



Woodbridge Dermatology
& Laser Centre

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MICRODERMABRASION

This procedure allows a fine flow of crystals across the skin's surface and then removed via a vacuum, removing old skin cells and unclogging pores. The crystals are used only once per patient.

Microdermabrasion can be done on it's own, as a single session or a series of treatments (usually 6 sessions, 1-2 weeks apart) to smooth the skin. It can be used with other procedures such as photorejuvenation and chemical peels to enhance these treatments. This is a very mild treatment and there is no down time and regular activities can be resumed immediately after the treatment.

A treatment takes 20-30 minutes. You may experience mild tingling for a few hours after treatment. Your skin looks and feels smoother immediately. This smoothness can last for weeks, especially if combined with antiaging creams.

Main indications for Microdermabrasion:

- ❖ Rough skin, dull or dry patches
- ❖ Uneven skin color, mild age spots or sun spots
- ❖ Enlarged or clogged pores
- ❖ Mild acne scarring

Because it is a very mild treatment, it doesn't have the same effect as some of the more penetrating treatments such as photorejuvenation or chemical peels.

Pre Treatment:

1. Face clean, no moisturizers or make up.
2. Cold sores- if history of cold sores-not to do Microdermabrasion if recent outbreak.
Some individuals may need antiviral medication to prevent the treatment from causing an outbreak of cold sores.
3. Avoid treatment if recent sunburn or skin infection.

4. Any medications such as Aspirin or herbal medications or green tea may cause bruising to occur.

Post Treatment:

1. Sunscreen to be applied.
2. Can resume normal skin care routine that evening.
3. Avoid tanning.

I agree to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

I have read and understand the above information regarding Microdermabrasion, including indication and possible side effects.

I authorize _____ to perform Microdermabrasion.

Patient Signature

Date