are rare but recognized complications of the dermabrasion procedure. Scarring is a well-recognised complication of all skin resurfacing procedures and may range in severity from small red patches to raised red lumpy hypertrophic or keloid scars. Should these occur prompt treatment with massage, and steroid and silicone ointments usually help, and sometimes laser treatment is recommended. Ultimately the scars should settle down though this may take many months and will almost certainly lead to pale patches (these are easy to conceal with makeup). Patients frequently underestimate the degree of conspicuous crusting and visibility of the redness in the first ten days. This can be very distressing. However, this is a temporary problem and the treated area will settle down by 7-10 days. Patience is urged. Allergic responses to the skin preparation or the antibiotic ointment may slightly delay the recovery.

Most patients are delighted with the result of the dermabrasion. When complications do occur, all attempts are made to remedy the problem in as speedy a manner as possible and to optimize the final result.

Most of the time, the surgery and the subsequent post-operative recovery are uneventful. When complications do occur all attempts are made not only to remedy the problem in as speedy a manner as possible but also to optimize the final result. As with all cosmetic surgical procedures undertaken by Mr Cadier, there is a fixed fee policy, which means that no further charges are incurred for the treatment of complications that occur within 6 months following the initial surgery. **On the unusual occasions when revisional surgery is required, provided that this is identified and agreed to prior to six months following the original surgery, and undertaken within 12 months of the original surgery, then no charges will be incurred. Any subsequent revision or patients seeking revisional surgery after six months will incur costs.**

About your Surgeon:

Michael Cadier was educated at the French Lycée in London, studied at Oxford University and undertook Medicine at St Thomas' Hospital, London. After training in London, Salisbury and Bristol he became an NHS Consultant in the Supra-regional Plastic Surgery Unit in Salisbury in 1996, becoming Head of this Service in 1999. In his NHS practice he developed a breast reconstruction service in Portsmouth, and in 2000 was appointed as cleft surgeon to the newly established Spires Cleft Centre, for which he also became the first Clinical Director in 2002. He undertook yearly cleft lip and palate Charity missions in rural Pakistan from 1996 to 2009.

He has a busy aesthetic surgery private practice along the South Coast, undertaking the full range of aesthetic surgery procedures. He has performed over a thousand facelifts, and over 1500 breast augmentations, with similar numbers for all of the more common aesthetic procedures.

He is widely published, and lectures and teaches on aesthetic surgery both nationally and internationally. In 2006 he was invited to become an examiner for the FRCS (Plast). He is the Program Director for the South Coast Reconstructive Cosmetic Surgery Fellowship, was part of the first UK delegation in the CEN in cosmetic surgery (European regulation) and chaired the CSIC Royal College committee on Clinical Quality and Outcomes in Cosmetic Surgery.

The British Association of Aesthetic Surgeons (BAAPS) is the leading organization for aesthetic surgery in the UK. He was elected to BAAPS Council in 2006 and was President of BAAPS from 2014 to 2016. One of his key objectives is to ensure that UK plastic surgeons of the future will practice aesthetic surgery to the highest possible and with that aim he has helped establish a comprehensive national training program in aesthetic surgery.

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