



Procedure Information Sheet

Introduction

In microdermabrasion, vacuum suction is used to raise an area of skin then fine crystals are blown across the skin to remove the stratum corneum (the top layer of the skin epidermis). This triggers healing which results in epidermal renewal and stimulates dermal fibroblasts resulting in collagen reorganization.

Indications

1. Acne
2. Acne scars
3. Photoaging - Fine lines and large pores
4. Hyperpigmentation

Before the Operation / Procedure

1. It is best to combine with other treatment modalities such as medications or blue light.
2. Multiple treatments are usually required for improvement and total clearance may not be possible.
3. Clinical results vary and there is no guarantee to the final outcome of the treatment.
4. Recurrence is possible.
5. Photographs will be taken before and after the procedure.

After the Operation / Procedure

1. There may be bleeding from acne spots and this is temporary.
2. The treated area might become red after the procedure and might last for 1-2 days.
3. Routine skin care products and makeup may be used after the procedure.

Risks and Complications

This procedure is normally well tolerated with very little complications. Possible complications includes:

1. Bruising.
2. Wound.
3. Temporary pigmentation.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Shah M, Crane JS. Microdermabrasion. [Updated 2019 Sep 18]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535383/>
2. M Fernandes et al. Effects of microdermabrasion on skin rejuvenation. J Cosmet and Laser Therapy 2014;16:26-31
3. A F Taub. Procedural treatments for acne vulgaris. Derm Surg 2007;33(9):1005-1026

Patient's Signature: _____ Date: _____

Patient's Label

Patient Name: _____

Hospital No: _____

Adm No/Episode No: _____