

<u>@DAFFORNE\_PERMANENT\_MAKEUP</u> <u>WWW.DAFFORNE.CO.UK/PMU</u> MAGDALENA DAFFORNE
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### COSMETIC TATTOOING

...also known as permanent makeup (PMU), is a process that involves implanting pigment into the dermal layer of the skin. Unlike the epidermis, which sheds and renews itself regularly, the dermis is relatively stable, allowing the pigment to remain in place for an extended period. Initially, the color may appear darker due to the pigment being freshly implanted, but it will gradually lighten during the healing process. The pigment is delivered into the dermis using a machine method similar to tattooing, where small needles penetrate the skin and deposit tiny pixels of color into the puncture holes. Various techniques can be employed to achieve different effects, such as shading and lines, to create the desired result for eyebrows, lips, and eyeliner. It's important to note that cosmetic tattooing differs from microblading, which is a manual method involving cutting lines into the skin. Microblading may not be suitable for all skin types and can potentially cause damage to the skin.

The pigments used in permanent makeup can contain a variety of ingredients, including iron oxides, carbon, titanium dioxide, and carrier agents such as glycerin, water (aqua), and alcohol. These pigments are carefully selected to ensure longevity and safety for the client.





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# POST-ADVICE Yellows

No Alcohol 48h after

No Botox & Fillers
4 weeks after

No Brow Waxing 4 weeks after



Stay Hydrated



No UV exposure 4 weeks after



No Retinols, AHA's & Chemical Peels 8 weeks after

### ON THE DAY OF PROCEDURE:

Dab lymph fluid to avoid drying out and creating crust – it'll pull pigment out Limit coffee, tea, energy drinks, soda or other stimulants No anti-inflammatory blood thinners: ibuprofen, aspirin, aleve, NSAIDS Put clean pillow case on

### 14 DAYS POST:

Do not touch treated area + no picking scabs

No eyelash extensions appointments

No make up, toners, creams or other products from eyes up (inc. forehead)

Keep area dry at all times - inc. steam, rain, tap water

No gym, swimming, SPA, hot tubs, sauna, hot & steamy baths or showers

No use of strong chemicals producing fumes like bleach, chlorine etc.

### MONTH POST:

No Tanning, SPF 50+ afterwards to prevent premature fading & discolouration – hide your brows under hats & sunglasses until fully healed No Brow/Eyelash Tinting, Bleaching, Waxing/Threading or Lamination No facials, chemical peels, laser or microdermabrasion, BOTOX and fillers No vit E, Fish oils, vit supplements (unless medically necessary) or "hair, nail, skin" supplements

### Minimum 8 WEEKS - ideally NEVER:

No creams with Retinol, AHA's around treated area and brow Growth Serums – risk of premature fading & pigment migration

## POST-ADVICE

No Alcohol 48h after

No Botox & Fillers 4 weeks after



Keep Lips well moisturised 6 weeks post



Stay Hydrated



Carry on with Cold Sore Meds if needed



No Lip Waxing 4 week post

### ON THE DAY OF PROCEDURE:

No anti-inflammatory blood thinners: ibuprofen, aspirin, aleve, NSAIDS Limit coffee, tea, energy drinks or other stimulants Put clean pillow case on

### 10 DAYS AFTER:

No smoking - absolutely no nicotine - high risk of infection and discolouration Carry on with anti-viral meds (like Acyclovir) - if you are prone to getting cold sores Keep lips clean & dry - drink with a straw, avoid hot drinks Avoid spicy, saucy, salty, acidy, or hot food to eliminate unnecessary irritation Don't bite your lips, No kissing, No touching or picking scabs! Avoid contact with toothpaste

### 14 DAYS POST:

No make up, toners, creams or other products in lip area No gym, swimming, SPA, hot tubs, sauna, hot & steamy baths or showers No use of strong chemicals producing fumes like bleach, chlorine etc.

### 1 MONTH POST:

No facials, chemical peels, laser or microdermabrasion, BOTOX and fillers No teeth Whitening, Lip Waxing or Bleaching No Tanning inc. Sunbeds - hide your lips under a hat

### Minimum 8 WEEKS - ideally NEVER:

No creams with Retinol, AHA's around treated area -risk of premature fading & pigment migration

### POST-ADVICE White the second of the second o

No Alcohol 48h after

Compress with cold gel pads will bring your eyes relief

No Eyelash Extensions 4 weeks after



Stay Hydrated



No Contact Lenses 2 days after



No Lash Serums 4 weeks after

### ON THE DAY OF PROCEDURE:

Make sure you are not unwell and there is no present infections or styes
Don't drink coffee, tea, energy drinks, soda or other stimulants
No make up on the eyes - Come in make up free
Put clean pillow case on

### 2 DAYS AFTER:

Strictly NO alcohol

No anti-inflammatory blood thinners: ibuprofen, aspirin, aleve, NSAIDS

### 14 DAYS POST:

Do not touch treated area + no picking scabs or rubbing your eyes
No make up, toners, creams or other products on & around eyes
Keep area dry at all times - inc. steam, rain, tap water
No gym, swimming, SPA, hot tubs, sauna, hot & steamy baths or showers
No use of strong chemicals producing fumes like bleach, chlorine etc.

### MONTH POST:

No Tanning, hide your eyes under hats & sunglasses until fully healed No Brow/Eyelash Tinting, Bleaching, Waxing/Threading or Lamination No facials, chemical peels, laser or microdermabrasion, BOTOX and fillers No vit E, Fish oils, vit supplements (unless medically necessary) or "hair, nail, skin" supplements

No creams with Retinol, AHA's around treated area - risk of premature fading & pigment migration

### HEALING PROCESS



- Burning
- Tenderness
- Swelling
- Redness

The reason for this is that your skin is already beginning the healing process. These symptoms can last up to 72 hours and can be easily relieved with over the counter pain relief (no ibuprofen).

During these first few days, resist the temptation to itch or to use anything on your permanent makeup that was not provided or approved by DAFFORNE PMU during the healing process. Do not apply Vaseline.

This information provides a comprehensive guide to understanding the process and aftercare of PMU (Permanent Makeup). It's crucial to follow the instructions diligently for the best results and to avoid potential complications. Here's a breakdown of the key points:

- 1. **Importance of Aftercare**: Pre and post-treatment care significantly contribute to treatment success, with up to 70% attributed to following provided advice diligently.
- 2. **Weeks 1-8 Healing Process**: During this time, the color may darken initially, become itchy, and experience flaking, which is normal. The chosen pigment will blossom during the 8-week healing period.
- 3. **Initial Pigment Appearance:** The inserted pigment will initially appear very dark, which is normal. However, it gradually loses up to 40% of its intensity. It's advised not to attempt to fade the pigment by oneself. Patience is key, as the pigment will naturally fade away within 7 days.
- 4. **Perfecting Session Timing**: The Perfecting Session should be scheduled 8-12 weeks after the initial treatment to address any pigment loss, which typically ranges from 10-40%. Some unevenness of color is expected, especially on oily and problematic skin types which is why a second session is often necessary to make any needed adjustments.
- 5. Factors Affecting Pigment Retention: Pigment retention depends on lifestyle, skin oiliness, sweating, and sun exposure. Oilier skin tends to retain pigment for a shorter duration.
- 6. **Expected Time for Refreshment**: On average, a new refreshment of pigment is needed every 18 months, but this can be shorter for oily skin type (10–12months).
- 7. **Long-Term Care**: Sunscreen with SPF 50+ is recommended to protect the tattoo from fading due to sun exposure. Inform healthcare providers about PMU when planning procedures such as chemical peels, laser treatments, or MRI scans.
- 8. **Blood Donation Considerations**: Inform the National Blood Service if you donate blood, as you may not be eligible to donate for 4 months post-application due to the pigments and inks used.

Following these guidelines ensures the best outcome for PMU procedures while minimizing potential risks and complications.





