



Plasma Pen

# Contraindications

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**Contraindication** – a condition which makes a particular treatment or procedure potentially inadvisable, to be performed with caution or not performed at all. A contraindication may be classed as relative or absolute.

 = Can Treat	 = Treat with Caution	 = Cannt Treat*
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\* Or must proceed with extreme caution and/or Doctors consent



#### **ALOPECIA**

Sufferers of this auto-immune disease may be more sensitive to treatment but it is not a barrier to a plasmoplasty treatment with Plasma Pen.



#### **ASPIRIN USAGE**

The daily use of low-dose aspirin as a blood thinning medicine to help prevent heart attacks and strokes in people at high risk of them is relatively common. Since "Aspirin therapy" can reduce the clumping action of platelets then the client may be more prone to bleeding and may bruise more easily.



#### **ASTHMA**

Regular use of an inhaler can cause thinning of the skin and increased vascularity. These clients bleed more easily and sometimes bruise. Be aware their skin is often more sensitive and they will take longer to heal.



#### **CONTACT LENSES**

Contact lenses must be removed before any treatment close to the eye. You should advise your client to not use contact lenses until all the carbon crusts have fallen off. The primary reason for this is due to the swelling many clients will experience which can make it difficult to remove or add their contact lenses. They should bring glasses with them to their appointment and plan to use them for the next few days.



#### **DRY EYE**

This is a condition where the tear duct does not function ordinarily requiring the client to use drops for lubrication. We recommend they have their drops to hand and that plasmologists have saline solution ready should the client require rinsing with it for comfort.



### GLAUCOMA

Clients may feel slightly more discomfort during an eye procedure than others and they should be informed of this in advance.



### HAY FEVER

If the client's eyes are red, watering or puffy and/or if their skin is inflamed or red you should wait until these symptoms have passed (if performing an eye procedure). Consider pollen counts and the time of day when making the appointment as pollen counts are often lower in the afternoon.



### THYROID PROBLEMS

Clients with an under-active thyroid may experience slightly longer healing time after treatment but should otherwise present no problem. Thyroxin is often taken for thyroid disorders which can make the skin more sensitive.



### VISUAL IMPAIRMENT

You should advise at consultation stage that the client must bring an advocate to their appointment who can give consent on their behalf and who can sign the necessary forms.



### **ACNE & STEROID CREAM (USE OF)**

A condition characterised by red pimples and inflamed or infected sebaceous glands on the skin. You should not treat directly over active acne. You can however proceed with treatment if you are careful to work around any active outbreaks. Dealing with acne scarring is covered in our Level 4 Plasma Pen Advanced Training. Be aware that using steroid cream for acne (such as Roaccutane and Accutane) can thin the skin considerably and plasma treatment should not be carried out on anyone using such creams until the client is 6 months clear of the last tablet taken. The client should not resume such medication until 6 weeks post-treatment.

### **ANAEMIA**

Anaemia is a condition characterised by a deficiency of the haemoglobin content of red blood cells. These clients will bleed and bruise more easily and will take longer to heal. Explain this to the client so they understand that delayed/extended healing is possible and recommend the use of our Plasma Pen Advanced Healing Repair Lotion.

### **BLEPHAROPLASTY – SURGICAL**

If a patient has had surgical blepharoplasty (eyelid surgery) or any kind of surgery in the infraorbital/periorbital area then you must wait 3 months before treating them with Plasma Pen (and longer if there is still pronounced redness in the area).

### **BOTOX**

It is recommended to wait at least 21 days after Botox (or other neurotoxins) have been injected before commencing with Plasma Pen treatment. It's preferable to perform treatment prior to Botox being administered or when Botox is due as this allows you to see your client's skin when it is naturally positioned.

### **BROW/ FACELIFT/ FOREHEAD PROCEDURE**

You should allow three months before treating anyone who has had a surgical brow/forehead/facelift procedure.

### **BRUISE/ BLEED EASILY**

This could indicate an underlying health problem. You can treat the client but you should explain that if they bruise/bleed easily then they may take longer to heal. If bruising occurs it should pass within 4 to 7 days.

## CANCER

Cancer arises from the abnormal and uncontrollable division of cells that invade and destroy the surrounding tissue. If your client is undergoing radiation or chemotherapy then they must wait 6 months before treatment with Plasma Pen. They should check with their oncologist to find out if their blood count is suitable for them to receive treatment. If the cancer is terminal then you may proceed with a doctor's written consent.

## CATARACTS

Cataracts are cloudy areas of the lens inside the eye causing visual impairment. Proceed with a doctor's/opticians consent if treating the eye area.

## CORNEAL ABRASION.

Usually caused by a trauma to the eye's surface and highly unlikely to ever be caused by Plasma Pen although it is possible when applying topical anaesthetic. This is why we train specifically on the safe application of this and we recommend our plasmologists (a) have a saline bath ready at all times on their workstation and (b) know to advise clients to go to a doctor or hospital if they are suffering from unbearable stinging and/or blurred vision post-treatment). If a client has an existing corneal abrasion you should delay treatment in this area until they are fully recovered.

## DIABETICS

Diabetics have a tendency to both bleed and bruise easily depending on the severity of their diabetes. They may find treatment more uncomfortable than usual and the healing process may be delayed. Treat with caution as severe diabetics and those who are insulin dependent will have a higher risk of prolonged bleeding and bruising. You may also need to wait longer than 12 weeks between plasma treatments.

## EPILEPSY

Epilepsy is a disorder characterised by seizures in which the patient suffers muscular spasms and may lose consciousness. If a client has not had an episode in 2 years then you may proceed with caution. You should insist your client brings someone with them to their appointment even if that means you have to reschedule their booking. Ensure that you have clearly explained the possibility of the procedure triggering a seizure and have the client sign a consent form. The client should also seek medical consent from their doctor.

### EYE SURGERY – LASER

If the client has had a laser procedure performed on the eye to correct or improve vision then if you are working on the eyes you should wait 8-12 weeks post-surgery (unless medical consent has been given from their doctor/optometrist/surgeon).

### FEVER/COMMON VIRAL INFECTION

Delay treatment on any patient experiencing fever and/or a common viral infection until they have fully recovered.

### HERPES SIMPLEX

Herpes Simplex is a viral infection commonly referred to as a cold sore or fever blister – usually around the mouth. If a client has ever had a cold sore then they are more likely to have an outbreak after a Plasma Pen treatment in that area. We suggest they ask their doctor for medication or use Lysine (available from most local pharmacies). They should take medication 5 days before treatment and 5 days after treatment. Inform your client that none of this offers a guarantee that they will not subsequently have an outbreak.

### HIGH BLOOD PRESSURE

A condition in which the force of the blood against the artery walls is too high. Treatment could potentially cause clients to be anxious which could, feasibly, result in higher blood pressure. You should regularly check that your client is comfortable and relaxed during treatment. If client has severe high blood pressure issues then they should first obtain medical consent from their doctor or specialist.

### HYSTERECTOMIES & IMBALANCED HORMONE LEVELS

A hysterectomy is an operation to remove the uterus. Due to the subsequent hormonal changes; the risk of post-inflammatory hyperpigmentation (PIH) and conditions such as melasma and periorbital hyperpigmentation (POH) are much higher for at least 6 – 9 months after a hysterectomy. In fact, any clients whose progesterone, oestrogen and testosterone levels are out of balance are at greater risk of pigmentation, especially those who have changed contraception recently, who are pre or post menopausal, who have miscarried or had a child recently and/or have had a hysterectomy. These clients will need to have their hormones stabilised via medication for at least 6-9 months before plasma treatment should be considered and only then with consent from their doctor. Ideally, use of the specialist products, best practice and training that is available from Plasma Pen (such as our anti-pigmentation products) should also be considered.

### INJECTABLE FILLERS

It is recommended to wait at least 21 days after the filler has been administered before delivering a plasma procedure in the same treatment area. Injectable fillers typically take this long to “settle”.

### INSULIN (USE OF)

Use of insulin indicates that the client has diabetes which means that you should treat with caution as severe diabetics and those who are insulin dependent will have a higher risk of prolonged bleeding and bruising. You may also need to wait longer than 12 weeks between plasma treatments.

### KIDNEY & LIVER DISEASE

Disease of the liver and kidneys can affect healing. Your patient should get consent from their doctor or specialist if they have kidney or liver disease before receiving a Plasma Pen treatment.

### MELASMA

Melasma can be safely (and very successfully) treated with Plasma Pen as long as you have the required Advanced Training and carefully follow the step-by-step protocols required to deliver treatment correctly. Otherwise, you may only proceed with treatment if you are careful to work around the affected area(s).

### MENTAL WELLBEING

Try to understand during your consultation what your clients motivations are for receiving a Plasma Pen treatment and look to familiarise yourself with conditions like body dysmorphic disorder (BDD) - a mental health condition where a person spends a lot of time worrying about flaws in their appearance. If in doubt, do not treat. A patient presenting drunk or under the influence of other substances is an absolute contraindication.

### MITRAL VALVE PROLAPSE

The mitral valve in the heart occasionally malfunctions and require prophylactic antibiotics to prevent an infection. If a client needs to take antibiotics when they visit their dentist then they will need to do the same prior to any Plasma Pen treatment.

### ORGAN TRANSPLANT

If your patient has had an organ transplant, especially in the recent past, they will likely be on (or have been on) a significant battery of medications such as corticosteroids and immunosuppressive medication. They will also be more prone to vascular conditions. You should not proceed with treatment without doctors approval.

## SEXUALLY TRANSMITTED DISEASES



If revealed by the client that they have STD then it is the personal choice of the technician whether or not to proceed. Extra care should be taken to avoid infection. Conditions such as HIV/AIDS and Hepatitis straddle the border between a Relative Contraindication and an Absolute Contraindication and are thus covered separately.

## SKIN DISORDERS (E.G. PSORIASIS, ECZEMA, DERMATITIS)



Skin disorders can make the skin dry and treatment more uncomfortable since the skin is usually thinner and more sensitive. If the condition appears in the area requiring treatment then you should not treat the client.

## SCAR - ATROPHIC



Indented or depressed scars that look like valleys or holes in the skin. You may treat around these areas if the scar is at least 6 months old although, ideally, you should avoid procedures like scar revision and pigmentation correction treatment, including acne scarring, without first completing Level 4 Plasma Pen advanced training.

## SHINGLES



This is an immune system virus that is part of the herpes family. You should leave a 6 month gap between the end of the last outbreak of the virus and a Plasma Pen procedure.

## STYES/ CONJUNCTIVITIS OR FREQUENT EYE INFECTIONS



If a client suffers regularly from styes, conjunctivitis and/or frequent eye infections then you should ensure the eye has at least 6 weeks to heal. Confirm they've had the appropriate treatment and make them aware Plasma Pen treatment in that area may cause the condition to reoccur. If in doubt seek consent from their doctor.

### TRICHOTILLOMANIA

This is a condition where a person feels compelled to pull out their hair. These clients are generally more prone to picking during healing which could compromise their results. You should discuss this with your client and, if you have any concerns, this should be upgraded to an absolute contraindication (meaning do not treat).

### ACCUTANE/ROACCUTANE (USE OF)

As covered in acne; these steroid creams can thin the skin considerably and plasma treatment may not be carried out until the client is 6 months clear of their last tablet. They may resume medication 6 weeks later.

### ANAESTHETIC ALLERGY

A reaction to an anaesthetic can be due to the base or preparation that the anaesthetic is mixed with such as the cream or gel. Patch testing several different types of anaesthetic could therefore determine whether this is the case. If the client is allergic to the "caine" used in anaesthetics then it will almost certainly be the case that they will also be allergic to the topical anaesthetic used for plasma. You will unlikely be able to treat most patients in this scenario although treatment can potentially go ahead if the client is happy and comfortable for you to indeed proceed without the use of any anaesthetic. You should however use a cold compress, freezing or cooling unit and we would also suggest that you "patch test for pain" (i.e. establish the clients tolerance level to pain by applying spray and/or a few dots on a small area). If you do proceed, you should plan to work quickly, pragmatically and not attempt to treat too large an area in one session.

### ANTABUSE MEDICATION (USE OF)

Antabuse is generally used with people who suffer from chronic alcoholism. Antabuse (disulfiram) blocks an enzyme that's involved in processing alcohol. Treatment should not be carried out under any circumstance until the client is 6 months clear of the last tablet taken and resuming medication should not then happen until 6 weeks after treatment. The use of antabuse medication in itself potentially points to an underlying psychological condition and anxiety, depression and other mental health problems could all be at play. Ethically, you should consider the patients motivations for wanting a Plasma Pen treatment and consider their likelihood/ability to follow the required aftercare regime. If in doubt, do not treat.

### ANTI-COAGULANT MEDICATIONS (USE OF)



Anti-coagulants are medicines given to people at high-risk of developing serious conditions such as strokes and heart attacks. They interrupt the process involved in the formation of blood clots and are sometimes called “blood-thinners” (although they don’t actually make the blood thinner). Anti-coagulant drugs (Warfarin for example but also Ivaroxaban/Xarelto, Dabigatran/Pradaxa, Apixaban/Eliquis, Edoxaban/Lixiana and others) are all a major contraindications for Plasma Pen (and also for your insurer). Anyone on anti-coagulant medication is categorically not to be treated with Plasma Pen because the healing of surgical and traumatic wounds (which includes the micro-trauma we cause with Plasma Pen) specifically and intentionally involves the clotting process, inflammation, cell proliferation and tissue remodelling. Anti-coagulants slow and delay this process and the delayed healing of traumatic wounds can cause persistent bleeding, increased wound seepage and, in some cases, failed wound closure. Delayed wound healing can also lead to infection and other undesirable things. Plasma Pen is an elective procedure so patients should never be encouraged to pause taking this type of medication just for a treatment since it is clearly required for their wellbeing. Other drugs which can slow wound healing are cytotoxic antineoplastic and immunosuppressive agents, corticosteroids, nonsteroidal anti-inflammatory drugs (NSAIDs) and anti-coagulants as highlighted here. If your client lists any of these drugs in your consultation then your client, categorically, cannot be treated with Plasma Pen.

### BIRTH MARKS & PORT WINE STAINS



You cannot and must not ever attempt to treat these areas with Plasma Pen. No exceptions.

### BREAST FEEDING



You may not treat any patient who is breast feeding. Anyone who is breast-feeding will likely be experiencing a hormonal imbalance and this could cause hyperpigmentation issues. After childbirth you may only deliver plasma treatment when the clients hormones have stabilised (and, ideally, by also using the specialist products, best practice and training that is available from Plasma Pen such as our anti-pigmentation products). If the client is still breast feeding then their hormone levels will not be balanced and they will be at risk of pigmentation. Since Plasma Pen is an elective procedure then, professionally and ethically, you absolutely must not encourage or allow your client to stop or pause breast-feeding just to receive a treatment.

### HAEMOPHILIA

Haemophilia is a genetic disorder which causes a lack of clotting in the blood. While haemophiliacs may not necessarily bleed more intensely, they will bleed for longer than those without the disorder, they will bruise more easily and there will be an increased risk of bleeding inside joints which could result in permanent damage. You absolutely cannot treat a client with Haemophilia and you will certainly not be insured to do so.

### HEPATITIS C

This literally means liver inflammation and, along with HIV/AIDS and other conditions, is covered in your Plasma Pen Anatomy & Physiology guide. There are several types of Hepatitis but Hepatitis C is an absolute contraindication and one that you cannot ever treat with Plasma Pen and for which you would not be insured under any circumstance. It is a blood borne disease that can survive for 30 days in dried blood. This is one of many reasons why it is so imperative to disinfect your room and properly clean down between each procedure. With all other types of Hepatitis you should only treat at your own personal discretion. If you do treat you must proceed with caution, wear 2 sets of gloves and ensure you have had a Hepatitis B injection.

### HIV/AIDS

You must not treat any patient with AIDS due to their highly weakened immune system. Treating a patient with HIV is at your discretion but, given the battery of combination medication they are likely taking, you categorically must get their doctors consent. You must also specifically check your insurance status and significant extra must be taken to avoid cross infection. If in doubt do not treat.

### HYPERPIGMENTATION

This is an over-production of melanin which has permanently damaged the surface of the skin. It presents as darker patches of skin. Without the correct Level 4 Advanced training and the use of specialist products and protocols, you must not treat anyone with hyperpigmentation and you must not treat anyone over Skin Type 3 so as not to cause hyperpigmentation.

### LATEX

If your client is allergic to latex then you cannot treat them wearing latex gloves. You should use non-latex, powder-free gloves.

## LUPUS

Lupus is an auto-immune disease where the body's immune system becomes hyperactive and attacks normal, healthy tissue. This results in symptoms such as inflammation, swelling and damage to joints, skin and internal organs. You are very strongly advised to not treat clients with Lupus and you absolutely must check your insurance status before you do so.

## PACEMAKERS, PROSTHETIC IMPLANTS, PLATES & PINS

You absolutely cannot ever treat a patient who has a pacemaker. If a client has any kind of prosthetic implant, plate or pin in or anywhere close to the area to be treated then you cannot treat them with Plasma Pen.

## PREGNANCY

You can never treat a pregnant patient. Even after childbirth you may only deliver treatment once your clients hormones have stabilised (and when they are no longer nursing) which is typically 6 to 9 months post childbirth. Plasma Pen is an elective procedure and anything that could cause your client to feel anxious or traumatised in any way is professionally and ethically wrong. You would also be highly vulnerable in regards to an insurance claim being made against you. We absolutely prohibit the treatment of pregnant women with Plasma Pen.

## RETINAL DETACHMENT

This is where the retina peels away from the underlying layer of support tissue. If a client has retinal detachment then you may not proceed with treatment on this area without consent from their ophthalmic surgeon. If they are recovering from retinal detachment surgery then you should wait until 3 months after their surgery before treating the eye area and even then, only with the consent of their surgeon or optometrist.

## SCAR - HYPERTROPHIC

A hypertrophic scar is a cutaneous condition that is typified by excessive deposits of collagen that cause a raised scar instead of a flat scar (although not to the level of keloid scars). It does not grow, remains within the perimeter of the original wound and flattens over time. When new it will often be purple/pink and will become more pink/white as it matures. It cannot be treated with Plasma Pen.

**Notes:**



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