



SPOT TEST!

SHOULD I SPOT TEST?

Dear Dr. Dixon:

I am a licensed aesthetician, and have recently become trained in micropigmentation. I work with group of 5 plastic surgeons. Within our group, five aestheticians are practicing micropigmentation, and all of us are following different protocol for allergy testing prior to permanent make-up procedures differing from no testing to twenty to thirty minutes prior to procedure and testing three days prior.

I would like you feedback as to a documented "standard of care", or from experience, what your practice is. I have read on your website that in some cases the allergy test has been deferred. Are you aware of any published documentation supporting any protocol.

Thank you for your help.

Kathleen T

YES YOU SHOULD. HERE'S WHY:

Dear Kathleen,

1) I do spot testing but not for the reason most people do it. Spot testing will not tell you if a client is allergic to the pigment within a useful period of time. Most of the severe allergic reactions reported over the past 15 months to the True Colors by Premier were delayed in onset. Some were associated with sun exposure; some associated with a touch-up procedure and others occurred within a month or two after a single procedure with no provocation. Some have been delayed up to 14 months and flared only after a retouch visit a year after the initial procedures were done. Some occurred after a retouch done with the replacement pigments by Premier when used over the original True Colors. So whether you wait 3 minutes, 3 hours, 3 days or 3 weeks after a spot test



Always try to do your spot tests in the same location.

you cannot predict that an allergic reaction will follow. Dr. Zwerling did have one client immediately allergic to a spot test but the cause was not determined with certainty.

WHERE SHOULD I SPOT TEST?

This is the "Spot" test protocol I follow now.

• I begin by implanting the color I'm going to use with a small, single needle handtool with about 10 dots (taps) in the hairline behind the ear.



• If there is a questionable allergic reaction at some time on the face, then I can check the spot behind the ear to see if it is raised or tender.

• If the spot test is raised, then a punch biopsy can be taken at the spot test in the hairline rather than on the face. A punch biopsy is helpful if not vital to confirming a pigment allergic reaction.

• If the client has a suspected "allergic" reaction to their lipcolor, eyeliner or eyebrows within the first weeks, then you can check the "spot" test and if it is normal then you know you may be dealing with an allergy to Bacitracin (which I never use), perhaps fever blisters if you have blisters on the lips, or even an infection.

KOLORSOURCE MAKES IT EASY

• KolorSource pigments offers the All-in-One Pigment Testing Bottle to Kolorsource users. It is invaluable for a student kit as well.

Until now, I rarely did Spot Testing but it is invaluable when done in the manner and for the reasons I've already outlined.

I DO NOT use a lancet because they are intended to draw blood. Since bleeding makes the pigment bleed out it would prevent a good reservoir of pigment from being left behind. Use your machine or handtool to get color in without bleeding. Examination of the Spot Test at touch-up should show good color retention.

Also, because of the allergic reactions of the past year I now do not mix pigments from different manufacturers. So please, **DO NOT mix any other pigments with Kolorsource® pigments if you choose to use them.** The standard of care is to act in an abundance of caution and with the safety of your clients in mind. Do the Spot Test, make a record of it, and it may serve you well in the future.



More about Spot Testing? Call 888/664-9990