



June 2021 Virtual Immersion Q&A

Q1: Where do we find the online calculator tool?

A1: We had a custom calculator build for AesthetiCare. MINT has taken that calculator, packaged it up and now you can implement through MINT Marketing! We would be happy to set up a call to answer any questions! Reach out to chloe@mintaesthetics.com

Q2: If I have a large area of pigment in the eye brows, is there anything I can do to treat it safely, without the risk of killing hair?

A2: If it is in the eyebrow I usually avoid. If part of it is above or below the brow line, I will use the 7mm spot to treat right up to the eyebrow line. You could go into the eyebrow a little bit with Moxi or Halo but there is a slight chance the heat could still damage the hair.

Q3: What is your Skintyte protocol for the face? How much time do you spend on each zone?

A3: FACE: Right cheek and eye - 4 min/2 min/4 min/2 min; Left cheek and eye - 4 min/2 min/4 min/2 min
MOUTH: Right - 3 min; Left - 3 min
TIME LEFT: Spend on patient's area of concern

It typically takes me about 45 minutes to treat the entire face. I put the time where it is needed. If the client mainly sees laxity on the mid lower face, I spend more time there. If it is around the eyes, I spend more time there.

Q4: How to get better, faster results for laser hair removal?

A4: For better results, adjust the settings until you see 2-3 clinical endpoints: erythema, follicular rupture, perifollicular edema, SOS (smell of success!). For small areas, clients should come in every 4-6 weeks for 6 treatments. For large areas, clients should come in every 8-10 weeks for 6 treatments. If you under treat (little to no clinical endpoints) in the first 2 treatments, you may just damage the hair and it comes back finer and lighter = harder to get results.

Q5: How often do you use just the 1470 vs. both 1470 and 2940?

A5: I rarely do 1470 only. I've done it when treating hemosiderin staining or on darker Fitz with melasma. You could do it to offer a really light treatment.

Q6: What is your opinion on using microneedling with Melasma?

A6: I have found it helpful. However, I've found our melasma peel, Halo, or now Moxi is better and more effective.

Q7: How do you differentiate epidermal melasma from dermal melasma?

A7: Sometimes it can be difficult. If it is very obvious melasma, I start with epidermal melasma settings. If it is hard to tell or not a true brown, I would treat at dermal settings. Most of the time, I tell them it will be 1 treatment done in 2 visits. The first visit, I treat at epidermal settings. If it doesn't work as well as expected, I switch to the deeper settings on the second visit. If they look very vascular, the deeper setting will also help! If it is a Fitz IV or darker, use the deeper settings. (450u)



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Q8: When doing the additional perioral pass, do you do that before or after the rest of the face treatment? For deeper rhytids (perioral or other places) do you do that after the more general pass?

A8: I like to start and finish an area. I've found that if I treat the full face and go back to spot treat afterward, the skin is hot and it's hard to do very much.

Q9: Would a 1470 on its own mimic Moxi?

A9: I thought it might originally. However, Halo uses bigger holes to go deeper. Halo settings are generally 300-500u depths. Moxi is 100-200u. We are happier and happier with Moxi everyday. It does a great job on melasma, PIH, pigment, and a lighter downtime than Halo.

Q10: Can you explain why you adjust the cooling for darker Fitz to make it safer?

A10: You have to protect the epidermis, while you heat up the melanin in the spot. You don't want to leave a white ring around the spot.

Q11: What is the main difference between a 1470nm and the 1927nm?

A11: The 1470nm goes deeper and the spot size of each dot is bigger.

Q12: What numbing cream do you use? Do you occlude with it?

A12: We use 23% lido/7% tetra. We do not occlude. We leave it on for 1 hour. For more intense treatments, I take it off zone by zone.