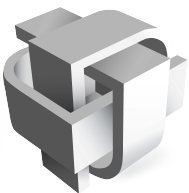


# Advanced Skin Innovations with **Dermapen**<sup>™</sup>

Second Edition



PLYMOUTH  
MEDICAL

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# FROM THE CREATOR OF **Dermapen**<sup>™</sup>

Dermapen<sup>™</sup> has been a culmination of a decade's research, development and engineering. Its initial developments began in early 2002. We wanted to revolutionise skin needling to provide practitioners with a universal solution. After 8 years, Dermapen<sup>™</sup> launched onto the world market - we had successfully achieved our mission.

As the world's first pen needling system, Dermapen continually sets, then re-sets the benchmark in skin rejuvenation. Our innovations and precision continue as the DermapenWorld<sup>™</sup> grows.

Distributed in over 58 countries, Dermapen<sup>™</sup> is the global number 1 in product standard, versatility, efficacy and patient results.

Stene Marshall

Creator of Dermapen<sup>™</sup>



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# INTRODUCTION

An international innovator, Dermapen™ is a medically engineered and developed skin needling device that utilises 12 surgical grade micro-needles that deliver effortless and effective skin needling. Employing patented technology, Dermapen™'s gamma-sterilised, 33 gauge micro needles are encased in an ergonomic, automated pen with featured Advanced Oscillating Vertical Needle (AOVN™) technology. AOVN™ enables a gliding action that smoothly flows over the skin to deliver efficient, dramatic and long lasting results. Dermapen™'s unique operation offers superior control, concentration and safety to trigger the skin's own natural healing mechanisms, resulting in striking rejuvenation and correction. The exclusive needle system is nickel and titanium free in an individual spring-loaded Microderm Needle Cartridge™, which allows procedural depth versatility to customise every treatment area and concern. Dermapen™ freely manoeuvres across all facial and body contours, confidently targeting and treating acute and chronic concerns, including hard-to-reach areas, with effortless precision.

Dermapen offers two distinctly unique and progressive skin needling devices:

- **Dermapen™ Professional (0.0mm-1.0mm)** – a clinical skin needling pen for clinical skin treatment by a qualified practitioner.
- **Dermapen™ Medical (0.0mm-2.5mm)** – a medical skin needling pen for medical treatment by a qualified practitioner.

The Dermapen™ range also includes :

- **MyDermapen™** - a homecare skin needling pen for patient skin maintenance.
- **Dermapen Cryo™** - a nitrous oxide, cryotherapy device for treatment of skin tags, lesions, warts, benign moles and pigmented lesions.
- **DP Dermaceuticals™** - the only skin needling approved corrective range for pre-operative preparation, post-operative protection and daily skin maintenance.
- **DP Sleeve™** - an ingenious, single-use protective sheath that covers the Dermapen™ device during operation to prevent contamination and promote strict procedural hygiene.

As the originator of AOVN™ technology, only Dermapen™ provides the most comfortable and expedient skin needling treatment whilst facilitating the fastest procedural downtime.

Dermapen™ has won numerous awards including the Best Skin Rejuvenation Device in 2012 at the Las Vegas Aesthetic Show. More recently Dermapen™ has been nominated as a finalist for the Most Innovative Brand & Device Concept by the prestigious Cosmeeting Paris Congress. Dermapen™ innovations have been presented at the Anti-Ageing World Medicine Congress (AMWC), American Academy Of Dermatology (AAD), European Academy Of Dermatology & Venereology (EADV), World Congress of Dermatology and the Australian Society Of Aesthetic Plastic Surgery (ASAPS).

As the creators of vertical needling technology, Dermapen™ is an international leader. More surgeons, dermatologists, doctors, nurses and skin therapists use Dermapen™ than any other brand or device for vertical needling procedures .

Equipmed Australia (founded in 1976) is a global leader in medical, aesthetic and cardiology products. Equipmed's other divisions include Dermatology and Infection Control. Equipmed are the creators and owners of Dermapen™ and control its exclusive international distribution with representation in over 58 countries. Equipmed has global offices based in Sydney (Australia) and Fort Lauderdale (USA).



**DERMAPEN™  
PROFESSIONAL  
(0.0MM - 1.0MM)**



**DERMAPEN™  
MEDICAL  
(0.0MM - 2.5MM)**

# TREATMENT ORIGINS

The use of needles for therapeutic benefit may be traced back as far as the Shang Dynasty (1600-1100BCE) with the Traditional Chinese Medicine (TCM) practice of acupuncture. Unlike modern cosmetic skin needling which is designed to stimulate a wound healing response, the insertion of acupuncture needles to specific body points rebalances the flow of qi (or energy) through meridian channels. The resulting alignment is claimed to target pain, anxiety, insomnia and even addiction. Cosmetic acupuncture works similarly to stimulate the movement of qi to rebalance the facial area via increased blood flow and stimulated muscle activity.

Utilising needles purely for cosmetic application did not reach full development until 1995 when two American doctors, D.S. and Norman Orentreich, pioneered Subcision®. Subcutaneous Incisionless Surgery (Subcision®) is a minor surgical procedure where a tri-bevelled hypodermic needle was inserted into depressed scar tissue or areas of deep rhytid (wrinkle) activity. The subsequent fanning action detached the more superficial tissue from deeper tissue, pooling the targeted area with blood and triggering a wound healing response. Cumulative treatments further levelled and smoothed indented and hypertrophic tissue. Subcision® can only be performed by a cosmetic surgeon or dermatologist and requires block or infiltration anaesthetic and patient sedation.

In 1997, further developments in cosmetic needling were published by a Canadian doctor André Camirand and Jocelyn Doucet, the pioneers of Needle Dermabrasion. Around 1992, Camirand noted that facial scar tissue which had been cosmetically tattooed (to blend with and match surrounding skin tone) started to promote natural re-pigmenting, re-texturising and reduction of the original scar tissue 1-2 years after treatment. Camirand's experience theorised and later proved that the trepanation of scar tissue with a colourless tattoo gun not only reduced fibrous deposits, but actually stimulated natural melanogenesis, re-pigmenting the treated area.

Camirand's success promoted further developments in cosmetic needling with the creation of a Needling Stamp by South African doctor Des Fernandes. Unlike previous technologies, which utilised a single needle, the Needling Stamp used multiple needles (around 20) to create a faster and more concentrated treatment. Fernandes' achievements with this technique were published and delivered in 1996 and paved the way for the creation of the first skin needling roller. Unlike the stamp which only used around 20 needles, the roller incorporated 70 needles positioned on a rolling drum for a faster, treatment that provided greater ease for the treating medical practitioner. The needle length on this original roller however was 3.0mm and like Subcision®, required a medical practitioner, block or infiltration anaesthetic and patient sedation.

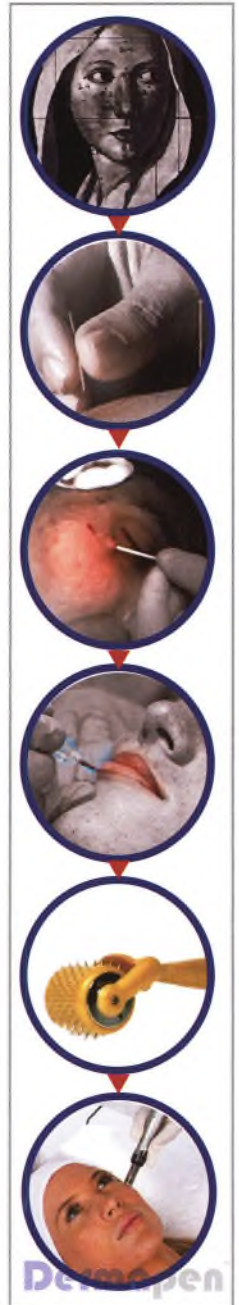
Subsequent studies by Fernandes and Matthias Aust (a German doctor) concluded that similar treatment results could be achieved on patients with needles as little as 1.0mm. These observations instantly progressed needling as a more viable treatment option for consumers by removing the potential complications, time and costs associated with intra-venous sedation and injected local anaesthetics.

Variations of Fernandes' original device have resulted in a myriad of modern roller configurations containing anything up to 600 needles varying in lengths from 0.15mm to 3.0mm.

However, the mechanical action of rollers results in an "arc-ing cut" penetration, which causes unnecessary pain and tissue destruction.

In 2010, Australian medical developer Stene Marshall revolutionised modern skin needling with the evolution and engineering of the world's first skin needling Dermapen™. With over 5 years intensive research and development on prototypes, Dermapen™ became the culmination of Marshall's ingenuity partnered with an international leader in medical device manufacture. By comparison to now out-dated skin needling technologies, Dermapen™ offers far superior design, comfort, versatility and results with fast and adaptable procedural options.

Skin needling in its many forms and variations is also referred to as PCI (Percutaneous Collagen Induction), CIT (Collagen Induction Therapy), SRT (Scar Rejuvenation Therapy) and micro needling.



# DERMAPEN™ INNOVATION



Dermapen™ offers unrivalled needling innovation with its original, exclusive and patented technology.

Only Dermapen™'s unique spring-loaded Microderm Needle Cartridge™ uses electrically charged automation to revolutionise skin needling procedures. The oscillating stamp-like pen (with AOVN™ technology) harmoniously vibrates and glides over the skin providing the most efficient control, safety and comfort possible, whilst delivering treatment in the shortest time frame. With 12 needles in each tip and a motor which is capable of 108 Hz, the Dermapen produces around 1300 micro channels per second.


Each disposable Microderm Needle Cartridge™ is individually gamma-sterilised and packaged for effortless loading and replacement into the Dermapen™ device. For the ultimate in skin compatibility, the needles are solely manufactured from surgical grade stainless steel naturally reinforced with molybdenum and chromium for increased durability, strength and performance. The needles are free of nickel and titanium and may be tolerated by even the most allergic of skins. The Microderm Needle Cartridge may be adjusted anywhere from 0.0mm - 2.5mm (depending on the device), creating procedural versatility that can actually be modified during treatment to accommodate skin thickness and area location whilst administering customised condition focus. Dermapen™'s characteristic pen size allows easy manoeuvrability around facial and body contours, including traditionally harder-to-treat areas around the lower eyes, beneath the eye brow, corners of the nose and the peri-oral contours.



The electrically charged automation powered by a high duty cycle motor (with AOVN™ technology) reduces epidermal damage, discomfort and procedural downtime. The motor offers a multiple speed option for greater control and treatment versatility. Unlike needling rollers, where the needles are inserted at a 45-90° angle (promoting increased pain and unnecessary epidermal damage), Dermapen™'s vertical vibrating mechanism dissipates nerve response and ensures that the skin is gently stamped vertically (at 90°), providing treatment consistency without compromising tissue integrity. Dermapen™'s vertical needle insertion also removes the risk of needles bending within the skin, along with uneven depth entry and control – some common problems created by other needling technologies.



# FEATURES & BENEFITS

FEATURES	BENEFITS
Advanced Oscillating Vertical Needle (AOVN™) technology 	<ul style="list-style-type: none"> <li>• Fractional skin rejuvenation</li> <li>• Increased patient comfort</li> <li>• Reduce/minimal downtime</li> <li>• Reduce epidermal damage</li> <li>• Remove needle bending risk</li> </ul>
Adjustable Needle Depth	<ul style="list-style-type: none"> <li>• Only one Microderm Needle Cartridge™ is required per treatment</li> <li>• Needle depth may be adjusted during clinical procedures for customised treatment based on area and condition</li> <li>• Versatile clinical needle options ranging from 0.0mm-2.5mm</li> </ul>
Hi-Tensile, Surgical Grade, Disposable Stainless Steel Needles	<ul style="list-style-type: none"> <li>• Sterile for patient protection</li> <li>• Minimises cross-infection</li> <li>• Low consumable cost to practitioners</li> </ul>
12 Needle, Spring-Loaded Microderm Needle Cartridge™	<ul style="list-style-type: none"> <li>• Creates around 1300 micro channels per second</li> <li>• Reduces procedural duration</li> <li>• Increases patient comfort</li> </ul>
Ergonomic Design	<ul style="list-style-type: none"> <li>• Easy to use</li> <li>• Shaped for practitioner comfort</li> <li>• Effortlessly glides over facial and body contours</li> </ul>
High Duty Cycle Motor (with AOVN™ technology)	<ul style="list-style-type: none"> <li>• Durable and reliable oscillation</li> </ul>
Multiple Speed Motor	<ul style="list-style-type: none"> <li>• Customised condition treatment options, gradual speed increments</li> <li>• Gradual speed increments</li> </ul>
Integrated Cable Design	<ul style="list-style-type: none"> <li>• Allows for easy device manoeuvrability</li> <li>• Creates power stability often lacked by battery operated devices.</li> </ul>
High Quality Finish	<ul style="list-style-type: none"> <li>• Clear speed display</li> <li>• Clear needle depth display</li> </ul>
Easy-Click System	<ul style="list-style-type: none"> <li>• The Microderm Needle Cartridge™ is easily inserted and discharged</li> </ul>
Re-usable Pen Base	<ul style="list-style-type: none"> <li>• Disposable Microderm Needle Cartridges™ reduce patient treatment costs</li> </ul>





Vertical application (with AOVN™)

Easy-click system

Adjustable needle depth

Ergonomic design

High-quality finish

Reusable pen base

12 surgical-grade stainless steel micro-needles per tip

Multiple speed motor

High-tensile spring

Integrated cable



# DERMAPEN™ TECHNOLOGY COMPARISON

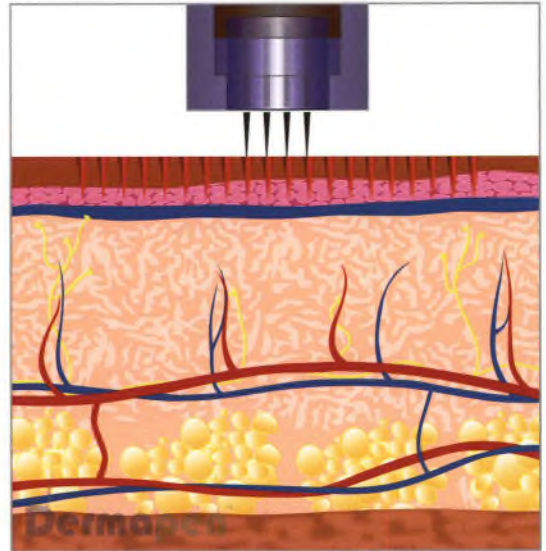
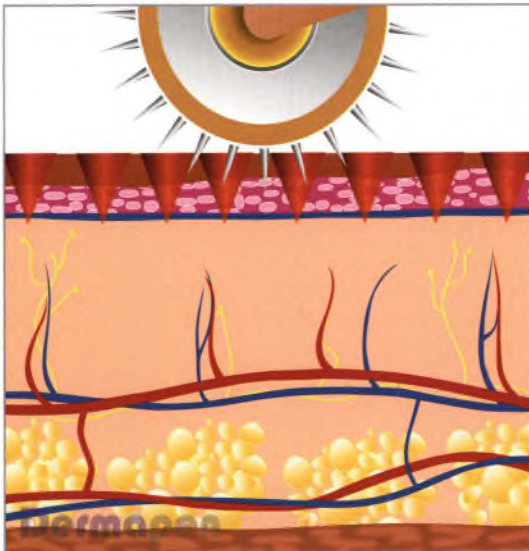
Dermapen™ offers non-thermolytic and non-ablative technology that eliminates the risk of melanocyte heat injury and abnormal fibrotic tissue formation. Dermapen™ preserves epidermal integrity, providing the most ideal balance between optimal results and minimal downtime. Unlike ablative laser resurfacing, deep chemical peels or medical dermabrasion, Dermapen™'s fractional application does not cause epidermal thinning, stimulate dermal fibrotic tissue or promote cicatricial healing. Dermapen™ not only provides an alternate and safer option to many thermal-based therapies, but its unique vertical stamping motion removes the 'paddle steamer' effect created by the angular needle insertion of rollers (often at a 45° angle). Dermapen™ may safely be used on all Fitzpatrick skin types.

OTHER METHODS	THEIR LIMITATIONS	DERMAPEN™ ADVANTAGES
Subcision®	<ul style="list-style-type: none"> <li>✗ Out-dated technology for most skin rejuvenation</li> <li>✗ Can only be performed by a cosmetic surgeon or dermatologist</li> <li>✗ Sedation required</li> <li>✗ Block or infiltration anaesthetic</li> <li>✗ 1 needle</li> <li>✗ Angled needle entry</li> <li>✗ Restricted needle depth</li> <li>✗ No oscillation</li> <li>✗ Needle bend risk</li> <li>✗ Operator dependent</li> <li>✗ Not suitable for large treatment areas</li> <li>✗ Restricted skin applications</li> <li>✗ Time consuming</li> <li>✗ Longer patient downtime and recovery</li> </ul>	<ul style="list-style-type: none"> <li>✓ The latest and most innovative form of skin needling</li> <li>✓ May be performed by a qualified Dermapen™ practitioner</li> <li>✓ No sedation required</li> <li>✓ Topical Local Anaesthetic (TLA) if required</li> <li>✓ 12 needles</li> <li>✓ Vertical needle entry</li> <li>✓ Fully adjustable needle depths</li> <li>✓ Fully adjustable oscillation speeds</li> <li>✓ No needle bend risk</li> <li>✓ Automated</li> <li>✓ Suitable for larger treatment area</li> <li>✓ Versatile skin applications</li> <li>✓ Fast treatment time</li> <li>✓ 1-2 days recovery</li> </ul>
Needle Dermabrasion/Colourless Cosmetic Tattooing	<ul style="list-style-type: none"> <li>✗ Out-dated technology</li> <li>✗ 1 needle</li> <li>✗ Uncontrolled needle depth</li> <li>✗ No oscillation</li> <li>✗ Needle bend risk</li> <li>✗ Operator dependent</li> <li>✗ Not suitable for large treatment areas</li> <li>✗ Restricted skin applications</li> <li>✗ Time consuming</li> <li>✗ Longer patient downtime and recovery</li> </ul>	<ul style="list-style-type: none"> <li>✓ The latest and most innovative form of skin needling</li> <li>✓ 12 needles</li> <li>✓ Fully adjustable needle depths</li> <li>✓ Fully adjustable oscillation speeds</li> <li>✓ No needle bend risk</li> <li>✓ Automated</li> <li>✓ Suitable for larger treatment areas</li> <li>✓ Versatile skin applications</li> <li>✓ Fast treatment time</li> <li>✓ 1-2 days recovery</li> </ul>
Needling Stamp	<ul style="list-style-type: none"> <li>✗ Out-dated technology</li> <li>✗ May require block or infiltration anaesthetic</li> <li>✗ Operator dependent</li> <li>✗ Restricted needle depth</li> <li>✗ No oscillation</li> <li>✗ Cannot target hard-to-reach areas</li> <li>✗ Restricted skin applications</li> <li>✗ Time consuming</li> <li>✗ Longer patient downtime and recovery</li> </ul>	<ul style="list-style-type: none"> <li>✓ The latest and most innovative form of skin needling</li> <li>✓ Topical Local Anaesthetic (TLA) if required</li> <li>✓ Automated</li> <li>✓ Fully adjustable needle depths</li> <li>✓ Fully adjustable oscillation speeds</li> <li>✓ Treats small or curved contours</li> <li>✓ Versatile skin applications</li> <li>✓ Fast treatment time</li> <li>✓ 1-2 days recovery</li> </ul>

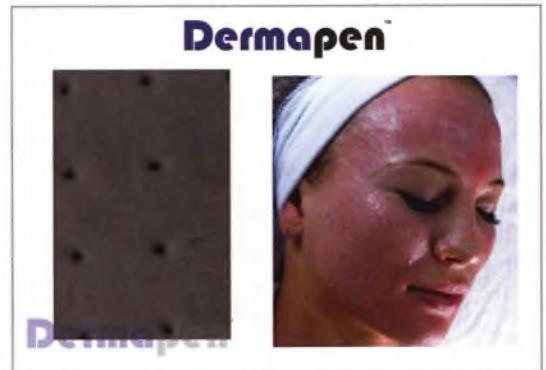
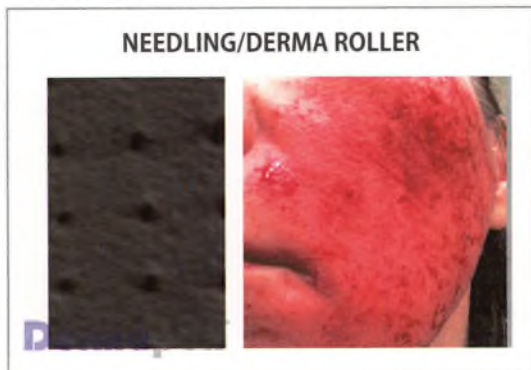
OTHER METHODS	THEIR LIMITATIONS	DERMAPEN™ ADVANTAGES
Needling/Dermal Roller	<ul style="list-style-type: none"> <li>✗ Out-dated technology</li> <li>✗ Angled needle entry</li> <li>✗ Needle bend risk</li> <li>✗ Operator dependent</li> <li>✗ Restricted needle depth</li> <li>✗ No oscillation</li> <li>✗ Cannot target hard-to-reach areas</li> <li>✗ Restricted skin applications</li> <li>✗ Longer patient downtime and recovery</li> </ul>	<ul style="list-style-type: none"> <li>✓ The latest and most innovative form of skin needling</li> <li>✓ Vertical needle entry</li> <li>✓ No needle bend risk</li> <li>✓ Automated</li> <li>✓ Fully adjustable needle depths</li> <li>✓ Fully adjustable oscillation speeds</li> <li>✓ Treats small or curved contours</li> <li>✓ Versatile skin applications</li> <li>✓ 1-2 days recovery</li> </ul>

Dermapen™ provides the most concentrated and comfortable skin needling treatment available. Almost 1300 rejuvenating puncture channels are created per second.

**DERMAPEN'S™ 1300\* MICRO CHANNELS PER SECOND PROVIDE THE MOST CONCENTRATED AND COMFORTABLE SKIN NEEDLING TREATMENT AVAILABLE.**



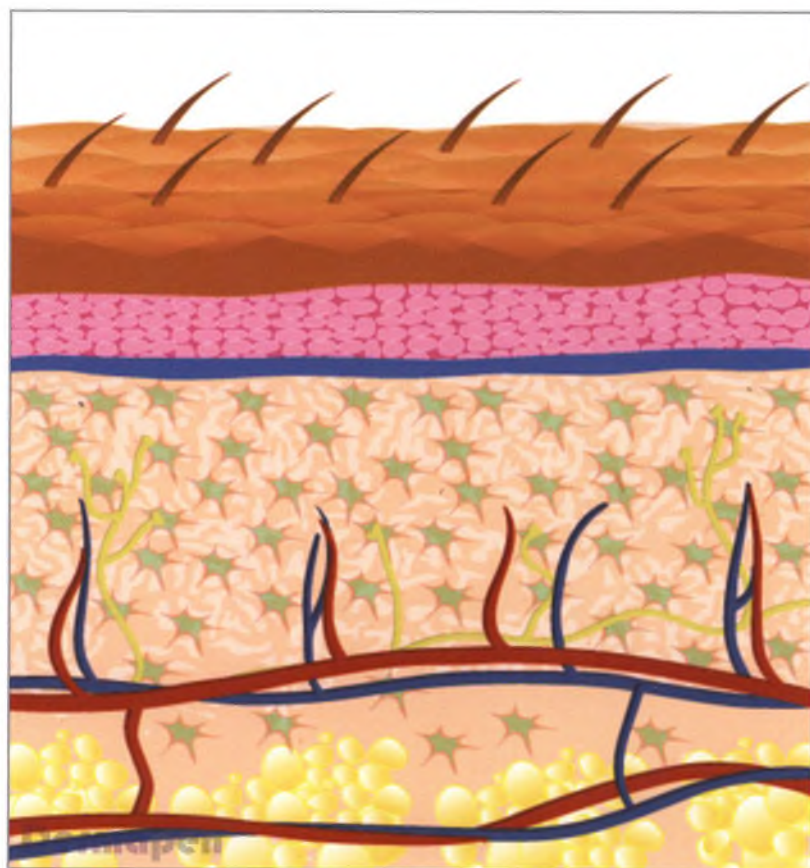
\*Recorded figure is 1296 micro channels



# SKIN HISTOLOGY/PHYSIOLOGY & DERMAPEN™

As the Dermapen™ is gently guided and glided over the skin, microscopic puncture channels are lightly stamped into the skin's matrix stimulating an inflammatory, or wound healing response. This promotes intense renewal, repair and rejuvenation. Natural growth factors are released to stimulate reformation and deposition of fresh restructuring collagen. Unlike most skin rejuvenation treatments, Dermapen™ directly targets three major cell types (keratinocytes, melanocytes and fibroblasts) and promotes scarless wound healing via a controlled wound healing response. The risk of irregular fibrotic collagen deposition is virtually removed.

**The skin is composed of three major layers each containing major cell groups: hypodermis, dermis and epidermis. Such groups are directly and indirectly targeted by a Dermapen™ clinical procedure, depending on the needle depth chosen. The epidermis and the dermis are the key skin layers to be targeted by a Dermapen™ clinical treatment.**



## DIAGRAM KEY

-  Epidermis and Hair Follicle
-  Epidermis After Treatment
-  Dermis
-  Fibroblasts
-  Subcutaneous Layer & Adipose Tissue
-  Network of Capillaries, Blood Vessels/Veins, Arteriole, Venule Throughout the Skin

SKIN LAYER	SUB LAYER	MAJOR CELL GROUP	CELLULAR HISTOLOGY
Dermis	Reticular & papillary	Fibroblasts	Collagen, elastin & glycosaminoglycan producing cells
Dermis	Reticular & papillary	Macrophage	Immune cells
Dermis	Reticular & papillary	Adipocytes	Fat Cells
Epidermis	All epidermal layers	Keratinocytes	Up to 95% of total epidermal cells. Formed in the basal layer, keratinocytes become more keratinised as they migrate. Fully keratinised keratinocytes are corneocytes
Epidermis	Basal	Melanocytes	Pigment cells
Epidermis	Corneum	Corneocytes	The outermost layer of skin cells
Epidermis	Primarily spinosum but all epidermal layers	Langerhans'	Immune cells
Epidermis	Basal	Merkel's	Touch sensory cells

Other cell groups, nerve endings and physiological processes that may be targeted by Dermapen™ clinical procedure include:

SKIN LAYER	SUB LAYER	CELL/FUNCTION	HISTOLOGY/PHYSIOLOGY
Dermis	Reticular	Pacinian Corpuscles	Pressure and vibration receptors
Dermis	Papillary	Meissener's Corpuscles	Soft touch receptors
Dermis	Reticular & papillary	Adipocytes	Fat cells
Dermis	Papillary	Free nerve endings	Pain, temperature and itch receptors
Epidermis	Spinosum	Melansome transfer	Melanin filled melanosomes are transferred from melanocytes to keratinocytes.
Epidermis	Corneum	Natural Moisture Factor (NMF)	NMF is composed of free amino acids, inorganic salts & sugars, hyaluronic acid, glycerin, pyroglutamic acids, lactic acid, urea, urocanic acid
Epidermis	Corneum	Sebum	Sebum is composed of triglycerides, wax esters, squalene, cholesterol esters and cholesterol

The thickness of the epidermis is typically 0.05mm to 1.5mm, whilst the dermis is 0.3-3.0mm, depending on the location on the body. Superficial needle depths target epidermal tissue, whereas deeper depths will directly target the dermis. As capillaries are located in the dermis and hypodermis, the creation of pin point bleeding during treatment is a sign of successful dermal penetration. The capillaries contained in the dermis are smaller but more frequent than the larger vessels found in the hypodermis.

Dermapen™'s adjustable needle depth allows for targeted treatment of specific skin layers, cells and processes based on individual patient skin concerns.

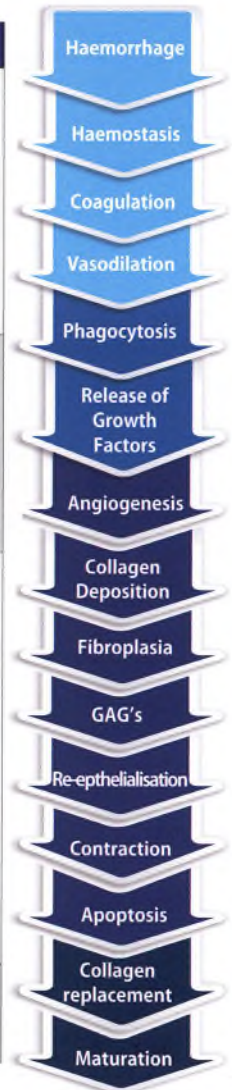
# THE INFLAMMATORY/ WOUND HEALING RESPONSE & DERMAPEN™

The Inflammatory Response is defined by five distinct features:

- Dolor (pain)
- Rubor (erythema)
- Functio Laesa (loss of function)
- Calor (heat)
- Tumour (oedema)

and is the skin's initial response to superficial or acute micro trauma. Superficial treatment of the epidermis during a Dermapen™ procedure will stimulate an inflammatory response, as opposed to a wound healing response. Depending on the condition being treated, this may enable closer treatment intervals.

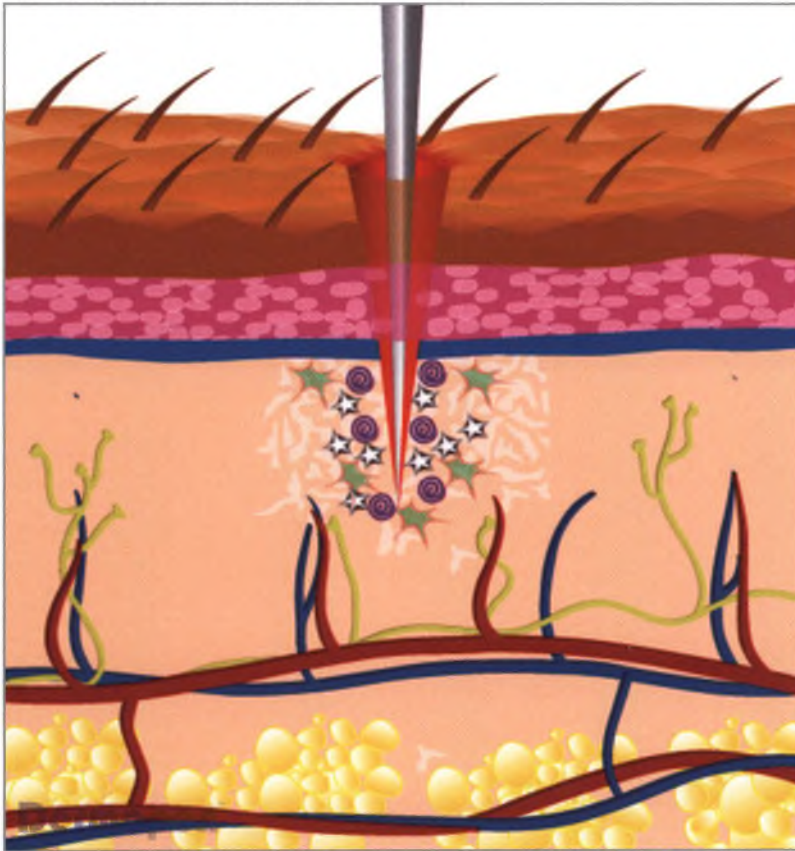
CATEGORY	TIME	BIOLOGICAL PROCESS
Haemorrhage/ Haemostasis	1-10 mins	<ul style="list-style-type: none"> <li>• Nutrient rich blood surges to the treatment site.</li> <li>• Inflammatory factors (including adrenaline, noradrenaline, prostaglandins and serotonin) are released.</li> <li>• Thrombocytes release glycoproteins and combine with fibrin and fibronectin, creating coagulation.</li> <li>• Vessel permeability becomes enabled (via histamine and bradykinin release), enabling anti-inflammatory leucocytes and plasma to exit the vessel with ease.</li> </ul>
Inflammation	1-10 days	<ul style="list-style-type: none"> <li>• Neutrophils and macrophages migration is activated via rolling; adhesion; emigration and chemotaxis.</li> <li>• Phagocytosis is enabled.</li> <li>• Macrophage derived growth factors, (including transforming growth factors and interleukins) are released.</li> <li>• Lymphocytes become stimulated and release further interleukins and growth factors, (including epidermal growth factor and fibroblast growth factor).</li> </ul>
Proliferation	2-21 days	<ul style="list-style-type: none"> <li>• Vascular endothelial growth factors promote angiogenesis.</li> <li>• A new extra cellular matrix is cultivated via fibroblast release of collagen and fibronectin. Fibroblasts continue to proliferate and glycosaminoglycans are released.</li> <li>• Granulation tissue configures via angiogenesis and the newly cultivated extra cellular matrix.</li> <li>• Concurrently, macrophage differentiation occurs, stimulating further wound healing, including phagocytosis and connective tissue regeneration.</li> <li>• Simultaneously, epithelial cells proliferate, providing epidermal coverage, repair and protection.</li> <li>• Myofibroblasts contract the wound, reducing the wound area.</li> <li>• Apoptosis removes cells, which are no longer required.</li> </ul>
Maturation	20 days to 24 months	<ul style="list-style-type: none"> <li>• Type III collagen is replaced by Type I collagen.</li> <li>• Collagenase regulates and balances collagen production</li> </ul>












The Wound Healing Response is the biological repair action that cascades within the skin after chronic or deeper micro trauma. Whilst the process is commonly categorised into three distinct functions: **Inflammation, Proliferation and Maturation**, the potential creation of pinpoint bleeding during a Dermapen™ procedure creates the addition of Haemorrhage/Haemostasis as a processional starting point. Dermapen's™ non-thermolytic and non-ablative technology ensures controlled wound healing stimulated fibroblast division and the deposition of tightly woven collagen fibres.

Please refer to the glossary page no 83

**WOUND HEALING RESPONSE**



**DIAGRAM KEY**

-  Epidermis and Hair Follicle
-  Epidermis Before Treatment
-  Epidermis After Treatment
-  Dermis
-  Complete Re-epithelialisation - Dermis Strengthened with a Rich Collagen & Elastin Fiber Network
-  Injury Haemorrhage
-  Inflammatory Cells
-  Inflammation Response Release of Growth Factors
-  Fibroblasts
-  Subcutaneous Layer & Adipose Tissue
-  Network of Capillaries, Blood Vessels/Veins, Arteriole, Venule Throughout the Skin

Dermapen™'s controlled effect on the wound healing response enables treatment on all Fitzpatrick skin types and can be effective on skins prone to fibrotic tissue production. Trauma created via the destruction of the epidermis with ablative technologies, dermabrasion, or deep chemical peels can often result in thinning of the epidermis, a loss of dermal papillae and damage to melanocytes (creating post-inflammatory hyperpigmentation). Abnormal healing may further be aggressed via the thermolytic action activated by ablative and non-ablative laser and intense pulsed light (IPL). Complications include cicatricial healing, the inactivation of certain growth factors due to coagulation and the release of pro-fibrotic growth factors (including transforming growth Factor  $\beta 1/\beta 2$ ), vascular endothelial growth factor (VEGF), lymphotoxin  $\beta$  and heat shock protein 47.

Overstimulation of fibroblasts via heat and inflammation can create an overproduction of scar-type connective tissue. Type III Collagen produced via the wound healing response matures and is replaced by Type I Collagen at an inconsistently faster rate. If phagotised particles are insufficiently digested and destroyed during the inflammatory process, granulomatous inflammation may develop where granulomas can form creating further fibrotic tissue. The results of Dermapen™ regulate and balance this process ensuring seamless, scarless healing with virtually no risk of post-inflammatory hyperpigmentation.

# DERMAPEN™ PRODUCT PROFILES

## Dermapen™ Professional



## Dermapen™ Medical



DERMAPEN™ PROFESSIONAL & DERMAPEN™ MEDICAL	
Function	Automated micro-needling therapy system for clinical use
Device manufacturing materials	Solid cast aluminium casing
Device dimensions	20mmx20mmx140mm handpiece
Device weight	82gm
Total weight	120gm
Input power	5v = 1000ma, 12va
Adapter	ac100~240v, 50-60hz
Number of needles	12
Needle manufacturing material	SUS 304 surgical grade stainless steel
Needle sterilisation method	Gamma-sterilised
Needle depth	0.0mm - 1.0mm ( <b>Dermapen™ Professional</b> ) 0.0mm - 2.5mm ( <b>Dermapen™ Medical</b> )
Needle gauge	33 (diameter 0.296mm)
Oscillation speed	108 revolutions per second
Anaesthesia	Optional for treatments below 1.0mm Recommended for treatments above 1.0mm
Treatment frequency	Every 2-8 weeks depending on the condition being treated.
Manufacturing country of Origin	Korea
Design & assemblage country of origin	Australia



# DERMAPEN™ CLINICAL TREATMENT INDICATIONS

Dermapen™ provides effective management for most skin conditions, allowing simultaneous treatment of multiple concerns (via adjustable needle depth and oscillation speed). Dermapen™ clinical devices are all suitable for face, body and head applications.

## CONDITIONS EFFECTIVELY TREATED AND MANAGED BY A DERMAPEN™ CLINICAL PROCEDURE INCLUDE:

- Collagen Induction Therapy
- Skin Rejuvenation
- Ageing/Rhytids
- Ultra Violet Damage
- Hyperpigmentation
- Hypopigmentation
- Vitiligo
- Rosacea
- Telangiectasia
- Sebhorrhoea
- Problematic/ Breakouts/Acne
- Enlarged/Dilated Pores
- Milia
- Keratosis Pilaris
- Scarring
- Striae
- Alopecia

Results may be seen after just one procedure. A condition specific and tailored treatment plan should be designed and prescribed during patient consultation. Patient treatment programmes are influenced by:

- The conditions being treated
- The location of the condition
- How long the condition has been active
- What combination therapies (if any) are to be utilised

Each skin response is unique. A professional consultation will establish:

- Clinical treatment intervals
- What needle depths are to be used
- How many treatments in total may be required

A Dermapen™ Clinical Treatment Consultation & Consent Form should be completed by the patient prior to consultation. These may be downloaded from [www.dermapenworld.com](http://www.dermapenworld.com).

DP Dermaceuticals™ are specifically designed to provide pre and post-operative skin preparation and recovery, whilst offering daily homecare skin maintenance that supports clinical treatments.

By cascading the skin's natural healing response, a Dermapen™ clinical procedure delivers increased cellular proliferation and regeneration, whilst stimulating angiogenesis, increasing collagen and glycosaminoglycan production and regulating melanogenesis. The skin becomes cumulatively re-texturised, rejuvenated and restructured, minimising the appearance of ageing, uneven skin tone, uneven texture, imperfections and areas of indentation. Results may be seen even after one treatment.



# TREATMENT RECOVERY & POST-OPERATIVE CARE

Dermapen™'s vertical needle insertion and adjustable needle depth ensures the fastest recovery period of any skin needling modality. Active results may be achieved whilst simultaneously promoting effective skin correction.

After a Dermapen™ Professional or Medical procedure, erythema similar to the appearance and sensation of mild sunburn is an indication of successful treatment. Dermapen™'s unique application ensures that there are no signs of bruising, grazing, track marks, scabbing or laceration to the treated area. The 33 gauge needle puncture channels created during a Dermapen™ clinical treatment typically constrict within 7-15 minutes. Petechiae may appear on areas of thin or more delicate skin especially around the peri-orbital area. Pinpoint bleeding can be expected and is very minimal in most cases. Patients on anti-coagulant medications or supplements will be more prone to pinpoint bleeding and petechiae. Whilst bleeding is haemorrhaged within minutes during treatment, petechiae may last for 2-3 days before eventually dissolving.

Some patients may experience minor itching or swelling on the treated areas following a Dermapen™ clinical procedure. This may occur from accelerated cellular desquamation, or in very rare cases may be a minor skin reaction to certain Topical Local Anaesthetic actives.

## THE TYPICAL RECOVERY TIMELINE POST-TREATMENT IS DEFINED BY:

TIME	INDICATION
Up to 24 hours	<ul style="list-style-type: none"> <li>Erythema, petechiae, minor oedema</li> </ul>
1-2 days	<ul style="list-style-type: none"> <li>Mild erythema, petechiae, reduced oedema, minor itching, dry/tight sensation</li> </ul>
2-3 days	<ul style="list-style-type: none"> <li>Reduced erythema, fading of petechiae, dissipated oedema, reduced itching, minor skin flaking</li> </ul>
3-4 days	<ul style="list-style-type: none"> <li>Potential slight dryness</li> </ul>
4-5 days	<ul style="list-style-type: none"> <li>Full recovery with normalised function</li> </ul>



Treating hard to reach areas



Mild erythema, slight pin-point bleeding



Cover Recover™ applied to 1/2 face

Patients should allow 45 - 90 minutes for their Dermapen™ Clinical Procedure appointment. This includes a full consultation, skin assessment, application of topical local anaesthetic, Dermapen™ procedure and post-procedure care, including the application of DP Dermaceuticals Hyla Active 3D Sculptured Mask™. Patients may resume work or normal activities almost immediately post-treatment. Cover Recover™ may be applied following post-operative procedures to conceal any erythema and to deliver an anti-bacterial, anti-inflammatory and cooling effect, enhanced with a broad-spectrum SPF30.

### **PATIENTS ARE ADVISED TO AVOID THE FOLLOWING ACTIVITIES AND PRACTICES FOR AT LEAST 2 DAYS POST-PROCEDURE:**

- Direct ultra violet exposure (sun and solariums)
- Intensive cardio, exercise or gymnasium regimens
- Further clinical treatments (including, but not limited to): microdermabrasion, laser, intense pulsed light, chemical peels, muscle relaxant injections and dermal fillers)
- Tattooing (including cosmetic tattooing)
- Applying high dosages of active topical skin care ingredients (including, but not limited to): retinoids, hydroquinone, alpha-hydroxy-acids, beta-hydroxy-acids, benzoyl peroxide, alcohol (ethanol/isopropyl), chemical based sunscreens.
- Excessively hot showers, bathing, spas or sauna
- Spray or self-tanning
- Swimming in chlorinated pools or the ocean

See full listing of treatment considerations found on page 41-43.

Patients prone to herpes simplex (cold sores), are recommended to take or apply a targeted prophylaxis such as acyclovir to prevent a possible outbreaks prior to treatment.

For Fitzpatrick IV-VI or skins prone to post-inflammatory hyperpigmentation, it is recommended to use DP Dermaceuticals Brite Lite™ as a twice daily prep for at least 2 weeks prior to a Dermapen™ Clinical Procedure as a protective tyrosinase inhibitor.

Dermapen™ Clinical procedure results may be enhanced with red Light Emitting Diode (LED) or low intensity laser therapy (LILT)/ cold laser therapies, administered immediately post-operatively. Medical practitioners may also infuse specific topical actives to further treat chronic conditions. Such medications/infusions may include Platelet Rich Plasma (PRP), Tretinoin, Fluorouracil (5-Fu), Steroids, Minoxidil or chemical resurfacing agents (such as trichloroacetic acid/TCA).

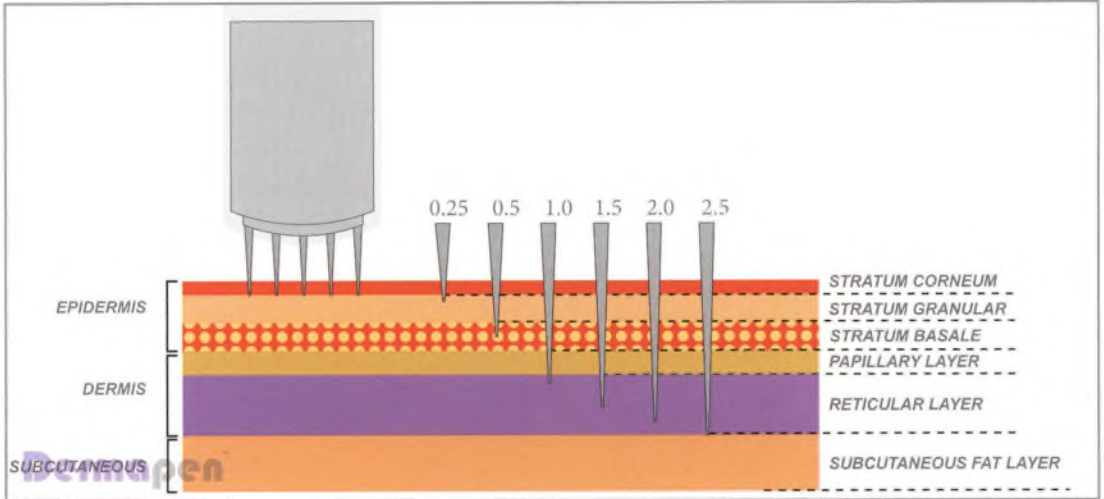
During the recovery period, patients are recommended to use a mild, soap-free, pH balanced cleanser that will not strip, irritate or leave a heavy residue on the skin. DP Dermaceuticals Micro Derm Exfoliant™ may be diluted with water to gently cleanse the skin daily. Use of non-active, non-occlusive and non-comedogenic nourishing and protective serums and moisturisers is recommended to be applied as often as necessary to reduce inflammation, restore skin comfort and accelerate the healing process. DP Dermaceuticals™ Hyla Active™, Antioxidant Cocktail™ and Vitamin Rich Repair™ are especially designed to support and enhance post-operative skin function. A gentle broad-spectrum sunscreen should be worn and re-applied as required daily. Cover Recover™ is a broad-spectrum SPF 30 that creates a breathable network over the complexion to conceal and perfect.

Cover Recover™ may be used daily in place of foundation for a seamless and invisible coverage that is non-comedogenic, non-acnegenic and hypo-allergenic. A full selection of skin-true shades are available for a flawless colour match.

CLEANSE	TREAT AM	TREAT PM	TREAT +
Micro Derm Exfoliant™	Antioxidant Cocktail™+ Vitamin Rich Repair™+ Cover Recover™	Hyla Active™+ Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™ (as required)

A comprehensive DP Dermaceuticals™ product profile, condition prescription and method of use may be found on page 65-77.

# SKIN INDICATIONS & TREATMENT DEPTHS



DIAGRAMATIC REPRESENTATION OF DERMAPEN MEDICAL NEEDLE DEPTH INTO THE SKIN (NOT TO SCALE)

TRADITIONAL TOPICAL COSMECEUTICAL APPLICATION

VS

DERMAPEN TREATMENTS WITH DERMACEUTICAL APPLICATION

Phase 1: Application



Traditional topical ingredient application only targets the surface of the skin.

EPIDERMIS  
DERMIS



Dermapen's fractional vertical insertion creates micro channels, which then close within moments, allowing a safe delivery of topical ingredient application.

Phase 2: Penetration & Repair



Less than 0.3% effective results at penetrating and repairing damaged cells. Deep in the dermis.

EPIDERMIS  
DERMIS



Safe delivery of topical ingredient application combined with the release of growth factors, proliferation of fibroblast, collagen and elastin synthesis from the Dermapen treatment, allow accelerated regeneration of cell membrane and healthy DNA over time.

# COLLAGEN INDUCTION THERAPY/SKIN REJUVENATION

Before treatment



After 3 treatments



Photos courtesy of Dermapen World

**Indication:** a decrease and breakdown of collagen production.

**Observations:** skin atrophy, rhytids, uneven texture, elastosis.

## Aetiology:

GENETIC	INTRINSIC	EXTRINSIC
Chronological ageing	Glycation	Ultra violet exposure
	Oxidation	Smoking
	Medication	Environment/pollution

**Rx:** Vitamin C, Vitamin A, hyaluronic acid, antioxidants, copper peptides, alpha-hydroxy-acids, sunscreen.

## DP Dermaceuticals Pre/Post -Op & Maintenance:

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Hyla Active™	Hyla Active 3D Sculptured Mask™

**Tx Course Guide:** 4-6 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Results:** Fibroblast stimulation results in increased collagen production creating a visibly firmer, re-contoured and rejuvenated skin.

## Tx Procedure Guide:

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25-0.5mm	0.5mm	4
Chin & Jawline	0.25-0.5mm	0.5mm	4
Cheeks	0.5-0.75mm	0.75-1.0mm	4
Peri-orbital	0.25mm	0.5mm	4
Nose	0.25mm	0.5mm	4
Peri-oral	0.25mm	0.25mm	4
Body	1.0-1.25mm	1.25-1.5mm	4

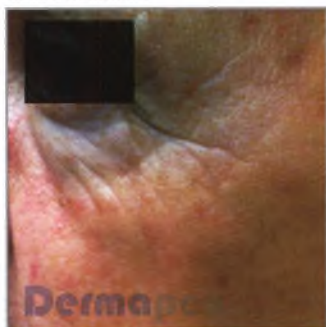


## DOCTOR'S TIPS:

Dermapen™ Tips: Collagen production is the most abundant protein found in the human body. Production is claimed to decrease at a rate of 1.7% a year from the mid-20s.

# AGEING/RHYTIDS (WRINKLES)/ ULTRA VIOLET DAMAGE

Before treatment



2 months after 1 treatment



Photos courtesy of Beyond Dermal Beauty

**Indication:** the chronological ageing and breakdown of the skin's processes.

**Observations:** (Glogau Classification System):

GROUP	CLASSIFICATION	AGE	DESCRIPTION	CHARACTERISTICS
I	Mild	28-35	No rhytids	Early ultra violet damage: mild pigment changes, no keratoses, minimal rhytids.
II	Moderate	35-50	Mimic rhytids	Early to Moderate ultra violet damage: early lentiginos visible, keratoses palpable but not visible, parallel smile lines begin to appear.
III	Advanced	50-65	Static rhytids	Advanced ultra violet damage: obvious discolourations, visible telangiectasias, visible keratoses.
IV	Severe	60-75	Mimic and static rhytids	Severe ultra violet damage: yellow-grey skin tone, rhytids throughout, abnormal function.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Chronological ageing	Glycation	Ultra violet exposure
	Oxidation	Smoking
	Medication	Environment/pollution

**Rx:** Vitamin C, retinoids, alpha-hydroxy-acids, hyaluronic acid, tyrosinase inhibitors, peptides, antioxidants, sunscreen.

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™

Before treatment

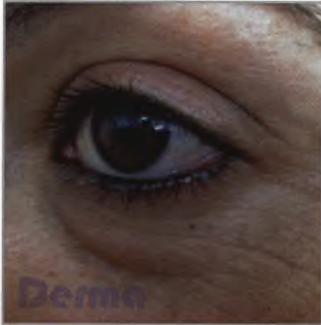


After 4 treatments

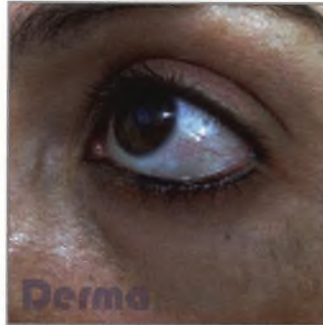


Photos courtesy of Equipmed, Australia

Before treatment



After 6 treatments



Photos courtesy of Dr. Hasan El-Fakhany

**Tx Course Guide:** 4-6 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Results:** Fibroblast stimulation results in increased collagen production, whilst melanogenesis becomes rebalanced. The skin is visibly plumper and more even in tone.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25-0.5mm	0.5mm	4
Chin & Jawline	0.25-0.5mm	0.5mm	4
Cheeks	0.5-0.75mm	0.75-1.0mm	4
Peri-orbital	0.25mm	0.5mm	4
Nose	0.25mm	0.5mm	4
Peri-oral	0.25mm	0.25mm	4
Body	1.0-1.25mm	1.25-1.5mm	4



**DOCTOR'S TIPS:**

Ultra violet exposure is the number one cause of extrinsic ageing. Glycation is the number one cause of intrinsic collagen degradation. Both triggers may be successfully managed via daily application and reapplication of a broadspectrum sunscreen and consuming foods containing a low glycaemic index. The post-operative topical infusion of hyaluronic acid, Platelet Rich Plasma (PRP), stem cells, retinoids or Trichloroacetic Acid (TCA) may enhance treatment results when performed by a medical practitioner."

# HYPERPIGMENTATION

Before treatment

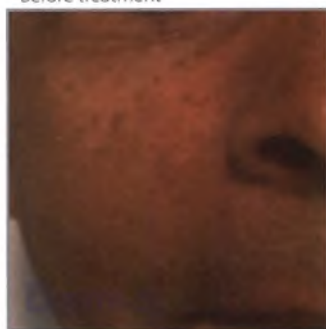


After 6 treatments



Photos courtesy of Dermapen World

Before treatment



After 2 treatments



Photos courtesy of Dr. Rosane Hohlenweger

**Indication:** the hyper production of facultative melanin.

**Observations:** uneven skin tone, lentigines, ephelides, hyperpigmentation, melasma.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Constitutive pigmentation	Melasma/chloasma	Facultative pigmentation/tanning
Ephelide		Ultra violet exposure
		Post-inflammatory hyperpigmentation

**Rx:** Tyrosinase inhibitors, melanosome transfer inhibitors, niacinamide, vitamin C, kojic acid, azelaic acid, sunscreen.

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™



**Tx Course Guide:** 4-6 treatments at 2-4 week intervals. Follow-up refresher treatments as required.

**Results:** Melanogenesis rebalancing and regulation creates a more even and uniform skin tone.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25mm	0.5mm	4
Chin & Jawline	0.25mm	0.5mm	4
Cheeks	0.25-0.5mm	0.75mm	4
Peri-orbital	0.25mm	0.25mm	4
Nose	0.25mm	0.25mm	4
Peri-oral	0.25mm	0.25mm	4
Body	0.5mm	0.75-1.0mm	4



**DOCTOR'S  
TIPS:**

Melanocytes are located in the Basale layer, the base layer of the epidermis. Melanosome transfer to keratinocytes occurs in the Spinosum layer. Clinical Dermapen™ treatments should stimulate a more superficial inflammatory response to achieve regulation and correction. The post-operative topical infusion of Platelet Rich Plasma (PRP), stem cells or retinoids may enhance treatment results when performed by a medical practitioner.

## HYPOPIGMENTATION/VITILIGO

Before treatment



After 2 treatments



After treatments



Photos courtesy of Dr. Hasan El-Fakahany

Before treatment



After 2 weeks



After 3 treatments



Photos courtesy of Dr. Hasan El-Fakahany

Before treatment



After treatment



Photos courtesy of Dr. Hasan El-Fakahany

**Indication:** Hypopigmentation resulting from the decrease or destruction of melanocytes, melanin or tyrosine.

**Observations:** hypopigmentation, vitiligo

FORM	OBSERVATIONS
Generalised/Vitiligo Vulgaris	Depigmentation occurring on less than 50% on the body.
Segmental Vitiligo	Depigmentation on one side of the body only
Universal Vitiligo	Depigmentation occurring on more than 50% on the body
Acral/Acrofacial Vitiligo	A subcategory of Vitiligo Vulgaris, primarily affecting the face, peri-orbital, per-oral, fingertips, toes and ano-genital areas.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Vitiligo	Vitiligo	Localised trauma, infection, blister or burns
		Ultra violet exposure
		Chemical leukoderma
		Vitiligo

**Rx:** Retinoids, antioxidants, fluorouracil (5-Fu).

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Hyla Active™	Hyla Active 3D Sculptured Mask™ (facial area only)

**Tx Course Guide:** 2-6 treatments at 2-4 week intervals. Follow-up refresher treatments as required.

**Results:** Migration and repigmentation via perifollicular, marginal or diffuse melanocyte stimulation.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Face	0.25mm-0.5mm	0.5mm-1.0mm	4
Body	0.5mm-1.0mm	1.0mm-1.5mm	4



**DOCTOR'S TIPS:**

Treatment for Vitiligo is most successful on Acral Vitiligo that has been stabilised for at least 6 months. Perifollicular migration utilises deeper needle depths to stimulate Melanin Stem Cells (MSC) located in the follicle Niche. Marginal and Diffuse migration requires more superficial needle depths to stimulate melanocytes existing in surrounding borders and patches. The pathogenesis of Vitiligo remains unknown; however a combination of auto-immune, genetic, viral, neural and oxidative stress are hypothesised as potential triggers. The post-operative, topical infusion of Fluorouracil (5-Fu) can stimulate melanin production when performed by a medical practitioner.

## ROSACEA/TELANGIECTASIA

Before treatment



After treatment



Photos courtesy of Dermapen World

Before treatment



After treatment



Photos courtesy of Beyond Dermal Beauty

Before treatment



After treatment



Photos courtesy of Equipmed, Australia

**Indication:** persistent facial erythema and visible capillaries especially on the nose and cheek areas.

**Observations:**

FORM	CLASSIFICATION	CHARACTERISTICS	TX SUITABILITY
Telangiectasia	Mild – moderate	Visible capillaries	Yes
Erythematotelangiectatic	Mild – moderate	Flushing, erythema, sensitivity	Yes
Papulopustular	Moderate - severe	Flushing, erythema, papules, pustules	Not during active breakouts.
Phymatous	Severe	Rhinophyma, chin / cheeks / forehead skin thickening.	Only on stabilised conditions

**Rosacea Hypothesised Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Auto-immune deficiency	Intestinal bacteria	Dermodex mites
		Cathelicidins

**Rx:** Anti-inflammatories, hyaluronic acid, peptides, antioxidants, sunscreen.

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant (once weekly, diluted with water)	Antioxidant Cocktail™	Vitamin Rich Repair™	Hyla Active™	Hyla Active 3D Sculptured Mask™ (facial area only)

**Tx Course Guide:** 4-6 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25-0.5mm	0.5mm	2-3
Chin & Jawline	0.25-0.5mm	0.5mm	2-3
Cheeks	0.5-0.75mm	0.75-1.0mm	2-3
Peri-orbital	0.25mm	0.5mm	2-3
Nose	0.25mm	0.5mm	2-3
Peri-oral	0.25mm	0.25mm	2-3
Body	1.0-1.25mm	1.25-1.5mm	2-3



**DOCTOR'S  
TIPS:**

True Rosacea always manifests on the nasal area then develops bi-laterally across the cheeks and then forehead and chin. Pellagra is a systemic vitamin B deficiency that can create rosacea-like symptoms that occur on the body rather than the face. Telangiectasia are not capillaries that have broken, the vessel wall has stretched and become compromised creating stagnant blood flow. The post-operative topical infusion of hyaluronic acid, Platelet Rich Plasma (PRP) or stem cells may enhance treatment results when performed by a medical practitioner.

## SEBORRHOEIC/PROBLEMATIC/ BREAKOUTS/ACNE

Before treatment



After 3 treatments



Photos courtesy of Dr. Hasan El-Fakahany

Before treatment



After 2 treatments



Photos courtesy of Dr. Hasan El-Fakahany

**Indication:** The eruption of inflamed impurities, congestion and infection.

**Observations:** Papules, pustules, acne vulgaris, comedones, blackheads.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Elevated 5-alpha reductase levels	Androgen hormonal imbalances, increase of dihydrotestosterone (DHT/5 testosterone) production	Retention hyperkeratosis, reduced desquamation, elevated propionibacterium (P. Acnes) levels

**Rx:** Anti-bacterials, anti-inflammatories, salicylic acid, mandelic acid, retinoids.

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Hyla Active™	Hyla Active™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™

**Tx Course Guide:** 4 treatments at 2-4 week intervals. Follow-up refresher treatments as required.

**Results:** Cellular turnover is increased to reduce retention hyperkeratosis, sebum production becomes re-balanced and increased Natural Moisture Factor (NMF) agents promote regulated Desquamation.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25mm	0.5mm	3
Chin & Jawline	0.25mm	0.5mm	3
Cheeks	0.5mm	0.75-1.0mm	3
Peri-orbital	0.25mm	0.75mm	3
Nose	0.25mm	0.25mm	3
Peri-oral	0.25mm	0.25mm	3
Body	0.5mm-0.75mm	0.75-1.0mm	3



**DOCTOR'S  
TIPS:**

Dermapen™ Clinical Treatments are not suitable for the treatment of Stage III-IV Acne Vulgaris. Stripping or drying the skin to remove excess sebum deactivates Chymotryptic (SCCE) enzymes contained in the Stratum Corneum. These enzymes are activated via hydration to desquamate and slough off corneocytes. The post-operative topical infusion of chemical resurfacing agents, retinoids or Trichloroacetic Acid (TCA) may enhance treatment results when performed by a medical practitioner.

# ENLARGED/DILATED PORES



**Indication:** The dilation of the pores diameter due to seborrhoea or comedones.

**Observations:** Enlarged, prominent pores, particularly on the nasal, cheek, forehead and chin areas.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Seborrhoea	Androgen hormonal imbalances	Stripping/over treating to control sebum secretions

**Rx:** Salicylic acid, mandelic acid, retinoids.

**DP Dermaceuticals Pre / Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Hyla Active™	Hyla Active™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™

**Tx Course Guide:** 6-8 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Results:** Pores become cumulatively tighter and visually smaller.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25-0.5mm	0.5mm	4
Chin & Jawline	0.25-0.5mm	0.5mm	4
Cheeks	0.5-0.75mm	0.75-1.0mm	4
Peri-orbital	0.25mm	0.5mm	4
Nose	0.25mm	0.25mm	4
Peri-oral	0.25mm	0.25mm	4
Body	1.0-1.25mm	1.25-1.5mm	4



Pores do not contain muscles and cannot 'open' or 'close'. Dermapen™ Clinical Treatments re-model stretched tissue and promote fresh collagen formation to tighten and refine dilated pores. The post-operative topical infusion of hyaluronic acid, Platelet Rich Plasma (PRP), stem cells, retinoids or Trichloroacetic Acid (TCA) may enhance treatment results when performed by a medical practitioner.



# MILIA/KERATOSIS PILARIS

Before treatment



After 2 treatments



Photos courtesy of Dr. Hasan El-Falahany

**Indication:** Milium are small raised keratin filled cysts that sit under the epidermal surface. Keratosis Pilaris is the production of excess keratin that becomes embedded in the follicle.

**Observations:** Milium present a small white to yellow lumps that appear especially around the peri-oral and cheek areas. Keratosis Pilaris presents as small white bumps (sometimes accompanied with erythema) especially on the arms and sometimes legs.

**Aetiology:**

GENETIC	EXTRINSIC
Keratosis Pilaris gene	Superficial congestion, desquamation malfunction. Dry skin, atopic dermatitis.

Rx: Alpha-hydroxy-acids, salicylic acid, mandelic acid, retinoids.

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Vitamin Rich Repair™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™ (face only)

**Tx Course Guide:** 2-4 treatments at 2-4 week intervals. Follow-up refresher treatments as required.

**Results:** Accelerated cellular turnover promotes the purging of keratin deposits.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Forehead	0.25mm	0.5mm	4
Chin & Jawline	0.25mm	0.5mm	4
Cheeks	0.25mm	0.75	4
Peri-orbital	0.25mm	0.5mm	4
Nose	0.25mm	0.5mm	4
Peri-oral	0.25mm	0.25mm	4
Arms/Legs	0.5mm-0.75mm	1.0mm	4



**DOCTOR'S TIPS:**

Milia are harmless and, unlike comedones, which form in the pore, accumulate in pockets of the stratum corneum layer. Keratosis Pilaris is also harmless, but as keratin deposits form within the follicle, a deeper needle depth is required. The post-operative topical infusion of chemical resurfacing agents, retinoids or Trichloroacetic Acid (TCA) may enhance treatment results when performed by a medical practitioner.

# SCARRING

Before treatment



After 3 treatments



Photos courtesy of Dr. Hasan El-Fakany

Before treatment



Photos courtesy of Professor Tony Chu

Before treatment



After 3 treatments



Photos courtesy of Dr. Hasan El-Fakany

After treatment



Photos courtesy of Professor Tony Chu

**Indication:** hypertrophic or depressed fibrous tissue created by abnormal wound healing

**Observations:**

SCAR TYPE	DEPTH	INDICATION	FEATURES	IMAGE
Rolling	Superficial – very superficial	Depressed	Wave-like undulations	
Hypertrophic	Raised	Raised	Does not extend beyond the original wound	
Boxcar	Deep	Depressed	Round Pitting	
Rolling	Deep	Depressed	Narrow Pitting	
Keloid	Raised	Raised	Extends beyond the original wound	
Burn scar contracture	Variable	Depressed and raised	Tightening of skin tissue post 2nd or 3rd degree burns	

Before treatment



After 3 treatments



Photos courtesy of Dr. Hasan El-Fakany

Before treatment



After treatment



Photos courtesy of Dr. Hasan El-Fakany

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Keloid		Skin trauma
		Abnormal healing

**Rx:** Retinoids, vitamin C, tyrosinase inhibitors (if PIHP has occurred)

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT
Micro Derm Exfoliant™	Vitamin Rich Repair™	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™ (facial area only)

**Tx Course Guide:** 6-8 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Results:** Skin texture becomes cumulatively more even, smoother and clarified.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Scar tissue	1.0mm	1.25mm-2.0mm	4



**DOCTOR'S TIPS:**

Keloid scarring must be treated with extreme caution and care. It is recommended that only experienced practitioners work with this form of scarring. The post-operative topical infusion of hyaluronic acid, Platelet Rich Plasma (PRP), stem cells, retinoids, Trichloroacetic Acid (TCA) or steroids may enhance treatment results when performed by a medical practitioner.

## STRIAE (STRETCH MARKS)

Before treatment

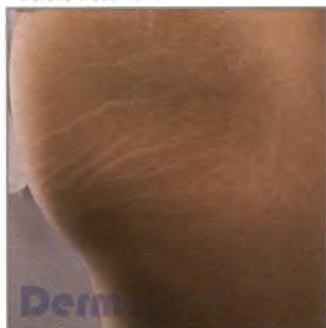


After treatment



Photos courtesy of Dermapen World

Before treatment



After 2 treatments

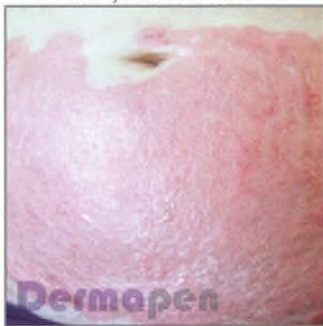


Photos courtesy of Equipmed, Australia

Before treatment



Immediately after treatment



5 days after 1 treatment



Photos courtesy of Dr. Cody, Viva Wellness

**Indication:** The tearing and stretching of dermal connective and fibre tissue.

**Observations:** Multiple purple, red or white raised or indented lines following a similar direction.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Chronological ageing/growing	Pregnancy	Weight gain/loss
		Topical corticosteroids

**Rx:** Retinoids, vitamin C, Hyaluronic Acid

**DP Dermaceuticals Pre/Post-Op & Maintenance:**

CLEANSE	CORRECT AM	CORRECT PM	CORRECT+
Micro Derm Exfoliant™	Vitamin Rich Repair™	Vitamin Rich Repair™	Hyla Active™

**Tx Course Guide:** 8-10 treatments at 6-8 week intervals. Follow-up refresher treatments as required.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Striae	1.5-2.0mm	1.5-2.5mm	4

**DOCTOR'S TIPS:**

As striae result from internal dermal tearing, the topical application of vitamin E or plant oils/butters cannot prevent their occurrence. The post-operative topical infusion of hyaluronic acid, Platelet Rich Plasma (PRP), stem cells, retinoids or Trichloroacetic Acid (TCA) may enhance treatment results when performed by a medical practitioner.

# ALOPECIA/HAIR REGENERATION

Before treatment



After 4 treatments



Photos courtesy of Equipmed, Australia

Before treatment



After 4 treatments



Photos courtesy of Dr. Hasan El-Fakany

**Indication:** minor to complete hair loss, especially on the scalp.

**Observations:**

FORM	CLASSIFICATION	CHARACTERISTICS
Telegon Effluvium	Mild	An increase of hair follicles in telogen phase creating thinning and hair loss.
Androgenic Alopecia	Mild to sever	Increased Dihydrotestosterone levels create shorter hair growth cycles creating baldness around the temples and crown.
Tractional Alopecia	Mild	Localised hair loss occurs due to trauma from hair elastics, clips and millinery.
Cicatricial Alopecia	Moderate to severe	The hair follicle becomes destroyed and is replaced by scar tissue preventing hair growth.
Alopecia Areata/ Alopecia Universalis	Moderate to severe	A genetically acquired auto-immune disorder where anagen follicles are attacked suppressing normalised hair growth.
Alopecia Totalis	Severe	The complete loss of all head hair. The pathogenesis is believed to be auto-immune.

**Aetiology:**

GENETIC	INTRINSIC	EXTRINSIC
Androgenic alopecia	Telegon Effluvium	Tractional Alopecia
Alopecia Areata/Alopecia Universalis	Alopecia Totalis	Hair follicle trauma
	Cicatricial Alopecia	
	Elevated systemic 5-alpha reductase levels	
	Medication (chemotherapy)	

**Rx:** Minoxidil, kopexil, finasteride (depending on local laws, these drugs may be classed as Schedule 2 Pharmacy Only Medicine or Schedule 4 Prescription Only Medicine and will require the assistance of a pharmacist or a doctor's prescription).

**Tx Course Guide:** 8-10 treatments at 4-8 week intervals. Follow-up refresher treatments as required.

**Results:** Angiogenesis enables new nutrients to be delivered to the hair follicle to stimulate and sustain hair growth.

**Tx Procedure Guide:**

REGION	NEEDLE DEPTH ACUTE	NEEDLE DEPTH CHRONIC	OSCILLATION SPEED
Head	0.5mm	1.0mm	4

**DOCTOR'S TIPS:**

The post-operative topical infusion of Platelet Rich Plasma (PRP), stem cells, Minoxidil or Finasteride may enhance treatment results when performed by a medical practitioner. A medical practitioner specialising in this field will prescribe treatment on a patient's individual requirements.

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# DERMAPEN™ TREATMENT CONTRAINDICATIONS

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**PATIENTS EXPERIENCING ANY OF THE FOLLOWING ACTIVE CONDITIONS SHOULD NOT PROCEED WITH A DERMAPEN™ CLINICAL TREATMENT:**

- Papulopustular rosacea
- Acne vulgaris stage III-IV
- Herpes simplex
- Warts
- Scleroderma
- Bacterial/fungal infections
- Open lesions
- Solar keratosis
- Skin cancer
- Haemophilia

**Topical Local Anaesthetic (TLA)** should not be applied on patients experiencing any of the following active conditions, practices or medications. Treatment however may proceed without TLA application.

- Pregnancy
  - Breastfeeding
  - Hepatic disease
  - Pseudo cholinesterase deficiency
  - P-aminobenzoic acid (PABA) allergies
  - Sulphonamide allergies
  - Congenial or idiopathic methemoglobinemia
  - Arrhythmia medications
-



# DERMAPEN™ TREATMENT CONSIDERATIONS

CONSIDERATION	CATEGORY	RATIONALISATION	SOLUTION/INSTRUCTION
Pregnancy/breast feeding	Health	Anaesthetic reaction	Seek doctor's permission prior to treatment for appropriate options
Cardiac conditions	Health	Anaesthetic reaction	Seek doctor's permission prior to treatment for appropriate options
Anaesthetic allergies	Health	Anaesthetic reaction	Seek doctor's permission prior to treatment for appropriate options.
Herpes Simplex	Health	Spreading the virus	Do not perform Dermapen™ treatments whilst active sores are present. Treatments may be performed on non-active conditions. Affected patients are recommended to take prophylaxis such as acyclovir to prevent a possible outbreaks post treatment.
Auto-immune disorders (including but not limited to scleroderma, dermatomyositis, pemphigus/pemphigoid and lupus)	Health	Impaired repair and immune function	Seek doctor's permission prior to treatment for appropriate options.
Isotretinoin (including but not limited to Roaccutane®/ Accutane® and Isotane®)	Medication/ supplements	Impaired repair and immune function; major photo-sensitisers	Patients may be treated 6-10 months post medication course.
Anti-coagulants (including, but not limited to Warfarin, Coumadin®, aspirin, ibuprofen, fish oils, ginkgo biloba, alcohol). *Refer to endnotes for a comprehensive list of photo-sensitising agents.	Medication/ supplements	Increased risk of bleeding, petechiae and bruising.	Patients must be made aware of the extended recovery that may be required. Where possible, patients may wish to reduce anti-coagulant supplements 2-4 days prior to treatment.
Dermal Fillers (including, but not limited to Juve-derm®, Restylane®, Esthelis®, Radiesse®)	Clinical treatments	Impaired absorption/ placement	Treatment may be performed 14 days either side of injection procedure.
Plastic surgery	Clinical treatments	Impaired repair function	Seek doctor's permission prior to treatment for appropriate options. Patients may be treated 4-6 months post-surgical procedure.

CONSIDERATION	CATEGORY	RATIONALISATION	SOLUTION/INSTRUCTION
Photo-sensitisers *Refer to endnotes for a comprehensive list of photo-sensitising agents.	Medication/supplements	Increased risk of ultra violet damage and post-inflammatory hyperpigmentation	Patients must be made aware that no sun exposure is permitted and a broadspectrum sunscreen must be applied to treated areas during recovery and daily skin maintenance. Areas of hyper-pigmentation may darken initially as part of the regenerative process. Where possible, patients may wish to reduce photo-sensitising supplements 7-14 days prior to treatment.
Injectables (including, but not limited to Aquamid®, Teosyal®, Sculptra®, Artefill®)	Clinical treatments	Granuloma and infection risk	Treatment may be performed 2 months either side of injection procedure.
Cosmetic surgery	Clinical treatments	Impaired repair function	Seek doctor's permission prior to treatment for appropriate options. Patients may be treated 4-6 months post-surgical procedure.
Muscle relaxant/wrinkle reduction injections (including, but not limited to Botox®, Dysport™, Xeomin®)	Clinical treatments	Impaired absorption/ placement	Treatment may be performed 10 days either side of injection procedure.
Laser resurfacing/hair removal/tattoo removal	Clinical treatments	Impaired repair function	Treatment may be performed 2-3 months either side of ablative laser procedures or 2 weeks to 2 months for non-ablative laser procedures.
Intense Pulsed Light (IPL) photo rejuvenation/hair removal	Clinical treatments	Impaired repair function	Treatment may be performed 2 weeks to 1 month either side of IPL procedure.
Radio Frequency (RF) skin tightening	Clinical treatments	Impaired repair function	Treatment may be performed 2-3 months either side of ablative RF procedures or 2 weeks to 2 months for non-ablative RF procedures.
Photo Dynamic Therapy (PDT)	Clinical treatments	Impaired repair function	Treatment may be performed 1-2 months either side of PDT procedure.
Dermabrasion	Clinical treatments	Impaired repair function	Treatment may be performed 2 months either side of dermabrasion procedure.
Deep peels	Clinical treatments	Impaired repair function	Treatment may be performed 2 months either side of deep peel procedure.
Microdermabrasion	Aesthetic treatments	Increased inflammation and irritation	Treatment may be performed 7-14 days either side of microdermabrasion procedure.

CONSIDERATION	CATEGORY	RATIONALISATION	SOLUTION/INSTRUCTION
Very superficial – medium depth peels	Aesthetic treatments	Increased inflammation and irritation	Treatment may be performed 7-14 days either side of peel procedure
Derma blading/derma planing	Aesthetic treatments	Increased inflammation and irritation	Treatment may be performed 7-14 days either side of derma blading/derma planing procedure.
Electrolysis/diathermy	Aesthetic treatments	Increased inflammation and irritation	Treatment may be performed 7-14 days either side of electrolysis/diathermy procedure
Tattooing/cosmetic tattooing	Aesthetic treatments	Pigment fading/removal	Treatment directly over tattooed areas must be avoided.
Hair removal (waxing, sugaring plucking, threading, depilatory creams)	Aesthetic treatments	Increased inflammation and irritation	Treatment may be performed 2-3 days either side of hair removal procedure
Spray/self-tanning	Aesthetic treatments	Uneven result	Treatment may be performed 7 days either side of tanning procedure.
Resurfacing agents (including, but not limited to alpha-hydroxy-acids, beta-hydroxy-acids, resorcinol, azelaic acid)	Topical cosmetic ingredients	Increased inflammation and irritation; potential photo-sensitisers	Products may be resumed 4-7 days post-Dermapen™ procedure
Retinoids (including, but not limited to tretinoin, retinol, retinaldehyde)	Topical cosmetic ingredients	Increased inflammation and irritation; major photo-sensitisers	Products may be resumed 4-7 days post-Dermapen™ procedure
Antimicrobial agents (including, but not limited to benzoyl peroxide, ethanol, isopropyl alcohol)	Topical cosmetic ingredients	Increased inflammation and irritation; potential photo-sensitisers	Products may be resumed 4-7 days post-Dermapen™ procedure
Bleaching agents (including, but not limited to Kligman's Formula, hydroquinone, kojic acid, azelaic acid)	Topical cosmetic ingredients	Increased inflammation and irritation	Products may be resumed 4-7 days post-Dermapen™ procedure

**Gentle shaving over the treated area may be commenced 12-24 hours post-procedure, if required. Male patients undergoing facial Dermapen™ treatments are advised to shave up to 12 hours prior to the procedure.**

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# Dermapen™ CLINICAL PROCEDURE PATIENT DOCUMENTS

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THE FOLLOWING PATIENT DOCUMENTS CAN BE FOUND ON [WWW.DERMAPENWORLD.COM](http://WWW.DERMAPENWORLD.COM):

- Dermapen™ Patient Pre-Treatment Information
- Dermapen™ Clinical Treatment Consultation & Consent Form
- Dermapen™ Patient Post Treatment Information

These documents are examples only. It is advised that Dermapen™ practitioners investigate the legalities of the provided patient forms to suit their business and to abide by governing laws. It is recommended that the patient receives a hard copy of pre and post-operative forms to read prior to any Dermapen™ clinical treatment and to take home with them.



# Dermapen™ CLINICAL PATIENT PRE-TREATMENT FORM

Dermapen™ is a medically engineered and developed clinical corrective treatment that creates rejuvenating micro-channels into the skin's matrix. Employing patented technology, Dermapen's™ oscillating action effortlessly glides over the skin to initiate and stimulate the body's own natural healing and regenerative response. It is possible to achieve striking results by delivering a versatile and customised treatment, which simultaneously targets the appearance of ageing, wrinkles, uneven skin tone, uneven texture, stretch marks and scar tissue on face and body areas. Dermapen™ treatments are fast, effective, comfortable and offer results after just one treatment. Based on your areas of concern, your Dermapen™ practitioner may recommend a series of treatment for optimal results.

Your Dermapen™ clinical treatment only uses genuine Dermapen™ devices and is performed by a Dermapen™ qualified practitioner.

## CONTRAINDICATIONS:

Dermapen™ treatments are not suitable for patients experiencing active

- Papulopustular rosacea
- Acne vulgaris stage III-IV
- Herpes simplex
- Warts
- Scleroderma
- Bacterial/fungal infections
- Open lesions
- Solar keratosis
- Skin cancer
- Haemophilia
- Pregnancy

## PRECAUTIONS/CONSIDERATIONS:

Certain health conditions, medications, supplements and lifestyle factors may affect a Dermapen™ procedure. All patients are required to complete a Dermapen™ Consultation Form prior to any clinical treatment for assessment by a qualified Dermapen practitioner.

If you are prone to herpes simplex (cold sores), it is recommended to take or apply a targeted prophylaxis, such as acyclovir, to prevent a possible outbreak.

For tanned to dark complexions or skins prone to post-inflammatory hyperpigmentation, it is recommended to use a melanin inhibiting skin regime for at least 2 weeks prior to a Dermapen™ clinical treatment. Dermapen™ recommends the twice daily application of DP Dermaceuticals Brite Lite™.

## COMFORT:

Your Dermapen™ practitioner will take all steps to ensure total comfort for your Dermapen™ procedure. If at any point you feel discomfort, please inform your practitioner immediately. If you have any allergies or have had any past reaction to topical numbing cream or anaesthetic, please inform your **Dermapen™ practitioner prior to treatment.**

## HEALTH & SAFETY:

Your Dermapen™ treatment only uses sterile, single use consumables throughout the procedure, ensuring complete health and safety.

## TREATMENT DURATION:

Please allow 45-90 minutes for your Dermapen™ clinical treatment including preparation, numbing and post-care.

# Dermapen™ CLINICAL TREATMENT CONSULTATION & CONSENT FORM

DATE

DERMAPEN™ CLINIC

DERMAPEN™ PRACTITIONER

## PATIENT DETAILS

FULL NAME  DATE OF BIRTH

ADDRESS

TELEPHONE (M)  (H)  (W)

EMAIL ADDRESS

## EMERGENCY CONTACT DETAILS

FULL NAME

RELATIONSHIP

TELEPHONE (M)  (H)  (W)

EMAIL ADDRESS

WHAT ARE YOUR PRIMARY SKIN CONCERNS THAT YOU WISH TO BE TREATED WITH DERMAPEN™?

DO YOU HAVE ANY IMPORTANT PERSONAL ENGAGEMENTS IN THE NEXT WEEK?  Y  N

DO YOU HAVE ANY KNOWN ALLERGIES? (E.G. LATEX, METALS, SHELLFISH, NUTS, PENICILLIN, ANAESTHETIC AGENTS, P-AMINOBENZOIC ACID (PABA), SULPHONAMIDE ALLERGIES)

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING ACTIVE SKIN CONDITIONS?

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Papulopustular rosacea     | <input type="radio"/> Warts                       | <input type="radio"/> Open lesions    |
| <input type="radio"/> Acne vulgaris stage III-IV | <input type="radio"/> Scleroderma                 | <input type="radio"/> Solar keratosis |
| <input type="radio"/> Herpes simplex             | <input type="radio"/> Pemphigus/pemphigoid        | <input type="radio"/> Skin cancer     |
| <input type="radio"/> Dermatomyositis            | <input type="radio"/> Bacterial/fungal Infections |                                       |

**HAVE YOU EVER EXPERIENCED ANY ADVERSE REACTION TO ANY FORM OF ANAESTHETIC?**

**ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION FOR ANY OF THE FOLLOWING?  Y  N**

- |   |   |  |   |
|---|---|--|---|
| <input type="radio"/> Cardiac conditions/arrhythmia | <input type="radio"/> Haemophilia             | <input type="radio"/> Cancer                             | <input type="radio"/> Pseudo cholinesterase deficiency          |
| <input type="radio"/> Auto-immune disorder          | <input type="radio"/> Hepatic disease         | <input type="radio"/> Human Immunodeficiency Virus (HIV) | <input type="radio"/> Congenial or idiopathic methemoglobinemia |
|   | <input type="radio"/> Diabetes (type I or II) |  |   |

**ARE YOU CURRENTLY PREGNANT OR BREASTFEEDING?  Y  N**

**ARE YOU CURRENTLY TAKING (OR HAVE TAKEN IN THE LAST 3 MONTHS) ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS? (PLEASE TICK)**

- |   |  |
|---|--|
| <input type="radio"/> Isotretinoin (including but not limited to Roaccutane®/ Accutane®/Isotane®)       | <input type="radio"/> Photo-sensitisers (including but not limited to anti-depressants/anti-anxieties/antibiotics) |
| <input type="radio"/> Anti-coagulants/blood thinners (including but not limited to Warfarin or aspirin) | <input type="radio"/> Contraceptive pill   |
|   | <input type="radio"/> Fish oils/plant oils/omega 3s  |
|   | <input type="radio"/> ginseng/gingko biloba/St John's wort   |

**HAVE YOU HAD ANY OF THE FOLLOWING PROCEDURES IN THE LAST 2 WEEKS ON THE AREA TO BE TREATED WITH DERMAPEN? (PLEASE TICK)**

- |  |   |
|--|---|
| <input type="radio"/> Plastic/Cosmetic surgery   | <input type="radio"/> Laser/IPL rejuvenation/hair removal   |
| <input type="radio"/> Muscle relaxant/wrinkle reduction injections (including but not limited to Botox® or Dysport™ or Xeomin®)  | <input type="radio"/> Radio Frequency (RF) skin tightening  |
| <input type="radio"/> Dermal Fillers (including but not limited to Juvéderm®, Restylane®, Belotero®, Captique® Esthelis®, Radiesse®, Aquamid®, Sculptra® or Artefill®) | <input type="radio"/> Photo dynamic therapy (PDT)   |
| <input type="radio"/> Microdermabrasion  | <input type="radio"/> Dermabrasion  |
| <input type="radio"/> Chemical peel (including but not limited to glycolic acid, lactic acid, mandelic acid or salicylic acid)   | <input type="radio"/> Deep chemical peel  |
| <input type="radio"/> Derma blading/derma planing  | <input type="radio"/> Tattooing/cosmetic tattooing  |
|  | <input type="radio"/> Electrolysis/diathermy  |
|  | <input type="radio"/> Hair removal (including but not limited to waxing, sugaring, plucking, threading or depilatory cream) |
|  | <input type="radio"/> Spray/self-tanning  |

**HAVE YOU USED ANY PRODUCTS CONTAINING ANY OF THE FOLLOWING INGREDIENTS ON THE AREA TO BE TREATED WITH DERMAPEN™ IN THE LAST WEEK? (PLEASE TICK)**

- |   |  |
|---|--|
| <input type="radio"/> Alpha/beta hydroxy acids (including but not limited to glycolic acid, lactic acid or salicylic acid). | <input type="radio"/> Benzoyl peroxide/adapelene (Differin®) |
| <input type="radio"/> Retinoids (Vitamin A) (including but not limited to tretinoin, retinol or retinaldehyde)              | <input type="radio"/> Hydroquinone/kojic acid/azelaic acid   |

I, \_\_\_\_\_ have completed the Dermapen™ Clinical Treatment Consultation & Consent Form honestly and to the best of my knowledge. My Dermapen™ practitioner has provided me with a Dermapen™ Pre-Treatment Form and a Dermapen™ Post-Treatment Form and has thoroughly explained to me:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• What a Dermapen™ clinical treatment is</li> <li>• How a Dermapen™ clinical treatment works</li> <li>• Expected outcomes of my Dermapen™ clinical treatment</li> </ul> | <ul style="list-style-type: none"> <li>• Dermapen™ clinical treatment contraindications and considerations</li> <li>• Anaesthesia protocols</li> <li>• Post-op care</li> </ul> |
|--|--|

**I understand that a course of Dermapen™ clinical treatments will be required for optimum results.**

Patient signature \_\_\_\_\_

Dermapen™ practitioner signature \_\_\_\_\_

Patient name \_\_\_\_\_  
(Printed)

Dermapen™ practitioner name \_\_\_\_\_  
(Printed)

Date \_\_\_\_\_

Date \_\_\_\_\_

# Dermapen™ CLINICAL PATIENT POST-TREATMENT INFORMATION

During the skin healing process, minor itching, hives, flaking, or redness may appear. If symptoms persist, please call your Dermapen™ practitioner.

Do not pick, squeeze or agitate during the recovery period.

Please avoid the following activities for up to 2 days following a Dermapen™ clinical procedure:

- Direct ultra violet exposure (sun and solariums)
- Intensive cardio, exercise or gymnasium regimens
- Excessively hot showers, bathing, spas or sauna
- Further clinical treatments (including, but not limited to): microdermabrasion, laser, intense pulsed light, chemical peels, muscle relaxant injections and dermal fillers)
- Spray or self-tanning
- Swimming in chlorinated pools or the ocean
- Tattooing (including cosmetic tattooing)

Please avoid the use of skin care products containing any of the following active resurfacing ingredients for up to 5 days following a Dermapen™ clinical procedure:

- Alpha hydroxy acids (AHAs) (including but not limited to) glycolic, lactic or malic acid
- Beta hydroxy acid (BHA) including salicylic acid
- Benzoyl peroxide
- Retinoids (including but not limited to) tretinoin, retinol and retinaldehyde
- Hydroquinone
- High levels of Kojic or azelaic acid
- Alcohol (including but not limited to) isopropyl alcohol/de-natured alcohol/rubbing alcohol

Your DP Dermaceuticals regimen may be altered by your practitioner, according to your individual needs and skin conditions

## DERMAPEN™ POST-OPERATIVE HOMECARE

CLEANSE AM	CORRECT AM	CORRECT PM	CORRECT +	TREAT	CAMOUFLAGE
Micro Derm Exfoliant™ *Dilute with plenty of water	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Antioxidant Cocktail™ Followed by an application of Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™ *This may be applied as often as required.	Cover Recover™ *This should be applied over the top of Vitamin Rich Repair™ for daytime sun protection and coverage.

Light, non-occlusive and non-comedogenic make-up may be applied 24 hours post-procedure. Dermapen™ recommends Cover Recover™ as a daily skin protectant and camouflage in one.

If in doubt with any of the above activities or products, please call your Dermapen™ practitioner for clarification to when normal activity or use may be resumed.



# ANAESTHETIC/TLA

The term anaesthetic literally means 'lack of feeling'. Dermapen™ Professional and Medical treatments may require anaesthetic for effective patient pain management. The use of a Topical Local Anaesthetic (TLA) will provide more than adequate comfort for most needle depths. As opposed to injected block or infiltration local anaesthetics, TLA is needle-free and is a cream or gel that is topically applied to numb area being treated. TLA targets free nerve endings in the dermis and temporarily obstructs nerve conduction. This process restricts impulse initiation and transportation, creating a lack of feeling within the targeted area. Analgesics by contrast reduce the feeling of pain, but cannot reduce the feeling of sensation.

Many patients report comfortable and tolerable Dermapen™ Clinical treatments up to a 1.0mm needle depth, even without the application of a TLA. AOVN™ technology assists to dissipate nerve ending sensation, enabling a relaxed and pleasant experience.

Any form of anaesthetic is a drug with risks and potential issues, if incorrectly used. It is imperative to check local, state and national regulations for what formulae and concentrations may be used by practitioners. Common anaesthetising agents include lignocaine (lidocaine), prilocaine, tetracaine (amethocaine), benzocaine and bupivacaine, and may be divided into two family groups: amides (e.g. lignocaine, prilocaine) and esters (e.g. tetracaine, benzocaine). Amide class may easily be identified by the appearance of the letter 'i' twice in their name, i.e. l(i)gnoca(i)ne and pr(i)loca(i)ne. Ester class by comparison only feature the letter 'i' once, i.e. tetraca(i)ne and benzoca(i)ne.

The combined effects of amide and ester class anaesthetics can produce a eutectic preparation to enhance dermal penetration.



TLA application should not exceed a surface area beyond 400cm<sup>2</sup> (approximately 9"x9") during any one session. This is the size of an A4 piece of paper. The face and neck regions may be treated together for example, but TLA application should not extend to the chest area.

Sensitivity to TLA is rare (especially to amide class anaesthetics) and accounts for less than 1% of anaesthetic reactions. To prevent an adverse reaction, avoid the mucous membranes and the eyes when applying product. If eye contact does occur, wash the area out with water or saline and protect the eye until sensation returns.

Adverse effects to TLA are commonly caused by excessive application to an overly large treatment area. This risk is especially high with formulae over 10% anaesthetic concentration. In Australia, for example, a concentration over 10% is classed as a Schedule 4 Prescription Only Medicine. Patients with a history of:

- Hepatic disease
- Pseudo cholinesterase deficiency
- P-aminobenzoic acid (PABA) allergies
- Sulphonamide allergies
- Congenial or idiopathic methemoglobinemia

Or patients who are taking medication to treat arrhythmia should proceed with caution prior to TLA application.

The Australian Drug Evaluation Committee (ADEC) regard anaesthetising agents found within TLA formulae to be a Category C for pregnant patients. Due to a lack of adequate or well-controlled studies, it is recommended that they are not applied without doctor's permission.

As lignocaine is excreted into human milk, breastfeeding patients are advised to seek doctor's permission prior to application.

Signs indicating potential beginnings of an adverse TLA reaction include:

- **Burning or stinging at the treatment site**
- **Swelling**
- **Dizziness**
- **Nausea**
- **Slurred speech**
- **Numbing of the tongue**
- **Tinnitus (ringing of the ears)**
- **Diplopia (double-vision)**
- **Nystagmus (uncontrolled eye movement)**
- **Euphoria**
- **Seizures**

In the event of any adverse reaction, the TLA must be wiped away immediately. Seek urgent medical attention if symptoms persist.

Depending on the formulation and method of use, the efficacy and longevity of lower strength (5%) TLAs may be safely enhanced by the following techniques:

- **Exfoliating the target area manually with gauze or a mechanical scrub prior to application.**
- **De-greasing the target area with acetone or alcohol soaked gauze prior to application.**
- **Applying a polythene occlusive dressing (such as Saran™ or Glad wrap™) over the TLA application.**

Always check application instructions prior to TLA application, as the method-of-use will change from brand to brand and formulation to formulation.

It is recommended that the skin on the treatment area is to be thoroughly cleansed with DP Dermaceuticals Micro Derm Exfoliant™ prior to application.

Generally 2-3 grams of TLA should be massaged into the treatment area (ensuring it is no larger than the size of an A4 piece of paper) until it is absorbed. A further 2-3 grams of product should then be applied evenly, similarly to the effect of 'icing a cake', appearing like a mask on the facial area. Ideally no more than 7 grams (7.6ml) of TLA should be applied during any one session. The TLA will need to activate between 15-60 minutes depending on the formulation. Certain anaesthetics will need to be occluded with a polythene dressing in order to increase activation. The patient may feel a cold sensation at first, usually followed by tingling before numbing takes effect.

If at any point during activation an adverse reaction occurs, immediately wipe or wash the anaesthetic away from the treatment area and seek medical attention if required.

After the required time period, the TLA should be wiped off the skin with cotton or gauze. Some formulations may need to be washed off the skin with a cleanser or alcohol prep. Note that the TLA may remain active to some degree anywhere from 2-6 hours post-application. Always follow the manufacturer's instructions.

If further pain management is required for Dermapen™ Medical 2.0mm-2.5mm procedure, a medical practitioner may administer a 2% lidocaine HCL 20mg/ml injection block or infiltration to the treatment area. An oral analgesic or muscle relaxant may also be taken 30 minutes prior to treatment. Some practitioners may also incorporate a methoxyflurane or nitrous oxide inhalant for additional pain relief.

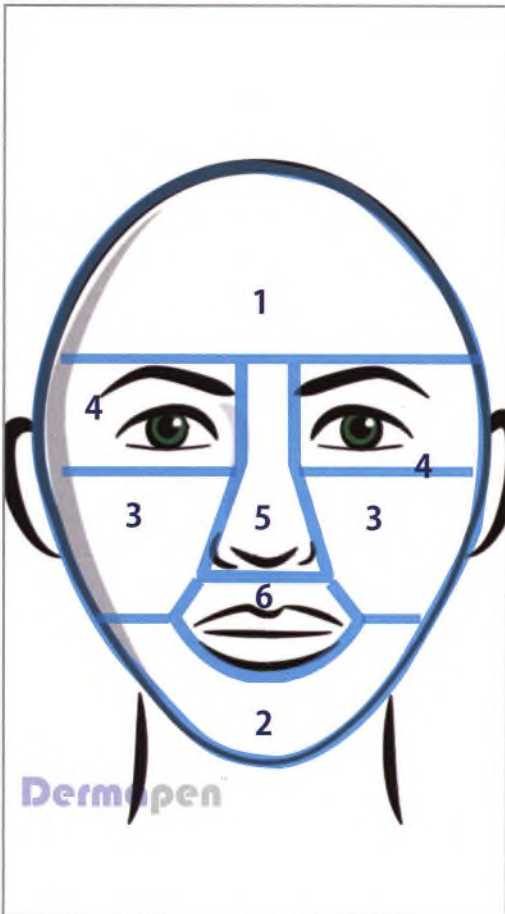
# Dermapen™ CLINICAL TREATMENT CHART

DATE

PATIENT NAME

DERMAPEN™ PRACTITIONER

TX NUMBER



FACE REGION	NEEDLE DEPTH	OSCILLATION SPEED
1. Forehead		
2. Chin & Jawline		
3. Cheeks		
4. Peri-orbital		
5. Nose		
6. Peri-oral		

OTHER REGION	NEEDLE DEPTH	OSCILLATION SPEED
Neck		
Chest/ décolletage		
Head		
Thighs		
Buttocks		
Abdomen		
Hips		
Breasts		
Back		
Arms		
Legs		

PATIENT NOTES:

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# Dermapen™ CLINICAL TREATMENT PROCEDURES

## TREATMENT AIM:

- To perform a clinical Dermapen™ procedure to correct, prevent and repair the signs of skin damage and breakdown.
- To provide instant, cumulative and long-lasting visual results for the patient.
- To simultaneously treat a variety of skin conditions.
- To offer a fast and effective clinical treatment with minimal downtime.
- To provide the latest and most innovative form of clinical skin needling treatment.

## TREATMENT OUTCOME:

Cumulatively rejuvenated face and body skin with long lasting results. The skin is visually transformed, providing dramatic regeneration and restored function.

## TECHNICAL DESCRIPTION:

Dermapen™ is a medically engineered and developed skin needling device that utilises 12 surgical-grade, 33 gauge micro needles to deliver effortless and effective skin needling. Dermapen™'s individually gamma-sterilised Microderm cartridges are effortlessly inserted into an ergonomic automated pen, whose oscillating action glides smoothly over the skin to deliver dramatic and long-lasting results. Dermapen™'s unique operation offers superior control, concentration and safety, which helps to trigger the skin's own natural healing mechanisms, resulting in striking rejuvenation and correction. The exclusive needle system is nickel and titanium free, and the individual spring-loaded needle cartridge allow procedural depth versatility to customise every treatment area and concern. Dermapen™ freely manoeuvres across all facial and body contours confidently targeting and treating the smallest of concerns in the hardest to reach places.

## PATIENT DESCRIPTION:

Dermapen™ is a medically engineered and developed clinical corrective treatment that creates rejuvenating micro-channels into the skin's matrix. Employing patented technology, Dermapen's™ oscillating action effortlessly glides over the skin to initiate and stimulate the body's own natural healing and regenerative response. It is possible to achieve striking results by delivering a versatile and customised treatment, which simultaneously targets the appearance of ageing, wrinkles, uneven skin tone, uneven texture, stretch marks and scar tissue on face and body areas. Dermapen™ treatments are fast, effective, comfortable and offer results after just one treatment.

## CONTRAINDICATIONS:

Dermapen™ treatments are not suitable for patients experiencing active

- Papulopustular rosacea
- Acne vulgaris stage III-IV
- Herpes simplex
- Warts
- Scleroderma
- Bacterial/fungal infections
- Open lesions
- Solar keratosis
- Skin cancer
- Haemophilia

## PRECAUTIONS/CONSIDERATIONS:

Certain health conditions, medications, supplements and lifestyle factors may affect a Dermapen™ procedure. All patients are required to complete a Dermapen™ Consultation Form prior to any clinical treatment for assessment by a qualified Dermapen™ practitioner.

More comprehensive information on Dermapen™ clinical procedure precautions and considerations may be found on page 40-43.

# Dermapen™ CLINICAL PRE-OPERATIVE TREATMENT REQUIREMENTS

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Dermapen™ prides itself on practicing the highest standards of hygiene by promoting a sterile and aseptic work environment. This ensures the safest procedural practice for both practitioner and patient. The infusion and application of active ingredient correctives further promote skin function and support to deliver a specialised and tailored skin solution.

Specific treatment accessories, tools and products ensure a controlled, comfortable and effective procedure. Suggested pre-operative treatment requirements include:

## **DIGITAL CAMERA**

A professional digital camera is recommended to record pre and post-operative images of the patient's skin. This will document a clear progression of the patient's results and treatment programme. Ensure patient permission is sorted prior to taking any photographs with a signed patient consent form. It is imperative that the patient's skin is clean of any make up or sunscreen and that the images are taken in an area with bright consistent light that does not cast shadows.

## **DISPOSABLE HEADBAND OR CAP**

A disposable headband or cap worn by the patient removes any long or stray hair from obstructing the facial area. It is also recommended that the treating practitioner also wears a headband or cap for further hygiene during a Dermapen™ clinical procedure.

## **NON-STERILE EXAMINATION GLOVES**

Depending on preferred procedural practice, up to three pairs of non-sterile examination gloves are required for pre and post-operative applications. Always confirm that the patient is not allergic to latex.

It is also important that the correct size of glove is chosen by the practitioner for easy operation.

## **COTTON FACIAL WIPES**

Cotton Facial Wipes are required to remove any pre-operative cleansing medium. It is recommended to avoid the use of cotton wool balls which can often leave particle residue.

For a more intensive cleansing and exfoliating process, 8 Ply Non-Sterile Gauze, 7.5cm x 7.5cm may be used as a substitute.

## **TISSUES**

Tissues are effective in absorbing any cleansing or moisture residue before and during a Dermapen™ clinical treatment

## **8 PLY NON-STERILE GAUZE SWABS 7.5CM X 7.5CM**

8 ply non-sterile gauze squares 7.5cm x 7.5cm provide versatile uses including the removal of cleansers, absorbing any fluids and removing hardened skin secretions, such as blood, once a Dermapen™ clinical procedure has been completed.

## **TOPICAL LOCAL ANAESTHETIC**

A Topical Local Anaesthetic, or TLA, is required to ensure patient comfort during a Dermapen™ clinical procedure. Ensure local laws and regulations regarding anaesthesia strength and formula are abided by at all times.

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## STERILE BASIC DRESSING KIT

A Sterile Basic Dressing Kit creates a sterile working area that includes a plastic field, tray, napkin, cotton balls, gauze swabs and forceps. Kits may vary slightly in contents, depending on their manufacturer, but should contain the aforementioned items as a minimum. This kit serves as a work station during each procedure.

## DP SLEEVE™

A single use DP Sleeve™ is required for every treatment and every patient. This protective latex sheath covers the Dermapen™ device during a clinical procedure and promotes a sterile work environment.

## CHLORHEXIDENE IRRIGATION SOLUTION 0.1%, 30ML VIAL

The area to be treated during a Dermapen™ clinical procedure should be sufficiently disinfected once the TLA is removed. Chlorhexidine Irrigation Solution 0.1% in a 30ml sterile, single use vial is highly recommended. A Povidone Iodine solution may be substituted if necessary, provided the patient has no known iodine allergies.

## SODIUM CHLORIDE INJECTION BP 0.9%, 10ML VIAL

To remove any post treatment secretions, such as blood, a gauze swab should be soaked with the contents of a single use Sodium Chloride or Saline Injection BP 0.9% in a 10ml sterile vial. The soaked gauze swab is also effective at removing any other treatment residue and cooling post-operative skin.

## STERILE SURGICAL GLOVES

During a Dermapen™ clinical procedure, it is recommended to wear Sterile Surgical Gloves. Always confirm that the patient is not allergic to latex prior to commencing treatment. Depending on the sterile procedures practiced, up to two pairs of Sterile Surgical Gloves may be required.

It is also important that the correct size of glove is chosen for easy operation.

## DERMAPEN 3™ DEVICE

Prior to commencing any Dermapen clinical treatment, always ensure the Dermapen device is plugged in and that there is enough cord length for easy treatment manoeuvrability.

## DERMAPEN MICRODERM NEEDLE CARTRIDGE™

A new sterile single use Dermapen Microderm Needle Cartridge™ is required for every treatment and every patient. Always check that the use by date has not expired and that the outer packaging has not been tampered with.

### PRE-OPERATIVE TREATMENT REQUIREMENTS SUMMARY \*Depending on the sterile procedure that is practiced.

- |  |   |
|--|---|
| <input type="checkbox"/> Digital Camera                                    | <input type="checkbox"/> Sterile Basic Dressing Kit                   |
| <input type="checkbox"/> Cotton Facial Wipes                               | <input type="checkbox"/> Sodium Chloride Injection BP 0.9%, 10ml Vial |
| <input type="checkbox"/> Topical Local Anaesthetic                         | <input type="checkbox"/> Dermapen Microderm Needle Cartridge™         |
| <input type="checkbox"/> Chlorhexidine Irrigation Solution 0.1%, 30ml Vial | <input type="checkbox"/> Non-Sterile Examination Gloves – 3 pairs*    |
| <input type="checkbox"/> Dermapen™ 3 Device                                | <input type="checkbox"/> 8 Ply Non-Sterile Gauze Swabs 7.5cm x 7.5cm  |
| <input type="checkbox"/> Disposable Headband/Cap                           | <input type="checkbox"/> DP Sleeve™                                   |
| <input type="checkbox"/> Tissues   | <input type="checkbox"/> Surgical Sterile Gloves – 2 pairs*           |

### OPTIONAL PRE-OPERATIVE TREATMENT REQUIREMENTS SUMMARY

- |   |   |
|---|---|
| <input type="checkbox"/> Magi Lamp                    | <input type="checkbox"/> Syringes   |
| <input type="checkbox"/> Wood's Lamp                  | <input type="checkbox"/> 2% Lidocaine HCL 20mg/ml Injection 10ml Sterile Vial |
| <input type="checkbox"/> Skin Scanning Machine        | <input type="checkbox"/> Methoxyflurane Inhalant                              |
| <input type="checkbox"/> Polythene Occlusive Dressing | <input type="checkbox"/> Nitrous Oxide Inhalant                               |

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# DERMAPEN™ CLINICAL PRE & POST-OPERATIVE TREATMENT REQUIREMENTS

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It is necessary to prepare the treatment area prior to any Dermapen™ clinical procedure. Such preparation intensifies results via the infusion of active topical ingredients. The DP Dermaceuticals™ range is designed especially for pre and post-operative applications during Dermapen™ clinical procedures. Each targeted product contains active levels of hyaluronic acid, minerals, vitamins and antioxidants for maximum skin affinity and recovery.

The full range of DP Dermaceuticals™ are available for patient home care to maintain, support and sustain the skin in-between and following Dermapen™ clinical procedures.

## DP DERMACEUTICALS MICRO DERM EXFOLIANT™

DP Dermaceuticals Micro Derm Exfoliant™ is a dual-action cleanser and mild exfoliant that removes make-up, facial debris and dead skin cells. The skin is effectively cleaned, softened and prepared for a Dermapen™ clinical procedure.

## DP DERMACEUTICALS HYLA ACTIVE™

DP Dermaceuticals Hyla Active™ is an essential treatment medium that allows the Dermapen™ to effortlessly glide over the treatment area. Always ensure prior to any procedure that there is sufficient product in the canister. Hyla Active™ is the only treatment medium to be used during any Dermapen™ procedure to ensure safety and efficacy. It should not be substituted at any time. The use of any other medium or product can damage the Dermapen™ device and cause an adverse skin reaction.

## DP DERMACEUTICALS HYLA ACTIVE 3D SCULPTURED MASK™

This single use cloth mask is enriched with hyaluronic acid, copper peptides and zinc. Applied directly over the top of freshly needled skin, this Hyla Active 3D Sculptured Mask™ visually reduces inflammation and erythema, whilst subduing heat to accelerate post-operative recovery. DP Dermaceuticals Cool Stick™ may be used over the 3D Sculptured Mask to promote lymphatic drainage and an increased cooling effect.

## DP DERMACEUTICALS COOL STICK™

For any signs of excessive erythema or discomfort, following a Dermapen clinical procedure, DP Dermaceuticals Cool Stick™ may be used over the top of Hyla Active 3D Sculptured Mask™. Cool Stick™ further assists to infuse active ingredients, reduce inflammation and promote lymphatic drainage.

**Always ensure the Cool Stick™ is adequately filled with liquid and chilled in a fridge prior to use. A disinfection wipe can be used before and after each use.**

## DP DERMACEUTICALS ANTIOXIDANT COCKTAIL™

This antioxidant serum rich in botanical polyphenols and flavonoids is fortified with peptides and vitamin C. It is applied for post-operative skin support that delivers potent environmental protection and aids skin repair.

## DP DERMACEUTICALS VITAMIN RICH REPAIR™

This protective serum rich in vitamin A, copper peptides and anti-inflammatories targets impaired barrier function to treat dry, flaky and damaged skins. It is applied over the top of Antioxidant Cocktail™ to restore barrier function and integrity, concluding clinical treatment.

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**COVER RECOVER™**

This anti-inflammatory, antibacterial and repairing cover contains a broadspectrum SPF 30 and creates a breathable network that visibly conceals post-operative redness. Cover Recover™ is non-comedogenic, non-acnegenic and hypo-allergenic. Its natural tint blends seamlessly for invisible coverage and protection.

**DERMAPEN™ CLINICAL PRE AND POST-OPERATIVE PRODUCT REQUIREMENTS SUMMARY:**

- DP Dermaceuticals Micro Derm Exfoliant™
- DP Dermaceuticals Cool Stick™
- DP Dermaceuticals Cover Recover™
- DP Dermaceuticals Hyla Active™
- DP Dermaceuticals Antioxidant Cocktail™
- DP Dermaceuticals Hyla Active 3D Sculptured Mask™
- DP Dermaceuticals Vitamin Rich Repair™

**DERMAPEN™ CLINICAL PRE & POST-OPERATIVE COMPLETE PROCEDURAL REQUIREMENTS SUMMARY:**

- Digital Camera
- Cotton Facial Wipes
- Topical Local Anaesthetic
- Chlorhexidene Irrigation Solution 0.1%, 30ml Vial
- Dermapen 3™ Device
- DP Dermaceuticals Hyla Active™
- DP Dermaceuticals Antioxidant Cocktail™
- Disposable Headband/Cap
- Tissues
- Sterile Basic Dressing Kit
- Sodium Chloride Injection BP 0.9%, 10ml Vial
- Dermapen Microderm Needle Cartridge™
- DP Dermaceuticals Hyla Active 3D Sculptured Mask™ (optional)
- DP Dermaceuticals Vitamin Rich Repair™
- Non-Sterile Examination Gloves – 3 pairs\*
- 8 Ply Non-Sterile Gauze Swabs 7.5cm x 7.5cm
- DP Sleeve™
- Surgical Sterile Gloves – 2 pairs\*
- DP Dermaceuticals Micro Derm Exfoliant™
- DP Dermaceuticals Cool Stick™
- DP Dermaceuticals Cover Recover™
- Dermapen™ Treatment Consultation & Consent Form
- Dermapen™ Clinical Treatment Chart Form

\*Depending on the sterile procedure that is practiced.



# DERMAPEN™ CLINICAL PRE-PROCEDURE

## PATIENT CONSULTATION & PREPARATION

Once the patient has completed the Dermapen™ Treatment Consultation & Consent Form and has been assessed and deemed suitable for a Dermapen™ clinical treatment, the patient is now ready for pre-operative preparation. The Dermapen™ Treatment Consultation & Consent Form may be downloaded and printed from [www.dermapenworld.com](http://www.dermapenworld.com).

The patient should be lying comfortably on a treatment bed. Any clothing or accessories that occlude the treatment area or may potentially disrupt the procedure should be removed.

## HEADBAND OR CAP

Apply a disposable headband or cap on the patient ensuring that there is no hair covering facial areas to be treated. It is recommended the patient removes any earrings or jewellery that may obstruct or disrupt an effective treatment.

## CLEANSING

Apply an almond sized amount of DP Dermaceuticals Micro Derm Exfoliant™ to moistened non-sterile examination gloved hands. Gently cleanse the treatment area in short, circular movements until impurities are dissolved. Rinse and repeat removing any excess residue with dampened Cotton Facial Wipes. Pat the skin dry with a tissue.

## DIAGNOSE

Formally diagnose any major skin conditions or concerns to be addressed by the Dermapen™ procedure. The use of a Magi lamp, Wood's lamp or skin scanning machine may be incorporated during this diagnosis process. The needle depth, oscillation speed and technique to be used during treatment should be recorded onto a Dermapen™ Clinical Treatment Chart. This chart may be downloaded and printed from [www.dermapenworld.com](http://www.dermapenworld.com)

## DOCUMENT

Using a Digital Camera with the patient positioned in appropriate lighting, photograph the area to be treated from three different angles: front on, left side and right side. Patients should be photographed prior to every Dermapen™ clinical procedure to track treatment results and success.

## TOPICAL LOCAL ANAESTHETIC APPLICATION

A Topical Local Anaesthetic provides the patient with total procedural comfort during a Dermapen™ clinical treatment. Closely following the manufacturer's instructions, apply the Topical Local Anaesthetic with Non-Sterile Examination Gloved fingers to the area being treated.

Different formulas and compounds may vary in how much product should be used and how it should be applied. Monitor the patient's progress with the TLA ensuring there is no adverse reaction. In the rare case of reaction, immediately wipe the TLA from the treatment area with damp Facial Cotton Wipes. Refer to Anaesthetic Duty Of Care on page 49 for more comprehensive detail and protocols.

The TLA may require anywhere from twenty minutes to one hour to activate. Some formulas may also require the application of a polythene (plastic) occlusive dressing to aid penetration. After the required time period, remove the TLA with dry Cotton Facial Wipes.

Or if the circumstances require (medical practitioners only): Disinfect injection sites with an alcohol prep then anaesthetise the treatment areas with 2% lidocaine HCL 20mg/ml injection via block or infiltration method. Allow the required time period for the effect to fully activate. Monitor the patient's progress with the local anaesthetic ensuring there is no adverse reaction. In the rare case of reaction, follow official anaesthetic adverse reaction protocol.

Patient  
Consultation  
& Preparation



Headband  
or Cap



Cleanse



Diagnose



Document



TLA  
APPLICATION



## CREATING A STERILE FIELD AND WORK STATION

The creation of a sterile work environment ensures procedural safety and hygiene whilst re-enforcing patient comfort and rapport. The following is an example of strict sterile practice and procedure.

Prior to setting up a sterile field and work station, ensure that the Dermapen™ device is plugged into mains power and there is power supply to the outlet. There should be enough cord length to freely operate the Dermapen™ device during treatment with easy manoeuvrability.

Following correct sterile protocol, open a Sterile Basic Dressing Kit to create a sterile treatment field. When opening the plastic field, tip and separate the tray contents without breaking the sterile environment. Always ensure that the Sterile Basic Dressing Kit is opened on a bench, trolley or tray that provides sufficient room.

Following correct sterile protocol, open a vial of Chlorhexidene Irrigation Solution 0.1% 30ml and empty the contents into one of the tray channels ensuring not to overflow.

Open a vial of Sodium Chloride Injection BP 0.9% 10ml and empty the contents into another tray channel ensuring not to overflow.

Any remaining Chlorhexidene or Saline solution contained in the vials should be later discarded and never re-used.

Depending on the size of the area to be treated, dispense 8-10 pumps of DP Dermaceuticals Hyla Active™ into the remaining or largest tray channel.

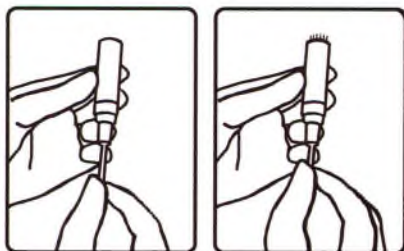
Following correct sterile procedure, open and release a Dermapen Microderm Needle Cartridge™ on to the sterile field. Simply peel back the packaging and drop the cartridge onto the field.

Open the plastic DP Sleeve™ packaging and without touching the sleeve, release and drop onto the sterile field.

Remove Non-Sterile Examination Gloves in preparation to apply the DP Sleeve™ and to prepare the patient for their Dermapen™ clinical treatment.

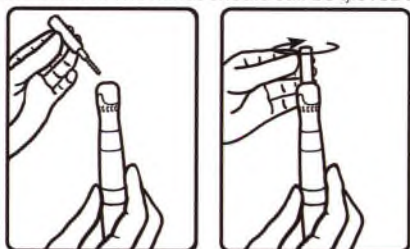
Following correct sterile procedure, open a pair of Sterile Surgical Gloves. These should be applied following correct protocol.

Allocate one hand to remain sterile and the other to be aseptic. Using only the aseptic hand, hold the Dermapen™ device with the treatment tip facing upward. The sterile hand should then remove the Dermapen Microderm Needle Cartridge™ from the sterile field and insert into the Dermapen™ device. **For additional quality control before insertion, grip the cartridge tail and push several times to check the spring-loading action.** The hands should still be gloved at this point.



Grip the cartridge tail Check the spring-loading action

For easy insertion, hold the Dermapen depth controller neck with the sterile hand and insert the Microderm Needle Cartridge, turning lightly in a clockwise direction. A light clicking sound will indicate correct insertion. The hands should still be gloved at this point.



Open Sterile Dressing Kit

Dispense Chlorhexidene solution

Dispense Saline solution

Dispense Hyla Active™

Open Needle Cartridge

Open DP Sleeve™

Apply Sterile Gloves

Insert Needle Cartridge

Still using the allocated sterile hand, remove the DP Sleeve™ protective sheath from the sterile field. As the aseptic hand holds the Dermapen™ device steady, gently roll the DP Sleeve™ from the tip of the Dermapen Microderm Needle Cartridge™ downwards. Ensure that the DP Sleeve™ does not cover the cartridge opening but completely covers the full length of the Dermapen™ device.

Using the sterile hand, place the sleeved Dermapen™ onto the sterile field. Ensure it is placed in a stable position, so it does not roll or fall.

Remove Sterile Surgical Gloves and discard. Following correct sterile procedure, open a fresh pair of Sterile Surgical Gloves. These should be applied following correct protocol.

Alternatively, fresh Sterile Surgical Gloves may be applied over the top of existing gloved hands following correct protocol.

Open the napkin contained in the Sterile Basic Dressing Kit and without breaking sterile field apply as a protective guard around the area to be treated. For Dermapen™ clinical facial procedures, the napkin is ideally placed over the patient's neck and chest area.

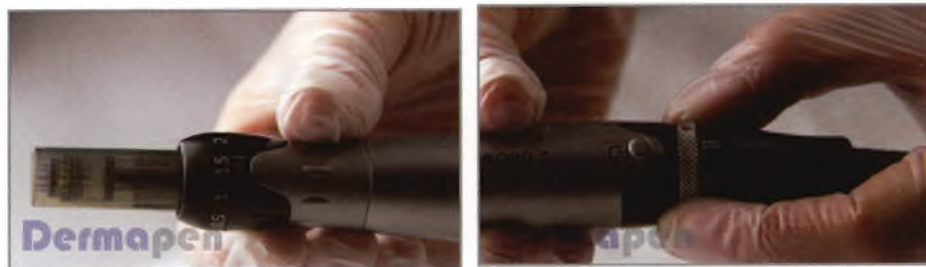
Neatly separate and organize the remaining items contained in the Sterile Basic Dressing Kit field using the provided forceps.

### DERMAPEN™ CLINICAL PRE-OPERATIVE SKIN PREPARATION

Using forceps, pick up a cotton ball and lightly soak in Chlorhexidene Irrigation Solution 0.1%. Sweep the moistened cotton ball over the area to be treated ensuring an even application. Place the used forceps and cotton ball on to an allocated discard area on the sterile field.

To remove any excess Chlorhexidene liquid remaining, pick up a fresh cotton ball with fresh forceps and lightly sweep over the treatment area to absorb. Place the used forceps and cotton ball on to an allocated discard area on the sterile field.

Throughout a Dermapen™ clinical procedure, one hand should be allocated to apply DP Dermaceuticals Hyla Active™ as a gliding medium and to support the skin during the treatment. The other hand should be allocated to hold and operate the Dermapen™ device during the treatment. This will be the same hand that will change oscillation speed and needle depth as required throughout the treatment.



The procedural details, needle depths and technique to be utilised should also be recorded on a Dermapen™ clinical Treatment Chart during the consultation process with the patient. This information should be saved as a reference for future clinical treatments.

Holding the Dermapen™ with the allocated operation hand, remove the Dermapen Microderm Needle Cartridge™ protective cap with the other hand. Simply turn the white cap until it is released.

Place the cap on an allocated discard area on the sterile field.

Using the operation hand, turn the sleeved Dermapen™ dial at the device tip to the required needle length to achieve the desired treatment depth. Using the same hand turn the oscillation dial at the device's cord end to the desired treatment speed.

Apply  
DP Sleeve™

Apply fresh  
Sterile Gloves

Separate  
Sterile  
Dressing Kit  
contents

Soak cotton  
ball with  
Chlorhexidene  
solution

Disinfect  
treatment  
area

Apply  
Hyla Active &  
Absorb excess  
solution

Remove  
Needle  
Cartridge  
cap

Adjust needle  
depth and  
oscillation  
speed as  
required

## DERMAPEN™ CLINICAL TREATMENT REGION PROTOCOLS & ORDER

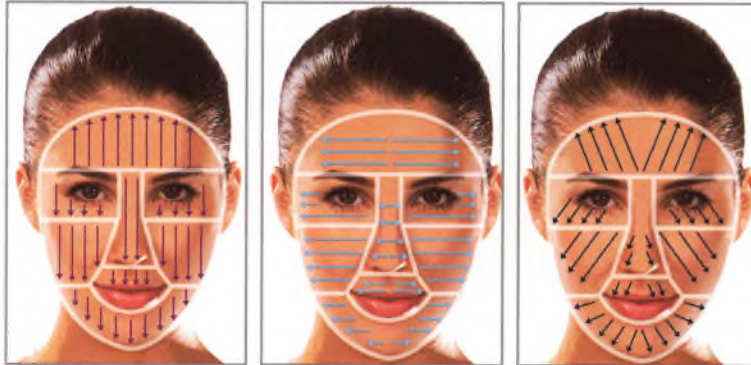
Prior to commencing any Dermapen™ clinical procedure, the treatment area should be visually sectioned as indicated on the Dermapen™ Clinical Treatment Chart. This ensures a methodical, thorough and consistent technique.

The procedural order for facial regions is divided into six treatment areas:

1. FOREHEAD
2. CHIN & JAWLINE
3. CHEEKS
4. PERI-ORBITAL
5. NOSE
6. PERI-ORAL REGION



For a standard Dermapen™ clinical Procedure, the three-stripe technique should always be observed. The first stripe is always vertical, the second horizontal and the third diagonal

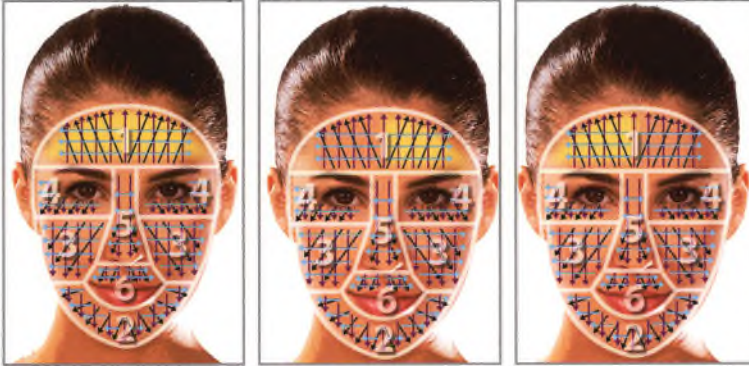


Visually separating the right and left hand sides, always work from the centre of the face outwards, away from the eyes and lower peri-oral contours.



### 1. FOREHEAD

Visually separate the right and left hand sides. For easy operation, work from the centre outwards, in an upward direction away from the eyes. The glabella area should be included when treating this region.

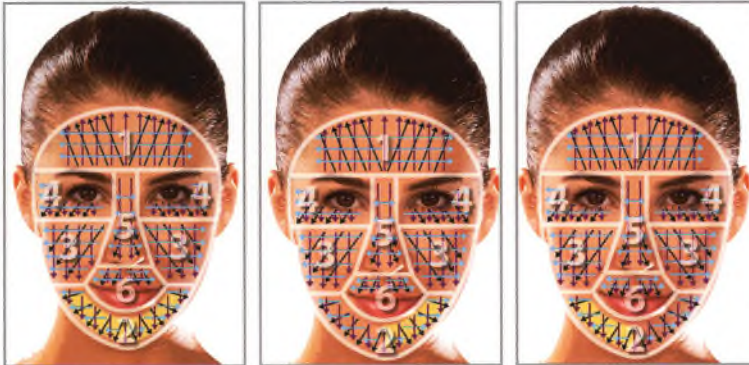


Forehead  
Right/Left



### 2. CHIN & JAWLINE

Visually separate the right and left hand sides. Work from the centre of the chin outwards in a downward direction away from the mouth.



Chin & Jawline  
Right/Left



### 3. CHEEKS

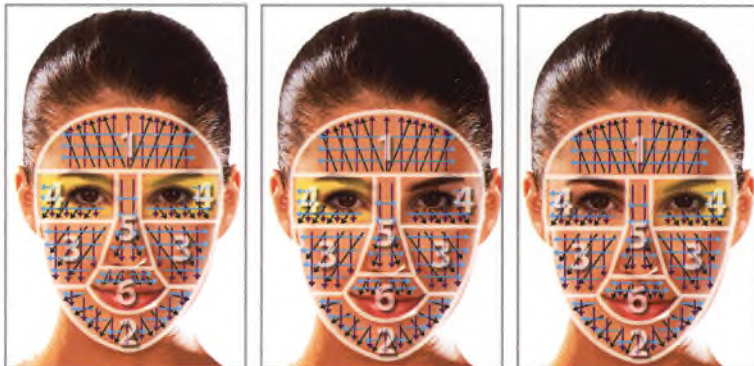
Visually separate the right and left hand sides. Work from the centre of the face outwards in a downward direction away from the eyes. Both the lower cheek and cheekbone should be included when treating this region.



Cheeks  
Right/Left

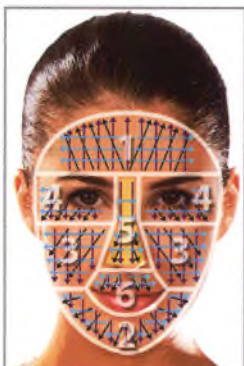
## 4. PERI-ORBITAL

Work from the centre of the face outwards in a downward direction away from the eye. The temple area and brow bone should be included when treating this region.



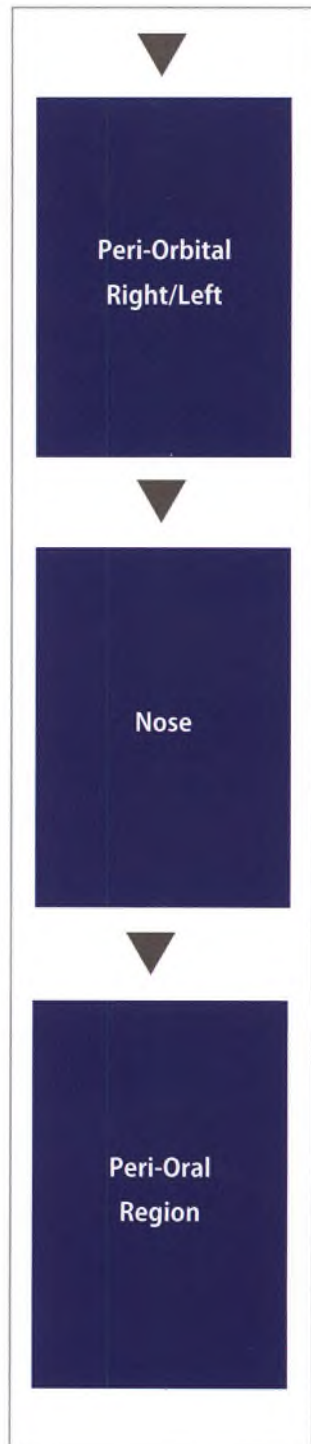
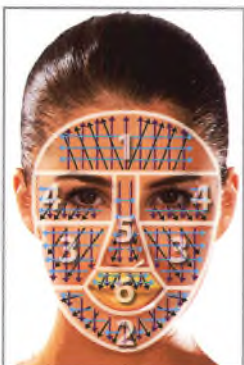
## 5. NOSE

Work from the top of the nose in a downward direction towards the tip. Ensure both sides are treated in a downward and outward direction. The corners where the nasolabial folds begin should be included when treating this region.



## 6. PERI-ORAL REGION

Visually separate the right and left hand sides. Work from the centre of the upper lip outwards in a downward direction away from the nostrils. The lips may be included when treating this region.



## DERMAPEN™ CLINICAL TREATMENT PROCEDURE BODY

Prior to commencing any Dermapen™ Clinical procedure for body areas, the treatment area should be recorded on a Dermapen™ Clinical Treatment Chart. Areas that may be effortlessly treated include (but are not limited to):

- Neck
- Décolletage
- Abdomen
- Hips
- Buttocks
- Thighs
- Upper arms
- Lower arms

Due to the risk of Topical Local Anaesthetic toxicity, the treatment area or areas must not total more than 400cm<sup>2</sup> (9" x 9"). This equates to roughly 5 grams (5.4ml) to 7 grams (7.6ml) of TLA. If the area to be treated exceeds this, the patient will require multiple Dermapen™ Clinical treatments spaced over a couple of days. The application of more TLA to treat an additional area during the one sitting is not advised and may cause adverse reaction. Ideally an interval of at least 24 hours should be observed prior to the next session.

For a standard Dermapen™ Clinical Procedure for body areas, the three-stripe technique should always be observed. The first stripe is always vertical, the second horizontal and the third diagonal. Visually dividing larger areas into smaller working sections ensures a methodical, thorough and consistent technique.

The same sterile procedures and treatment protocols practiced for facial areas should be observed when performing a Dermapen™ body procedure.

Follow formal facial post-procedure care protocols with the exception of the application of DP Dermaceuticals Hyla Active 3D Sculptured Mask™.

## DERMAPEN™ CLINICAL POST-PROCEDURE CARE

Once all treatment regions have been successfully treated, turn off the Dermapen™ device, and place gently onto the sterile field. This concludes the needling component when performing a Dermapen™ Clinical procedure.

If a DP Dermaceuticals Hyla Active 3D Sculptured Mask™ is not being used, follow formal post-operative procedure, commencing with a gauze swab soaked in Sodium Chloride Injection BP 0.9% which has already been dispensed into the Sterile Basic Dressing Kit.

Otherwise, remove Sterile Surgical Gloves and discard. Replace with a fresh pair of non-sterile examination gloves.

Post-operative protocols following a Dermapen™ Clinical procedure ensure client comfort, whilst supporting skin repair by maximizing the infusion of ingredient actives and reducing heat and erythema.

Wearing non-sterile examination gloves, open a single-use sachet of DP Dermaceuticals Hyla Active 3D Sculptured Mask™. Unfold the cloth until the mask is completely open and apply directly over the patient's skin, starting from the forehead. Smooth the mask removing any air bubbles to form a second skin effect. Continue application to the remainder of the face and neck, ensuring to wrap the fasteners around the patient's ears.

Use same sterile procedures & protocols practiced for the face

Monitor area of TLA. Repeat treatments for large areas

Apply the three stripe technique (vertical, horizontal, diagonal)

Turn device off

Remove mask

As the mask is left to activate for up to fifteen minutes, remove a pre-chilled DP Dermaceuticals Cool Stick™ from refrigeration and unscrew the stick top in a counter-clockwise direction.

Using gentle pressure, apply DP Dermaceuticals Cool Stick™ in gliding motions over the top of Hyla Active 3D Sculptured Mask™ to enhance lymphatic drainage. Lymphatic drainage facial movements to support increased skin immunity and recovery may be found on page 87.

Once the DP Dermaceuticals Hyla Active 3D Sculptured Mask™ has processed for the required time and lymphatic drainage with the Cool Stick™ has been performed, place the DP Dermaceuticals Cool Stick™ on to the sterile field for later disinfecting and re-use.

To remove the Hyla Active 3D Sculptured Mask™, release the fasteners from the patient's ears, then, starting at the neck, gently roll the mask off in an upward direction until completely removed. Place the used mask in an allocated discard area on the sterile field.

Remove any post treatment secretions, such as blood, with a gauze swab contained in the Sterile Basic Dressing Kit. Soak the swab into the Sodium Chloride Injection BP 0.9% dispensed solution and remove any traces of blood or serum from the treated area. Repeat this process with a newly soaked gauze swab until the treated area is completely clean.

If more gauze swabs are required, simply soak 8 Ply Non-Sterile Gauze Swabs 7.5cm x 7.5cm in remaining saline solution.

Remove gloves and discard. Replace with a fresh pair of non-sterile examination gloves to commence the Dermapen™ clinical procedure conclusion.

#### DERMAPEN™ CLINICAL PROCEDURE CONCLUSION

Dispense two pumps of DP Dermaceuticals Antioxidant Cocktail™ onto the palm of one hand and then emulsify between the fingertips. Apply directly to the treatment area with gentle pressing movements until the product is fully absorbed.

Follow with two pumps of DP Dermaceuticals Vitamin Rich Repair™, smoothing lightly onto the skin to restore barrier function and integrity.

Conclude the Dermapen™ clinical procedure with a light application of tinted Cover Recover™ to the treatment area for ultra violet protection and versatile coverage to conceal any erythema. Apply in light pressing motions then blend for a seamless and undetectable finish.

Cleanse with Saline soaked gauze

Re-glove

Apply Antioxidant Cocktail

Apply Vitamin Rich Repair

Apply Cover Recover

Treatment conclusion



# DP DERMACEUTICALS™ PRODUCT PROFILE

## MICRO DERM EXFOLIANT™

Dermapen Approved pre and post-op daily exfoliant for skin needling and clinical rejuvenation. This versatile cleanser and exfoliant in one rapidly purifies and clarifies, revealing a renewed and healthy-looking complexion.

INDICATION	TARGET
Impure	Purifying
Dull	Re-surfacing
Roughened	Re-texturising
Congested	De-congesting
Clogged	Smoothing

SKIN TYPES	SKIN CONDITIONS
Oily	Aged
Combination	Pigmented
Dry	Dehydrated
Congested	Problematic
	Scarring
	Stretch marks



## KEY BENEFITS:

- Gently and effortlessly whisks away dirt, make-up and impurities
- Refines and softens for immediate comfort
- Removes dulling residue and dead skin cells for a brighter effect
- Leaves the skin feeling clean and fresh
- Diminishes the appearance of fine lines, wrinkles, pores, age spots, uneven tone and acne scars
- Unifies and smooths for increased clarity

## KEY INGREDIENTS:

**Bamboo Powder:** A mineral rich, resurfacing medium that gently buffs and exfoliates for a non-abrasive finish.

**Hylafuse Complex:** A triple weighted hyaluronic acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

**Shea & Mango Butters:** Nourishing and rich botanical emollients that fortify barrier function to prevent dehydration and stripping. The skin feels instantly smooth and re-texturised.

**Aloe Vera & Cucumber Extracts:** Anti-inflammatory and antioxidant rich botanicals abundant in natural vitamins C, A and E. General condition of the skin is strengthened, visibly reducing irritation and reactivity.

## METHOD OF USE:

Dispense an almond sized amount of DP Dermaceuticals Micro Derm Exfoliant onto slightly moistened fingertips and apply to skin in circular motions. Micro Derm will act as both, a cleanser and an exfoliant, ensuring proper and efficient preparation for a Dermapen Treatment, as well as effective daily maintenance. Remove with sponges or a face flannel.

The effects may be intensified by using on dry skin or as a treatment mask. Simply leave on the skin (avoiding the eye area) for 10-15 minutes before rinsing.



### DOCTOR'S TIPS:

- Do not use Micro Derm Exfoliant™ on the mobile parts of the eye contours. A separate eye make-up remover is recommended.
- Micro Derm Exfoliant™ may be used for face and body applications.
- For skins experiencing signs of sensitivity or irritation, Micro Derm Exfoliant™ may be used weekly instead of daily.

## RX

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised/ Post-op	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	Hyla Active™	Antioxidant Cocktail™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™

INGREDIENT LIST: WATER, BAMBOO, LACTIC ACID, EMULSIFYING WAX, GLYCERIN, SHEA BUTTER, HYALURONIC ACID, MANGO BUTTER, JOJOBA OIL, GRAPE SEED OIL, SODIUM HYDROXIDE, CUCUMBER EXTRACT, ALOE BARBADENSIS, BENZYL ALCOHOL-DA, XANTHUM GUM, STEARIC ACID, EDTA

## HYLA ACTIVE™

An intensive moisture infusion that delivers deep hydration, comfort and repair. Hyla Active™ restores harmony to all skin types and conditions.

INDICATION	TARGET
Dehydrated	Rehydrating
Roughened	Re-texturised
Dull	Revitalising
Lacklustre	Renewing
Fatigued	Reviving
Irritated	Re-balancing

SKIN TYPES	SKIN CONDITIONS
Oily	Aged
Combination	Pigmented
Dry	Dehydrated
	Sensitised
	Problematic



### KEY BENEFITS:

- Provides a gliding medium for Dermapen™ clinical treatments
- Forms a 'second skin' to deliver immediate effect
- Infuses a feeling of deep hydration, comfort and repair.
- Reduces and diffuses the appearance of visible redness and inflammation
- Promotes regeneration and repair for a younger-looking skin
- Plumps and smooths the signs of environmental ageing

### KEY INGREDIENTS:

**Hylafuse™ Complex:** A triple weighted Hyaluronic Acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

**Zinc:** A potent anti-inflammatory mineral that promotes wound healing, repair and collagen formation. The skin recovers faster and stronger when integrity is compromised.

**Vitamin B5:** An active vitamin necessary for tissue repair and simultaneous re-fortification of re-fortifying barrier function. The complexion's defences feel are better equipped and protected.

## METHOD OF USE:

**DERMAPEN™ CLINICAL PROCEDURES:** Prior to a Dermapen™ professional or medical procedure, apply **Hyla Active™** as required over the treatment area to create a smooth, gliding medium. **Hyla Active™** may be applied immediately post-skin needling with light pressing motions until absorbed. **Antioxidant Cocktail™** may be applied as a boosting treatment over the top of **Hyla Active™** for increased efficacy and protection.

**PRE & POST-OPERATIVE CARE:** After cleansing the skin with **Micro Derm Exfoliant™**, apply 2-3 pumps of **Hyla Active™** to dry skin. Massage lightly until absorbed. Follow with the application of an appropriate moisturiser and sunscreen.

For chronically dry or dehydrated skin, **Antioxidant Cocktail™** or **Brite-Lite™** may be applied directly over the top of **Hyla Active™**, followed by moisturiser.



### DOCTOR'S TIPS:

- Always ensure daily use and re-application of a sunscreen.
- Always ensure an adequate application of Hyla Active™ when performing a Dermapen™ clinical treatment to avoid dragging or pulling of the skin.

## RX

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	<b>Hyla Active™</b>	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised/ Post-op	Micro Derm Exfoliant™	<b>Hyla Active™</b>	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	<b>Hyla Active™</b>	Antioxidant Cocktail™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™

INGREDIENT LIST: WATER, HYALURONIC ACID, ZINC, PANTOTHENIC ACID, BENZYL ALCOHOL, DEHYDROACETIC ACID

## ANTIOXIDANT COCKTAIL™

An environmental shield that neutralises free radicals. Antioxidant Cocktail™ diffuses the ageing effects of pollution, stress and prolonged sun exposure.

INDICATION	TARGET
Sun-damaged	Repairing
Environmentally damaged	Fortifying
Free-radical aggressed	Antioxidant
Aged	Rejuvenating
Pre-maturely aged	Revitalising
Pigmented	Brightening

SKIN TYPES	SKIN CONDITIONS
Oily	Pre-maturely aged
Combination	Aged
Dry	Sun-damaged
	Pigmented



### KEY BENEFITS:

- Repairs and fortifies against the signs of sun and environmental damage
- Hydrates and revives for a visibly brighter tone
- Re-texturises and smooths for a renewed, refreshed appearance
- Restores vitality and energy to erase signs of fatigue

### KEY INGREDIENTS:

**Vitamin C:** A potent antioxidant and multi-tasking vitamin that provides intensive environmental protection. Necessary for collagen formation, Vitamin C also regulates excess pigment production. The skin appears smoother and plumper with increased clarity and radiance.

**Vitamin B3:** A versatile anti-inflammatory that promotes regulated pigment and hydration. Redness, irritation and sensitivity are visibly reduced and calmed.

**Argirilene™ & Syn-Coll™:** Patented power peptides that are clinically proven to reduce wrinkle depth and stimulate collagen for a firm, lifted and rejuvenated complexion.

**Rooibos & Aloe Vera:** Anti-inflammatory and antioxidant rich botanicals abundant in natural manganese, zinc and copper. The skin feels stronger, with visibly reduced redness and reactivity.

**Hyalufuse™ Complex:** A triple weighted Hyaluronic Acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

**METHOD OF USE:**

**DERMAPEN™ PROCEDURES:** Immediately post a Dermapen™ clinical procedure, apply 2-3 pumps of **Antioxidant Cocktail™** over the treatment area with light pressing motions until absorbed. Follow with an application of **Vitamin Rich Repair™** for increased efficacy and protection.

**PRE & POST-OPERATIVE CARE:** After cleansing the skin with **Micro Derm Exfoliant™**, apply 2-3 pumps of **Antioxidant Cocktail™** to dry skin. Massage lightly until absorbed. Follow with the application of an appropriate moisturiser and sunscreen.

For chronically dry or dehydrated skins, **Antioxidant Cocktail™** may be applied directly over the top of **Hyla Active™**, followed with moisturiser.

For aged or sun-damaged conditions, 2-3 pumps of **Vitamin Rich Repair™** may be applied over the top of **Antioxidant Cocktail™**, followed with moisturiser.

**DOCTOR'S TIPS:**

- Always ensure daily use and re-application of a sunscreen.
- Antioxidant Cocktail™ provides weightless coverage suitable for problematic or oily complexions.

**RX**

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	<b>Antioxidant Cocktail™</b>	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	<b>Antioxidant Cocktail™</b>	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised / Post-op	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	<b>Antioxidant Cocktail™</b>	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	Hyla Active™	<b>Antioxidant Cocktail™</b>	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™

**INGREDIENT LIST:** Water, Glycerin, Magnesium Ascorbyl Phosphate, Hydrolysed Jojoba Protein, Hyaluronic Acid, Palmitoyl Tripeptide-5, Ergothioneine, Aloe Barbadensis Extract, Aspalathus Linearis (Rooibos) Extract, Niacinamide, Xanthum Gum, Citrus Grandis (Grapefruit) Peel Oil, Citrus Aurantium Dulcis (Orange) Peel Oil, Disodium EDTA, Benzyl Alcohol, Dehydroacetic Acid

## VITAMIN RICH REPAIR™

A replenishing solution that promotes intensive repair and re-structuring. Vitamin Rich Repair™ visibly strengthens vulnerable complexions.

INDICATION	TARGET
Sun-damaged	Repairing
Environmentally damaged	Fortifying
Free-radical aggressed	Antioxidant
Aged	Rejuvenating
Sensitised	Soothing
Weakened	Strengthening
Irritated	Re-balancing

SKIN TYPES	SKIN CONDITIONS
Oily	Aged
Combination	Sun-damaged
Dry	Sensitised
	Post-operative



### KEY BENEFITS:

- Nourishes and comforts for increased resiliency
- Softens the appearance of fine and deep lines
- Visibly firms and lifts atrophied contours
- Promotes intensive rebuilding and repair
- Equalises the effects of imbalanced function

### KEY INGREDIENTS:

**Vitamin A Esters:** Skin compatible, active derivatives of Vitamin A. Cell production becomes regulated as collagen and elastin production is stimulated. The skin functions more effectively for a clearer, brighter and clarified complexion.

**Vitamin E:** A potent antioxidant that re-enforces barrier function and protection. The skin is armed against environmental aggression for a visibly stronger and resilient look and feel.

**Neodermyl™:** A patented power copper peptide that is clinically proven to revitalise aged cells to stimulate refreshed and renewed collagen production. The skin is visibly plumped with increased volume and firmness.

**Resveratrol:** A potent anti-inflammatory and antioxidant sourced from the skin of red grapes. Resveratrol boasts antibiotic qualities with free-radical fighting abilities more powerful than vitamin C or idebenone.

**Hylafuse™ Complex:** A triple weighted Hyaluronic Acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

## METHOD OF USE:

**DERMAPEN™ PROCEDURES:** Immediately following a Dermapen™ clinical procedure, apply 2-3 pumps of **Vitamin Rich Repair™** over the top of **Antioxidant Cocktail™** with light pressing motions until absorbed.

**PRE & POST OPERATIVE CARE:** After cleansing the skin with **Micro Derm Exfoliant™**, apply 2-3 pumps of **Vitamin Rich Repair™** to dry skin. Massage lightly until absorbed. Follow with the application of an appropriate moisturiser and sunscreen.

For chronically aged or sensitised skins, **Vitamin Rich Repair™** may be applied directly over the top of **Hyla Active™**, followed with moisturiser.



### DOCTOR'S TIPS:

- Always ensure daily use and re-application of a sunscreen
- Vitamin Rich Repair™ may be suitable as a corrective moisturiser for oily and combination skin types

## RX

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	Antioxidant Cocktail™	<b>Vitamin Rich Repair™</b>	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	<b>Vitamin Rich Repair™</b>	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	Hyla Active™	<b>Vitamin Rich Repair™</b>	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised / Post-op	Micro Derm Exfoliant™	Hyla Active™	<b>Vitamin Rich Repair™</b>	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	Hyla Active™	Antioxidant Cocktail™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™

**INGREDIENT LIST:** Water, Vitis Vinifera (Grape) Seed Oil, Aloe Barbadenis Leaf Juice, Acetamide MEA, Squalene, Glycerin, Propylene Glycol, Cetyl Esters, Polyglyceryl-10 Pentastearate, Glyceryl Stearate, Behenyl Alcohol, Hyaluronic Acid, Resveratrol, Aminomethyl Propanol, Gluconolactone, Methyl Glucoside Phosphate / Proline Lysine Copper Complex, Sodium Stearoyl Lactylate, Silybum Marianum Fruit Extract, Alchemilla Vulgaris Extract, Equisetum Arvense Extract, Glycine Soja (Soybean) Seed Extract, Vitis Vinifera (Grape) Vine Extract, Triticum Vulgare (Wheat) Seed Extract, Medicago Sativa (Alfalfa) Extract, Raphanus Sativus (Radish) Seed Extract, Tocopherol Acetate, Retinyl Palmitate, Retinyl Palmitate, Decyl Glucoside, SD Alcohol, Silica, Dimethicone, Butylene Glycol, Sodium Benzoate, Carbomer, Tetrasodium EDTA, Phenoxyethanol, Caprylyl Glycol, Hexylene Glycol, Ethylhexylglycerin, Red 40



**BRITE LITE™**

A versatile corrective that inhibits excess pigment formation. Brite Light™ reduces the appearance of age spots, melasma, post-inflammatory hyperpigmentation and uneven skin tone.

INDICATION	TARGET
Hyperpigmented	Clarifying
Clarifying	Brightening
Sun-damaged	Unifying
Uneven Skin Tone	Lightening
Pre-Operative	Preventative

SKIN TYPES	SKIN CONDITIONS
Oily	Hyperpigmented
Combination	Melasma/Chloasma
Dry	Post-inflammatory hyperpigmentation
	Pre-operative

**KEY BENEFITS:**

- Brightens and lightens the appearance of uneven skin tone and dark spots
- Reduces the appearance of age spots, freckles and sun-damage
- Promotes a more even and uniform looking complexion
- Sedates pigment formation for long lasting results
- Prepares hyperpigmented skin for clinical Dermapen™ procedures
- Imparts a luminous glow for radiant looking skin

**KEY INGREDIENTS:**

**Kojic Acid & Liquorice:** Intensive pigment regulators that sedate excess production of melanin, whilst fading existing spots and discolourations. The skin becomes visibly clearer, brighter and more even.

**Argirilene™ & Syn-Coll™:** Patented power peptides that are clinically proved to reduce wrinkle depth and stimulate collagen for a firmer, lifted and rejuvenated complexion.

**Squalane:** A bio-identical antioxidant and emollient that re-enforces barrier function and protection. The skin is environmentally shielded with the sensation of long lasting comfort.

**Hyalufuse™ Complex:** A triple weighted Hyaluronic Acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

## METHOD OF USE:

**DERMAPEN™ PROCEDURES:** **Brite Lite™** is recommended for daily use 2 weeks prior to any Dermapen™ professional or medical procedure as a pigment inhibitor. Use AM and / or PM, applying 2-3 drops to dry skin. Massage lightly until absorbed. Follow with the application of an appropriate moisturiser and sunscreen. **Brite Lite™** is not recommended for use immediately following a Dermapen™ clinical procedure. Daily application may be resumed 3-4 days post-operative.

**PRE & POST OPERATIVE CARE:** After cleansing the skin with **Micro Derm Exfoliant™**, apply 2-3 pumps of **Brite Lite™** to dry skin. Massage lightly until absorbed. Follow with the application of an appropriate moisturiser and sunscreen. For further pigment inhibiting abilities or as a Dermapen™ pre-operative prep, **Brite Lite™** may be used twice daily over an application of **Antioxidant Cocktail™**.



### DOCTOR'S TIPS:

- A sunscreen must be applied and re-applied daily.
- Depending on the condition, Brite Lite™ may be used up to twice a day.

## RX

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	<b>Brite Lite™</b>	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	<b>Brite Lite™</b>	<b>Brite Lite™</b>	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised / Post-op	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	Hyla Active™	Antioxidant Cocktail™	<b>Brite Lite™</b>	Hyla Active 3D Sculptured Mask™	Dermapen™

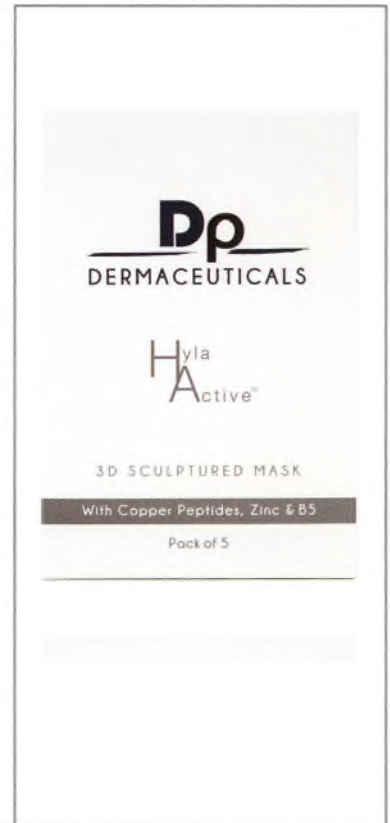
INGREDIENT LIST: Water, Propylene Glycol, Acetyl Hexapeptide-8, Hyaluronic Acid, PEG-8 Dimethicone/PEG-8 Raspberriate, Glycyrrhiza Glabra (Liquorice) Root Extract, Cetearyl Oliviate/Sorbitan Oliviate, Squalane, Kojic Acid, Palmitoyl Tripeptide-5, Behenyl Alcohol, Anthemis Nobilis (Chamomile) Flower Extract, Hydrolyzed Jojoba Protein, Sodium Acrylate/Acryloyldimethyltaurate Copolymer/Isohexadecane/Polysorbate 80, Tocopheryl Acetate, Magnesium Ascorbyl Phosphate, Camellia Sinensis (Green tea) Leaf Extract, Rosa Canina (Rosehip) Seed Oil, Hydrolyzed Silk, Panthenol, Resveratrol, Retinyl Palmitate, Aloe Barbadensis, Lecithin, Xanthum Gum, Benzylalcohol/Dehydroacetic acid, Disodium EDTA, Triethanolamine

## HYLA ACTIVE 3D SCULPTURED MASK™

An innovative cloth mask that delivers potent hydration and healing repair for a stronger and more resilient feeling skin.

INDICATION	TARGET
Dehydrated	Rehydrating
Roughened	Re-texturised
Dull	Revitalising
Lacklustre	Renewing
Fatigued	Reviving
Irritated	Re-balancing

SKIN TYPES	SKIN CONDITIONS
Oily	Aged
Combination	Pigmented
Dry	Sun-damaged
	Dehydrated
	Sensitised
	Problematic



### KEY BENEFITS:

- A pre-shaped cloth infusion creates effortless application
- Hydrates and cools for immediate relief post-treatment
- Nourishes and repairs for long-lasting comfort
- Leaves the skin feeling revitalised and awakened
- Softens the appearance of fine lines, wrinkles, pores and acne scars
- Plumps and firms for a rejuvenated effect

### KEY INGREDIENTS:

**Copper Peptides:** A patented power peptide that is clinically proven to accelerate wound healing and repair whilst stimulating collagen production and quality. The skin appears repaired and renewed with increased resiliency and defence.

**Mineral Ore Ferment:** Including Zinc, Copper, Iron, Magnesium and Silicon, these oligoelements strengthen skin activity and collagen for regulated function. The skin appears visibly refreshed and renewed with strengthened immunity and clarity.

**Hylafuse™ Complex:** A triple weighted Hyaluronic Acid complex that effortlessly absorbs into the skin to promote maximum hydration, moisture infusion and long lasting comfort.

**Hydrolysed Collagen:** A bio-identical potent hydrator that stimulates increased hydration and firmness. The complexion appears more radiant and luminous with increased vitality.

**Willow Bark:** A potent antioxidant and anti-inflammatory botanical rich in soothing salicin and protective tannins. Redness, irritation and sensitivity are visibly reduced for a more even and balanced complexion.

## METHOD OF USE:

**DERMAPEN™ PROCEDURES:** After removing any excess **Hyla Active™** and procedural skin secretions (such as blood) with saline solution, apply **Hyla Active 3D Sculptured Mask™**. Open the package and apply to the face starting at the forehead, wrapping around the ears, then smooth out over the remainder of the face. Stimulate lymphatic drainage by applying **DP Dermaceuticals Cool Stick™** in gliding movements over the top. Allow the mask to activate for 10-30 minutes before removing and discarding. Absorb any excess mask residue with a tissue, then follow with an application of **Antioxidant Cocktail™**, **Vitamin Rich Repair™** and **Cover Recover™**.

**HOME CARE:** After cleansing the skin with **Micro Derm Exfoliant™**, apply **Hyla Active 3D Sculptured Mask™**. Open the package and apply to the face starting at the forehead, wrapping around the ears, then smoothing out over the remainder of the face. Allow the mask to activate for 10-30 minutes before removing and discarding. Absorb any excess mask residue with a tissue and follow with an application of the appropriate DP Dermaceuticals™ corrective serum.



- Hyla Active 3D Sculptured Mask™ is single use only.
- Hyla Active 3D Sculptured Mask™ may be used as often as required, especially for demanding, reactive conditions.
- After removal, it is recommended to follow with an application of the appropriate DP Dermaceuticals™ corrector then moisturiser.
- Hyla Active 3D Sculptured Mask™ is ideal as a pre-event skin prep
- Hyla Active 3D Sculptured Mask™ may be applied immediately to the skin after any clinical procedure to accelerate healing, repair and comfort.

## RX

	CLEANSE	CORRECT AM	CORRECT PM	CORRECT+	TREAT	TX
Aged	Micro Derm Exfoliant™	Antioxidant Cocktail™	Vitamin Rich Repair™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™
Pigmented	Micro Derm Exfoliant™	Brite Lite™	Brite Lite™	Vitamin Rich Repair™	Hyla Active 3D Sculptured Mask™	Dermapen™
Dehydrated	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Sensitised / Post-op	Micro Derm Exfoliant™	Hyla Active™	Vitamin Rich Repair™	Antioxidant Cocktail™	Hyla Active 3D Sculptured Mask™	Dermapen™
Problematic	Micro Derm Exfoliant™	Hyla Active™	Antioxidant Cocktail™	Brite Lite™	Hyla Active 3D Sculptured Mask™	Dermapen™

INGREDIENT LIST: Demineralised Water (Aqua), Aloe Barbadensis Leaf Juice, Saccharomyces Copper Ferment, Saccharomyces Zinc Ferment, Saccharomyces Magnesium Ferment Saccharomyces Iron Ferment Saccharomyces Silicon Ferment, Butylene Glycol, Panthenol, Pentylene Glycol, Leuconostoc/Radish Root Ferment Filtrate, Salix Alba Bark Extract, Propanediol, Saccharide Isomerate, Glycerin, Methyl Glucoside Phosphate, Proline Lysine Copper Complex, Dipotassium Glycyrrhizate, Carbomer, Xanthum Gum, PEG-40 Hydrogenated Castor Oil, Hydrolyzed Collagen, Hyaluronic Acid, Potassium Hydroxide, Prezotide Copper Acetate, Mentha Piperita (Peppermint) Oil

**COOL STICK™**

A convenient chilling device that cools and soothes the skin post-treatment, and help alleviate various inflamed skin conditions.

INDICATION	TARGET
Inflamed	Soothing
Hot	Cooling
Swollen	Draining
Fatigued	Reviving
Irritated	Re-balancing

SKIN TYPES	SKIN CONDITIONS
Oily	Sensitised
Combination	Reactive
Dry	Post-Operative
	Puffy

**KEY BENEFITS:**

- Lightweight and conveniently small in size
- May be re-used for unlimited treatments
- Maintains a cool temperature to create an instant soothing and tightening effect
- Reduces the appearance of puffiness, redness, irritation and inflammation
- Relieves the feeling of heat and itchiness

**METHOD OF USE:**

- Twist the flat base cap open and remove the cooling cartridge from the outer casing
- Twist off the cartridge cap and fill to 80% capacity with standard tap water
- Replace the cartridge cap and insert into the outer casing
- Replace the flat base cap and place the entire Cool Stick™ into a freezer for 1.5 hours
- Remove from the freezer immediately prior to use
- Clean with a mild disinfectant and return to the freezer after use.

**DERMAPEN™ PROCEDURES:** Apply following lymphatic drainage movements over the top of Hyla Active 3D Sculptured Mask™. Cool Stick may be applied directly to body skin following a Dermapen™ clinical procedure following lymphatic drainage movements, See page 87.

**PRE & POST OPERATIVE CARE:** Apply directly to areas experiencing puffiness, itching, burning or inflammation. Apply following lymphatic drainage movements over the top of Hyla Active 3D Sculptured Mask™

**DOCTOR'S TIPS:**

- Use slow rhythmical movements towards the lymph nodes to increase the draining action.

# INCORRECT DERMAPEN™ CLINICAL PROCEDURES & PRACTICES

To ensure the upmost in patient and procedural safety, formal Dermapen™ procedures and practices must always be followed. Incorrect protocols may risk patient safety and void the device warranty.

## **Incorrect Sterile Procedure**

The creation of a sterile work environment ensures procedural safety and hygiene. Always ensure correct protocols when opening a Sterile Basic Dressing Kit and dispensing pre-operative treatment solutions. Hands should always be appropriately gloved. Incorrectly handling the kit's contents will break the sterile field.

## **Incorrect Application Of DP Sleeve™**

A single-use DP Sleeve™ is required for every Dermapen™ clinical procedure. Always ensure correct protocols and application to promote a sterile work environment. Incorrect application of the sleeve will break the sterile field.

## **INCORRECT DERMAPEN™ HANDLING PROCEDURES:**

### **Incorrect Angle**

The Dermapen™ device should always glide over the skin at a 90 degree angle. For an even and effective treatment, always ensure that consistent contact is made with the skin.

### **Circular Motions**

A Dermapen™ clinical procedural technique is defined by stripe-like motions. The needle cartridge tip should always be lifted from the skin between each stripe. Circular motions may cause unnecessary trauma to the skin and affect normal function of the Dermapen™ device.

### **Dragging**

The stripe-like technique should always maintain light and consistent skin contact. Heavy pressure will create dragging and pulling of the skin and may affect normal function of the Dermapen™ device.

## **INCORRECT DERMAPEN NEEDLE CARTRIDGE™ PROCEDURES:**

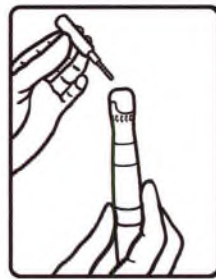
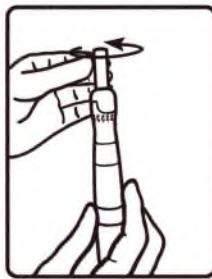
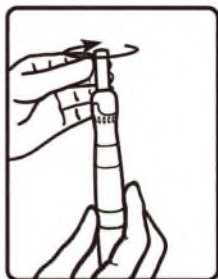
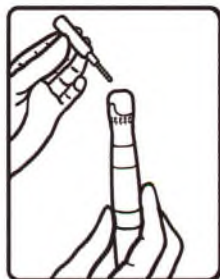
### **Incorrect Microderm Needle Cartridge Insertion**

A new Dermapen Microderm Needle Cartridge™ is required for every treatment. Peel back the packaging and drop the device onto the sterile field. Do not touch the Microderm Needle Cartridge™ or needles unless hands are appropriately gloved following sterile procedure. The cartridge should always be gently inserted in a clockwise direction.

### **Incorrect Needle Cartridge Removal**

The Microderm Needle Cartridge™ must always be removed correctly from the Dermapen™ device. Holding the neck of the Dermapen™ with one hand, twist the Microderm Needle Cartridge™ in a counter-clockwise direction to release. Pulling the cartridge out of the device may affect normal function of the Dermapen™ and void the warranty.

**For more information on Dermapen™ clinical procedures and practices refer to the Dermapen™ Complete Treatment video on [www.dermapenworld.com](http://www.dermapenworld.com).**



Correct Needle Cartridge Insertion

Correct Needle Cartridge Removal

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# DERMAPEN™ DUTY CYCLE

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As a precision medically engineered device, Dermapen™, Professional and Medical devices are designed to follow a specific duty cycle in order to optimise motor function, efficacy and longevity. Duty cycle simply refers to the time of operation before the device requires a rest.

After continuous run time for all Dermapen™ device a cool-down period may be required, simply turn off the device during the procedure whilst adjusting depths or re-applying DP Dermaceuticals Hyla Active to a new region.

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# DERMAPEN™ DEVICE STORAGE

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All Dermapen™ devices should be stored in their protective case in a well-ventilated area at room temperature. The device should be gently wiped down with DP Dermaceuticals™ DP Wipes™ before and after every treatment. Dermapen devices are not water proof and should not be washed or exposed to corrosive cleansing materials.

**WARNING:** A Dermapen™ device is an electrical tool when plugged into mains power and switched on. Standard electrical safety procedure guidelines are to be followed:

- Keep the device out of water
- Do not cut or sever the cord
- Keep the device out of the reach of children
- Do not make unauthorised repairs or additions to the device
- Always ensure the device is turned off, the power source switched off and the cord unplugged in-between treatments.

**IMMEDIATE MEDICAL ATTENTION MUST BE SOUGHT FOR ELECTROCUTION.**

# DERMAPEN™ PROFESSIONAL AND MEDICAL GUIDELINES

- Dermapen™ Professional and Medical devices are for the sole use of trained and qualified Dermapen™ practitioners. Use by a non-qualified practitioner or sale to the general public is strictly prohibited.
- Only genuine Dermapen™ accessories and consumables are to be used with any Dermapen™ device and during any Dermapen™ procedure.
- All patients undergoing a clinical Dermapen™ procedure must have undergone a full Dermapen™ consultation prior to administering any Dermapen™ treatment.
- Sterile procedure is recommended at all times throughout a Dermapen clinical treatment to prevent cross-infection. If the sterile field is broken, re-glove with new sterile gloves.
- Ensure that all sterile consumables and any product being used during a Dermapen™ clinical treatment have not expired.
- All sterile consumables, Dermapen Microderm Needle Cartridges™ and clinical treatment consumables are single-use only. Used needle cartridges MUST be disposed of into a medical sharps container. All other consumables MUST be disposed of into a biological waste bin.
- Under no circumstances are Dermapen Microderm Needle Cartridge™ to be re-used or shared amongst multiple patients.
- If a practitioner needle stick injury is sustained during treatment, seek immediate medical attention.
- Always ensure that any device is handled with the utmost of care.
- Avoid excessive force or over-twisting the Dermapen Microderm Needle Cartridge™ during insertion or removal into the Dermapen™.
- Aggressive or over treatment will not create more effective results, always ensure the official Dermapen™ treatment procedure is followed exactly.
- Misuse of any Dermapen™ device may result in short-term bruising, grazing and increased healing. Longer-term post-inflammatory hyperpigmentation may result from misuse.
- Dermapen™ clinical treatments must not be performed on a minor without express parental permission.
- Dermapen™ treatments must not be performed on animals.





# FAQs - PATIENTS

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## What is Dermapen™?

Dermapen™ is a medically engineered device that utilises 12 surgical grade micro needles to deliver effective skin needling. Dermapen's™ patented operation incorporates vertical oscillation technology to trigger the skin's natural healing response. Multiple treatments provide long lasting rejuvenation and correction for face and body skin. Dermapen™ Professional and Medical are in-clinic procedures provided by a qualified Dermapen™ practitioner.

## How does Dermapen™ work?

Dermapen™ stimulates the skin's healing response encouraging the production of precious growth factors, collagen and elastin for a naturally rejuvenated, revitalised and regenerated skin.

## What makes Dermapen™ so unique?

Only Dermapen™ uses a specialised spring-loaded cartridge that is automated by an oscillating system. This delivers fast, fractional and virtually painless treatment that is non-ablative. Dermapen's™ patented technology delivers vertical channels into the skin minimising damage, downtime and discomfort, whilst its adjustable speed and depth customises each procedure for targeted results.

Dermapen™ offers the latest, most innovative and most awarded skin needling system in the world.

## How does Dermapen™ compare to other methods of skin rejuvenation?

Dermapen procedures are non-thermal and non-ablative. Treatment may be performed on all skin tones reducing any risk of post-inflammatory hyperpigmentation or fibrotic scar tissue formation.

## Is the treatment safe?

Yes. Dermapen™ clinical treatments may only be performed by a qualified Dermapen™ practitioner under strict sterile procedure. All treatment consumables are single-use and sterile.

## How soon will I see results?

Results typically may be seen after just one Dermapen™ clinical treatment, however cumulative treatments may be required to achieve the full desired result. The regenerating process will continue for up to 24 months post-treatment.

## Is a Dermapen™ treatment painful?

A mild numbing cream provides total comfort for Dermapen™ Professional and Medical procedures. Dermapen's™ unique oscillating system further increases tolerance by diffusing nerve sensation.

## What is the downtime?

Localised erythema may last up to 2 days post treatment. Make-up may be used 24 hours post-procedure to reduce any visible redness. Most patients can resume normal activities immediately after a clinical Dermapen™ treatment.

## What conditions can a Dermapen™ clinical procedure treat?

The Dermapen™ is able to treat various conditions, such as ageing, wrinkles, ultra violet damage, hyperpigmentation, hypopigmentation, vitiligo, rosacea, telangiectasia, problematic acne, dilated pores, milia, keratosis pilaris, scarring, stretch marks, alopecia and more.

## How long does a Dermapen™ clinical treatment take?

A full face may be treated in around 10 minutes (not including anaesthesia application or processing)

## How many treatments will I require?

Generalised rejuvenation can be achieved in a little as three treatments. Conditions such as scarring and stretch marks however may require a minimum of 5 sessions. Depending on the condition being targeted, treatments are performed on average every 4-8 weeks.

## FAQs - PRACTITIONERS

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### **Can the Dermapen Microderm Needle Cartridge™ be re-used?**

For legal and hygienic reasons, the cartridge may not be re-used, even on the same patient. There is no adequate method of re-sterilisation and the cartridge sharpness would be compromised.

### **What area size will one Dermapen Microderm Needle Cartridge™ cover before replacement?**

Dermapen Microderm Needle Cartridge™ are designed as a single-use consumable. The needles will efficiently cover the area of an A4 piece of paper before sharpness would be compromised. For Dermapen™ clinical procedures, it is not recommended to cover a size greater than this area during any one treatment.

### **Why does Dermapen™ utilise mains power instead of batteries?**

Batteries add excessive weight to the 82gm handpiece affecting balance and precision. As battery power reduces, so would that of the Dermapen™, compromising treatment efficacy.

### **Can a Dermapen™ treatment tear or scratch the skin?**

No. Dermapen's unique vertical needles provide fractional rejuvenation that does not compromise epidermal integrity. The patented needle oscillation technology moves so quickly (108 revs per second) that the Dermapen™ effortlessly glides across the skin providing 1300 puncture channels per second.

### **How long is the Dermapen™ device warranty?**

Nearly 12 months. Warranty on your Dermapen 3 Medical or Professional device may be extended to 5 years by registering your device on [www.dermapenworld.com](http://www.dermapenworld.com). In order to register you will need your device's serial number, which is either engraved on the pen itself, or printed on a sticker on the cord. When on the website, simply click on ProZone, and follow the outlined steps for registration.

### **Which conditions are contraindicated by a MyDermapen™ or Dermapen™ Professional and Medical treatments?**

Active papulopustular rosacea; acne vulgaris stage III-IV; active herpes simplex, active warts; scleroderma; active bacterial/fungal infections; open lesions; active solar keratosis; active skin cancer; haemophilia. Pregnant or lactating patients are recommended to seek medical permission first.

### **Can Dermapen™ treat keloid scars?**

Yes. However, extreme caution must be taken.

### **Does Dermapen(TM) treat veins?**

Whilst Dermapen™ can provide visual reduction in some telangiectasia, the treatment is not designed to treat or target veins.

### **How soon after wrinkle reduction or dermal filler injections can a Dermapen Professional or Medical Treatment be performed?**

2 weeks before or after anti-wrinkle or filler injections.

### **How soon after a course of Accutane (Roaccutane/Isotane) can a Dermapen Professional or Medical treatment be performed?**

Depending on the dosage and duration, a minimum of 6 months.

# TECHNICAL GLOSSARY

## A

**Adrenaline** - a hormone and inflammatory factor. Also referred to as epinephrine

**AOVN™ Technology** - Advanced Oscillating Vertical Needling Technology created by Dermapen

**Angiogenesis** - the formation and development of new blood vessels

**Anti-coagulant** - Blood thinner

**Apoptosis** - programmed cell death

**Arrhythmia** - an irregular heartbeat

## B

**Bradykinin** - a peptide involved in blood vessel dilation

## C

**Cathelicidins** - anti-microbial peptides found naturally in the skin

**Cicatricial healing** - the 'upside down' formation of connective tissue

**Coagulation** - the clotting of blood.

Also referred to as thrombogenesis

**Collagen** - proteins that contribute to the formation of the dermis and connective tissue

**Collagenase** - enzymes that break down collagen

**Collagen Deposition** - the deposition (depositing) of new collagen fibres

## D

**Dermatomyositis** - An autoimmune disorder characterised by muscle and skin inflammation

**Dermodex mites** - Parasitic mites that live in the hair follicle

**Dihydrotestosterone/5 testosterone** - an androgen hormone

## E

**Ephelides** - freckles

**Epithelium** - protective and transporting cells involved in re-epithelialisation

**Erythema** - redness of the skin

**Extracellular matrix** - provides extracellular structural support

## F

**Fibrin** - a protein involved in blood clotting

**Fibroblast** - a cell responsible for collagen, elastin, glycosaminoglycan and extracellular matrix synthesis

**Fibronectin** - a cellular binding glycoprotein

**Fibroplasia** - the formation of fibrous tissue

## G

**Granuloma** - Nodular inflammation

**Glycation** - the process where sugar molecules bind to and attack protein fibres

**Glycoprotein** - a protein released by blood platelets to provide blood clotting and extracellular matrix formation

**Glycosaminoglycan** - a sugar containing polysaccharide. Hyaluronic acid is a glycosaminoglycan

**Granulation tissue** - new connective tissue that forms form a wound.

**Growth Factors** - proteins or hormones that stimulate cellular growth, proliferation and differentiation

## H

**Haemorrhage** - bleeding

**Haemophilia** - a disorder where blood does not clot

**Haemostasis** - blood stagnation

**Herpes simplex** - cold sores

**Histamine** - an amine involved in blood vessel dilation

## I

**Interleukin** - proteins that promote growth and activation of new leucocytes (a white blood cells)

## K

**Keratinocyte** - keratinised cells that form 90% of the epidermis

## L

**Lentigo/lentigines** - age spots

**Lupus** - an autoimmune disorder characterised by inflammation of body tissue

**Leucocyte** - white blood cells

**Lymphocyte** - a type of white blood cell

## M

**Macrophage** - an immune fighting phagocyte white blood cell

**Maturation** - the maturing and development of a cycle or process

**Melanocyte** - a melanin (pigment) producing cell

**Methemoglobinemia** - a blood disorder

**Myofibroblast** - a cell that is in between a fibroblast and smooth muscle cell involved in wound contraction

## N

**Neutrophil** - the most predominant white blood cell

**Noradrenaline** - a hormone and inflammatory factor. Also referred to as norepinephrine

**Oedema** - swelling of the skin

## P

**Pemphigus/pemphigoid**

- an autoimmune disorder characterised by skin blistering

**Petechiae** - small red spots resulting from bleeding into the skin

**Phagocytosis** - the process where cells (phagocytes) engulf pathogens and damage

**Prostaglandins** - inflammatory lipid compounds

**Pseudo cholinesterase** - a blood plasma enzyme abnormality

## R

**Re-epithelialisation** - the coverage of new tissue by epithelial cells

**Retention hyperkeratosis** - congestion within a pore or follicle

**Retinoid** - a vitamin A derivative

## S

**Scleroderma** - an auto-immune disorder characterised by fibrosis and skin thickening

**Seborrhoea** - excessive sebum production

**Serotonin** - a neurotransmitting inflammatory factor

**Scleroderma** - an autoimmune disorder that creates thickening and hardening of the skin

**Solar keratosis** - thickened, scaly skin resulting from cumulative sun damage

## T

**Telangiectasia** - spider veins, often incorrectly called broken capillaries or couperose.

**Thrombocyte** - a platelet

**Thrombocyte** - a cell involved in blood clotting. A source of growth factors

## V

**Vascular endothelial growth factor** - a signalling growth factor for angiogenesis

**Vasodilation** - blood vessel dilation

# PHOTOSENSITISING MEDICATIONS

CLASS	MEDICATION	USE
Anti-Anxieties	Alprazolam, Diazepam (Xanax, Valium)	Anti-anxiety, Muscle relaxants
Anti-Depressants	Amitriptyline, Imipramine, Nortriptyline (Elavil, Tofranil, Pamelor)	Anti-depressant
Antibiotics	Tetracyclines (Doxycycline, Tetracycline)	Acne, rosacea, chlamydia, prostatitis, sinusitis
Antibiotics	Fluoroquinolones (Ciprofloxacin, Ofloxacin, Levofloxacin)	Urinary tract; respiratory, abdominal; gastrointestinal infections
Antibiotics	Sulfonamides	Antibacterial, diuretic, anticonvulsant
Antifungals	Itraconazole	Meningitis, central nervous system infections, cancer
Antifungals	Voriconazole	Systemic candida, organ transplantation
Antifungals	Griseofulvin	Ringworm, nail infections
Diuretics	Furosemide	Hypertension, oedema
Diuretics	Bumetanide	Epilepsy, weight loss
Diuretics	Hydro-Chlorothiazide	Heart failure, oedema, hypertension
Diuretics	Quinidine	Arrhythmia
Epidermal Growth Factor Receptor Inhibitors	Cetuximab, Panitumumab, Erlotinib, Gefitinib, Lapatinib, Vandetanib	Cancer
HMG-CoA* Reductase Inhibitors	Statins (Atorvastatin, Fluvastatin, lovastatin, Pravastatin, Simvastatin)	High cholesterol
Hypoglycaemics	Sulfonylureas (Glipizide, Glyburide)	Type II diabetes
Nonsteroidal Anti-Inflammatories	Ibuprofen	Headaches, muscle aches, generalised body pain
Nonsteroidal Anti-Inflammatories	Ketoprofen	Arthritis, tooth aches
Nonsteroidal Anti-Inflammatories	Naproxen	Migraines, arthritis, kidney stones, gout, menstrual pain, tendinitis
Nonsteroidal Anti-Inflammatories	Celecoxib	Arthritis, menstrual pain

Oral Contraceptives	Ethinyl Estradiol, Norgestrel Conjugated Oestrogens Estradiol (Lo/Ovral, Ovral Premarin, Alora, Estroderm)	Contraceptive
Retinoids	Isotretinoin	Acne, anti-ageing
Retinoids	Acitretin	Psoriasis
Other	5-Fluorouracil	Cancer
Other	Paclitaxel	Cancer
Other	Diltiazem	Hypertension, angina, arrhythmia
Other	Amiodarone	Cardiac arrhythmia
Other	Dapsone	Leprosy

# PHOTOSENSITISING HERBS, SUPPLEMENTS AND ESSENTIAL OILS

CLASS	MEDICATION
Essential Oil	Angelica
Essential Oil	Bergamot
Essential Oil	Bitter Orange
Essential Oil	Lemon
Essential Oil	Lime
Essential Oil	Verbena
Herb	Angelica
Herb	Cumin
Herb	Fennel
Herb	Opoponax
Herb	Rue
Herb	St John's Wort

# ANTICOAGULANT (BLOOD THINNING) MEDICATIONS

CLASS	MEDICATION	USE
Analgesic	Aspirin	Pain
Anti-coagulant	Ardeparin	Deep vein thrombosis
Anti-coagulant	Dalteparin	Blood clots, heart attack, angina
Anti-coagulant	Danaparoid	Deep vein thrombosis, pulmonary embolism, blood clots
Anti-coagulant	Enoxaparin	Blood clots
Anti-coagulant	Fondaparinox	Deep vein thrombosis, pulmonary embolism
Anti-coagulant	Lepirudin	Heparin-induced thrombocytopenia
Anti-coagulant	Warfarin	Deep vein thrombosis, pulmonary embolism, blood clots
Thrombolytic agent	Urokinase	Deep vein thrombosis, heart attack, pulmonary embolism, peripheral vascular occlusion

# ANTICOAGULANT (BLOOD THINNING) HERBS & SUPPLEMENTS

CLASS	MEDICATION
Herb	Collard
Herb	Danshen
Herb	Feverfew
Herb	Garlic
Herb	Ginkgo
Herb	Panax Gingseng
Herb	St John's Wort
Herb	Sweet Clover
Herb	White Clover
Supplement	Fish Oil
Supplement	Krill Oil
Supplement	Omega 3
Supplement	Spinach

# FACIAL LYMPHATIC DRAINAGE MOVEMENTS

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To support skin immunity, recovery and detoxification, lymphatic drainage movements may be performed by gliding a DP Dermaceuticals Cool Stick™ over the top of DP Dermaceuticals Hyla Active 3D Sculptured Mask. Movements should be slow and rhythmical with only light pressure applied.

- Neck, right hand side in a downward direction towards the clavicles working from the centre outwards. Repeat three times.
- Neck, right hand side in a crossways direction, working from the clavicles towards the jawline. Repeat three times.
- Neck, left hand side in a downward direction towards the clavicles working from the centre outwards. Repeat three times.
- Neck, left hand side in a crossways direction, working from the clavicles towards the jawline. Repeat three times.
- Chin and jawline to the lower ear right hand side in a downward direction towards the neck working from the centre outwards. Repeat three times.
- Chin and jawline to the lower ear right hand side in a crossways direction working from the jawline towards the lower ear. Repeat three times.
- Chin and jawline to the lower ear left hand side in a downward direction towards the neck working from the centre outwards. Repeat three times.
- Chin and jawline to the lower ear left hand side in a crossways direction working from the jawline towards the lower ear. Repeat three times.
- Cheek and under eye region right hand side in a downward direction towards the upper lip line working from the centre outwards. Repeat three times.
- Cheek and under eye region right hand side in a crossways direction working from the upper lip towards the ear. Repeat three times.
- Cheek and under eye region left hand side in a downward direction towards the upper lip line working from the centre outwards. Repeat three times.
- Cheek and under eye region left hand side in a crossways direction working from the upper lip towards the ear. Repeat three times.
- Right side temple in a downward direction towards the cheek bone working from the centre outwards. Repeat three times.
- Right side temple in a crossways direction working from the cheek bone towards the top of the eyebrow. Repeat three times.
- Left side temple in a downward direction towards the cheek bone working from the centre outwards. Repeat three times.
- Left side temple in a crossways direction working from the cheek bone towards the top of the eyebrow. Repeat three times.
- Forehead, right hand side in an upward direction towards the hairline working from the centre outwards. Repeat three times.
- Forehead, right hand side in a crossways direction, working from the top of the eyebrow towards the hairline. Repeat three times.
- Forehead, left hand side in an upward direction towards the hairline working from the centre outwards. Repeat three times.
- Forehead, left hand side in a crossways direction, working from the top of the eyebrow towards the hairline. Repeat three times.

# LYMPHATIC DRAINAGE CHART

