The Use of Advance Dermaplaning in Clinical Skin Care and Treatment

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Abstract
Skin barrier function is important to the function and appearance of the skin. Without adequate hydration, the process that normally causes surface cells to shed is disrupted, resulting in flaky, itchy, dry and inelastic skin which can lead to barrier dysfunction. Adequate moisturizing is essential to treating skin with eczema. Treatments such as corticosteroid topicals and emollients cannot be effective in limiting flares of eczema if they cannot reach the skin surface due to barrier dysfunction. Exfoliation is beneficial for removing keratinized skin cells that disrupt normal barrier function. Advanced Dermaplaning is a new approach to exfoliation of the skin, in real time. The addition of Advanced Dermaplaning to the treatment protocol of persons with excessive cellular buildup or atopic dermatitis, can be useful in instantaneously removing the cellular blockage that prevent effectual topical treatment applications and their efficacy.

Keywords
Advanced dermaplane; Exfoliation; Dermaplane; Eczema; Atopic dermatitis; Hyperkeratosis; Non-invasive; Licensed esthetician

Introduction
Sixty-six-year-old woman presented for rejuvenation of her skin. Her primary concerns were dehydration and hyperpigmentation. She had regularly seen her dermatologist for the treatment of eczema on her left ear, a condition that she had been living with for several years. She had been treating the ear with prescription steroid topical treatments as prescribed by her dermatologist [1]. However, the condition persisted.

At her initial visit, it was observed that the entire front of the ear was almost completely covered with a proliferation of dry, flaky cellular debris. The actual skin tone was barely visible. The ear was primarily opaque white in color, resembling powder in appearance [2,3] (Figure 1,2).

During the consultation, she indicated that her ear became impacted several times per year, due to her own attempts to cleanse the ear or to remove cellular debris from the ear canal. As a result, she routinely made visits to her ear, nose and throat physician for irrigation or mechanical removal of debris in the canal to prevent further blockage.

Materials
Advance Dermaplaning is a non-invasive procedure that aids in achieving maximum exfoliation of the epidermis, virtually anywhere on the body. It helps to illuminate the skin more effectively for skin analysis, determining treatment protocol and may aid in promoting optimal post-treatment results [4]. The procedure is safe, non-invasive, pain free and can be provided for each skin type and Fitzpatrick. There is no downtime. It can be a stand-alone treatment or pre-treatment. Advanced Dermaplaning is also an excellent treatment option for persons that cannot receive mechanical-microdermabrasion or chemical exfoliation due to adverse reactions or contraindications [5,6]. Aggressive exfoliation is one of the leading factors of compromised barrier function [7].

Advanced Dermaplaning is performed using a 10 or 10R-gauge scalpel [8]. The advanced procedure allows the physician, nurse or extensively trained and skilled esthetician to physically exfoliate the skin with much greater detail, including areas such as noses, ears,
hands, body and even eyelids [8]. Advanced Dermaplaning is especially beneficial for persons experiencing atopic dermatitis or hyperkeratosis. Major improvements are noticed after a single treatment, including moisture retention, which has a significant impact on the structure and function of the skin and its ability to retain moisture [5,9].

Methods

Performed a comprehensive oral consultation, reviewed intake-general skin health history, thorough facial skin analysis and cleansing. Start the Advanced Dermaplaning process once the skin was completely dry. Use a disposable 10 and 10R-gauge scalpel, held at various angles throughout the entire process [8].

Start the process on the ear lobule and antitragus. Extending the ear lobule while holding the skin firm and taut, feathery strokes were made over the lobule and antitragus using the center of the 10-gauge blade at an angle. Safely and gently loosening and lifting cellular debris [8] exfoliating the skin in real time.

The center portion of the 10-gauge blade was used, at an angle, to exfoliate the helix area of the ear. Start at the upper base of the ear, extending the helix outward, while making small feathery strokes down the helix to the lobule area. At the lower helix region near the lobule area, extended the helix up and taut, using feathery strokes to lift cellular debris until the entire helix was exfoliated.

With the tragus held slightly downward near the center, feathery strokes were made over the tragus with the blade held at an angle. The curve of the 10-gauge blade was used in this area.

In preparing to Advance Dermaplane the triangular fossa, the antihelix and concha, her head was placed comfortably at an angle that would allow cellular debris to fall away from the ear canal. With each of these areas, the curve of the 10R gauge blade was used to carefully and skillfully loosen and remove the cellular debris.

With her head still resting at an angle, a slightly damp konjac sponge was used to make circular motions around the entry of the ear canal. This loosened the debris. A moist konjac sponge was then used to cleanse this area, while capturing most of the dry cells onto the sponge in the process. Moist cotton swabs were also used to capture residual skin cells.

Once the entire ear was clear of cellular debris, the ear was cleansed with an anti-bacterial cleanser, hydrated with hyaluronic serum and fragrance-free sun protection was applied [9,10].

Results

The results from Advanced Dermaplaning at this visit were very gratifying for this woman. Her entire ear was free and clear of all cellular debris and accessible. Skin tone was restored and no longer hidden. Skin texture was smooth and soft with enhanced appearance. She showed no signs of ill results or trauma and displayed minimal erythema. This treatment not only improved her appearance, but prepared her skin for skin surface hydration. (Figure 3)

By removing cellular debris proliferation, there was also the ability to palpate the affected skin and perform a more thorough visual assessment [3]. Dehydration was visible. Due to strong water-binding potential, hyaluronic acid was applied [10]. She experienced no stinging sensations or burning. This helped to aid in dehydration itch, as well. Her overall skin response to corrective hydrating treatments was successful [1]. (Figure 4)
5. American Board of Cosmetic Surgery.

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References
2. Dr. Claudia Aguirre. The Biology Behind Eczema and Psoriasis.