Micropigmentation
(Medical Tattooing) UHL Guideline

Date Originated:  November 2012

Last Reviewed:    July 2020
Next Review Date: July 2023
Trust Ref:        C4/2008

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Contents

1. Criteria for Referrals
2. Protocol for Micropigmentation
3. Standard of Competency
4. Monitoring the Standard
5. Standards for Micropigmentation
6. Micropigmentation audit tool
7. Appendix 1 – UHL Plastic Surgery (Micropigmentation Service) Standard Operating Procedure (LocSSIP)
MICROPIGMENTATION CLINIC

CRITERIA FOR REFERRALS
Referrals will be accepted:
Internally from Breast Surgeons, Breast ANP’s, Breast Specialist Nurses, BPDC Nurses, Reconstructive Plastic Surgeons, Associate Surgeons and Registrars.
Externally from ANP’s and GP’s from primary care, Burns Surgeons from the Midlands Operating Delivery Network (MBODN), and nationally from specialist units.

Patients who have undergone breast reconstructions with nipple reconstruction take priority.

Patients who have undergone facial reconstruction due to trauma, congenital abnormality, malignant disease, or burns will also be accepted for eyebrows, vermilion borders and scar therapy to areas that are assessed as suitable.

PROTOCOL FOR AREOLA MICROPIGMENTATION

Introduction
Micropigmentation is the implantation of small amounts of pigment into the skin to create colour. Although the colour may fade with time the pigments will permanently be present within the skin. The purpose of micropigmentation is to achieve a natural illusion of pigment within the skin and can be a stand alone treatment or an adjunct therapy.

Micropigmentation of the areola/nipple, or scar work, is often the last treatment in the reconstruction pathway. This treatment will enhance the visual appearance of the surgical reconstructions and thus improve the patients’ perception of their body image.

Micro-needling is a comparable process for scar therapy without the implantation of pigment, the aim being to soften and relax scar tissue formation.

Please see Appendix 1 - UHL Plastic Surgery (Micro-pigmentation Service) Standard Operating Procedure (LocSSIP)
STANDARD OF COMPETENCY – MICROPIGMENTATION

Name of Practitioner ................................................. Role .................................................

STANDARD STATEMENT
The Practitioner will be competent in performing micropigmentation.

ACTION
What is needed

A qualified practitioner, (ie, Clinical Prosthetist or Specialist Nurse with burns, scar and plastics experience) who has undertaken the Finishing Touches Training package (theoretical, practical and continual competency monitoring) or Industry equivalent.

1. With sound knowledge of skin anatomy and physiology, breast reconstruction techniques, burns injuries, and scar tissues.
2. Trained and instructed in the use of micropigmentation and pigmentation techniques.
3. With knowledge and skills required to achieve accurate skin to pigment colour matching technique.
4. With knowledge of the rationale and possible complications of the procedure.
5. With sound knowledge and understanding of professional and legal considerations in relation to expanded roles and scope of practice.

WHAT WILL HAPPEN?
The Practitioner will:

1. Complete a training programme of at least two days covering the above material within Industry.
2. Will carry out the areola/other defined micropigmentation procedure as outlined in the LocSSIPs.
3. Will be able to assess own level of competence and provide evidence of this.
4. Will be competent in performing the areola micropigmentation procedure and will have a good understanding of the rationale and possible complications.
5. Will have an understanding of scar tissue and the possible adverse effects of Micropigmentation

OUTCOME
Patients who require micropigmentation will have it performed safely by a competent practitioner.

COMPETENCY STATEMENT
I feel competent in carrying out the micropigmentation procedure. I have completed appropriate training and accept responsibility for my practice:

Evidence of competency seen by:

.................................................  ................................................. Date

Approved by:
(Person providing training)  .................................................  ................................................. Date

Review date:

................................................. Date
Monitoring the Standard of Competency

WHAT SHOULD BE MONITORED?

1. The Practitioner’s knowledge of:
   - Anatomy and physiology of the skin
   - Breast reconstructions techniques and outcome
   - Burn Injuries and scarring outcomes
   - Micropigmentation techniques for positive scarring outcomes
   - Micropigmentation equipment and pigments
   - Colour matching techniques
   - Pigment implantation techniques/procedures
   - Rationale for techniques/procedures
   - Potential for complications
   - Professional considerations and legal requirements

2. Did the Practitioner complete an appropriate training programme and a plan of action to develop competence in this procedure?

3. Can the Practitioner assure themselves of their competence and show evidence of the action plan relating to their competence?

4. Is their evidence of competency being maintained?

5. Who is responsible for monitoring the standard of competency?

6. Audit of satisfaction of the patient to be undertaken after treatment completed.

7. Results to be made available to directorate Clinical Governance Manager and Head Nurse.

8. Has the practitioner had an annual current practice update?
STANDARDS FOR MICROPIGMENTATION

Standard Statements:
The micropigmentation procedure will be carried out safely with minimum risk of complications. Each patient will be involved in decision-making and satisfied with the outcome of her micropigmentation. Micropigmentation will not be undertaken if the patients safety is compromised.

<table>
<thead>
<tr>
<th>STRUCTURE</th>
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<tbody>
<tr>
<td>A qualified practitioner who has developed specialist knowledge and skills in micropigmentation techniques.</td>
</tr>
<tr>
<td>Appropriate equipment (micropigmentation machine, needles and pigments, skin marker pen, stencil, anaesthetic cream).</td>
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<tr>
<td>An agreed LocSSIP outlining the micropigmentation process.</td>
</tr>
<tr>
<td>Patient information leaflet explaining the risk and benefits of micropigmentation and after-care instructions.</td>
</tr>
<tr>
<td>Assessment and treatment record forms.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>PROCESS</th>
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<tbody>
<tr>
<td>The practitioner will:</td>
</tr>
<tr>
<td>Develop and maintain up-to-date knowledge &amp; skills in order to enable appropriate and artistic performance of micropigmentation techniques.</td>
</tr>
<tr>
<td>Undertake and document a patient assessment, including their expectations whilst acknowledging psychological care needs.</td>
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<tr>
<td>Explain the process to the patient and inform them of the benefits, risks, and factors influencing the outcomes of the process, documented on a UHL consent form 3.</td>
</tr>
<tr>
<td>Involve the patients in decisions regarding the size and colour of their new areola/micropigmentation procedure, if they desire to be.</td>
</tr>
<tr>
<td>Carry out the procedure according to the agreed LocSSIP.</td>
</tr>
<tr>
<td>Explain to the patient how to care for the skin following the procedure and provide an after care patient information leaflet.</td>
</tr>
<tr>
<td>Clearly document the outcomes of the procedure.</td>
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<thead>
<tr>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Each patient’s documentation will indicate the patient’s expectations, the process and the outcomes of the micropigmentation procedure.</td>
</tr>
<tr>
<td>The patient will feel informed and involved in the decisions regarding the process. The patient will say that they feel satisfied/pleased with their new micropigmentated area and the outcome of their care.</td>
</tr>
<tr>
<td>The patient will not develop any complications following the procedure.</td>
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MICROPIGMENTATION

Micropigmentation delivers fantastic results in the medical field. Doctors, nurses, surgeons, radiologists and specialists have recognised the value of micropigmentation procedures in areas such as vitiligo, scar camouflage, areola restoration, burn injury scars, hairline enhancement and ‘marking the spot’ in radiotherapy. Skilled practitioners and state of the art equipment offer the assurance of minimum trauma to their clients and maximum safety throughout.

Micropigmentation is literally the ‘finishing touch’ to sometimes years of treatment.

After micropigmentation, patients can draw a line under all the surgery they have endured and enjoy a better quality of life without the constant visual reminders.

It can be described as a physical treatment that provides psychological care for patients’ and their perception of their own body image

Areola Restoration
Micropigmentation is often the final procedure necessary to recreate the new breast, giving women and men renewed self-esteem and confidence in their appearance. Areola restoration using this technique achieves a natural appearing nipple areola complex resulting in aesthetic, psychological and emotional benefits for the patient. The demand for this service is rapidly growing, and is an integral part of their journey through breast reconstruction.

Cleft Lip Reconstruction
The appearance of a cleft lip can be dramatically improved with micropigmentation. By creating a balanced shape and camouflaging scars, the lip is given definition and fullness. This technique can also be used for patients with facial burns.

Scar Camouflage
Generally a year after a scar has healed, pigments can be used to match the scar to the colour of the surrounding skin in a blending effect. Occasionally the action of micropigmentation can help to stimulate the area and soften scar tissue.

Burns
Once burnt skin has healed, or a year after any skin graft work, micropigmentation can be used to camouflage or blend colour to existing skin tones.

Radiotherapy
When people visit the radiotherapy department they are often in a state of anxiety. By offering an alternative for marking the spot, they can walk away knowing that they will not have a permanent reminder of all they have endured.

Scar Therapy
By the use of dry needling techniques, this may soften or help to re-pigment a scar. This may improve function of scared area and its visible appearance.

Eyebrows
Patients that have sustained hair loss through burn injury or other trauma to their eyebrows can have the illusion of hair strokes through micropigmentation and restore facial balance.
Appendix 1:

UHL Plastic Surgery
(Micro-pigmentation Service)
Standard Operating Procedure
(LocSSIP)
UHL Plastic Surgery (Micro-pigmentation Service) Standard Operating Procedure (LocSSIPs)

<table>
<thead>
<tr>
<th>Change Description</th>
<th>Reason for Change</th>
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<tbody>
<tr>
<td>☐ Change in format</td>
<td>☐ Trust requirement</td>
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<thead>
<tr>
<th>APPROVERS</th>
<th>POSITION</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Responsible for Procedure:</td>
<td>Clinical Specialist Prosthetist ANP/Lead Nurse Burns &amp; Plastics Burns &amp; Plastics Specialist Nurse</td>
<td>Mathew Pilley Claire Porter Vicky Galsworthy</td>
</tr>
<tr>
<td>SOP Owner:</td>
<td>Head of Service for Plastic Surgery</td>
<td>Mr. G J Offer</td>
</tr>
<tr>
<td>Sub-group Lead:</td>
<td>Advanced Nurse Practitioner/Lead Nurse Burns &amp; Plastics</td>
<td>Ms. C. Porter</td>
</tr>
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</table>

Introduction and Background:

Scope: This Standard Operating Procedure (SOP) applies to all staff that perform micro-pigmentation procedures in the UHL Micro-pigmentation Clinic situated in the Burns and Plastics Dressings Outpatient Clinic (BPDC) at the Leicester Royal Infirmary (LRI). This SOP is the Local Safety Standard for Invasive Procedures (LocSSIP) document; this is compliant with the National Safety Standards for Invasive Procedures (NatSSIPs) guidance. Procedures covered include micro-pigmentation of:

- Nipple Areola Complex
- Vermillion Border
- Scar revision/micro-needling
- Illusion of hair e.g. eyebrows, scalp reconstruction
- Skin camouflage

Referrals are accepted Internally from;
- Breast Surgeons
- Breast ANP’s & Specialist Nurses & BPDC Nurses
- Reconstructive Plastic Surgeons
- Associate Specialists/Registrars

And Externally from;
- ANP’s and GP’s from primary care
- Burns Surgeons from Midlands Burn Operating Delivery Network (MBODN)
- Referrals also accepted nationally from specialist units

This LocSSIP is for adult patients only.

Micro-pigmentation is the implantation of small amounts of pigment with a needle into the skin to create colour. Although the colour may fade with time the pigments will permanently be present within the skin. The purpose of micro-pigmentation is to achieve a natural illusion of pigment within the skin and can be a stand-alone treatment or an adjuvant therapy. Micro-pigmentation of the areola/nipple, or scar work, is often the last treatment in the reconstruction pathway. This treatment will enhance the visual appearance of the surgical reconstructions and thus improve the patients’ perception of their body image. Micro-needling is a comparable process for scar therapy without the implantation of pigment, the aim being to soften and relax scar tissue formation.

Outpatients, List management and scheduling:

Clinicians will discuss with patients the benefits micro-pigmentation can offer and give verbal information regarding their procedure. This may be done in either the Breast/Plastic Surgery Outpatient Department or the Burns & Plastics Dressing Clinic. Standard complications and morbidity risks that patients should be informed of in the verbal consent process include:
- Pain or discomfort
- Bleeding or bruising
- Scarring
- Wound Infection
- Reduction of reconstructed nipple protrusion
- Colour imbalance
- Localised reaction to the pigment

*Written consent will not be performed at this stage*
Patients will then have a written referral to the Micropigmentation Clinic which includes a medical history. The referral needs to include what the micropigmentation is for and where on the body. If the patient requires nipple areola complex (N.A.C.) work the referral needs to specify whether the patient has had surgical nipple reconstruction and whether they require unilateral or bilateral nipple areola complex treatments. If the patient has had treatments that may increase the risk of potential complications such as previous radiotherapy treatment or the patient is susceptible to infection post procedure, please include this information in the referral letter. If the patient has recently undergone chemotherapy, they need to have authorisation from their Oncologist.

The patient referrals once received will be put on the HISS waiting list for the micropigmentation clinic (BPMT). The referrals will then be screened by the practitioners and appointments will be allocated accordingly. Factors such as where the patient lives, whether they require unilateral/bilateral N.A.C work, whether they have previously had surgical nipple reconstruction work done or whether they require complex scar work will be taken into account when allocating appointment slots and how many will be required.

New patient appointments for unilateral N.A.C. with previous nipple reconstruction usually have a one hour appointment with two micropigmentation practitioners, patients that require bilateral N.A.C. requiring 3D nipple illusion usually have a two hour appointment with two micropigmentation practitioners. Patients that require complex scar work for new appointment may require up to a three hour appointment. Follow up appointments are generally a one hour appointment with one micropigmentation practitioner.

Appointment slots can only be managed by the micropigmentation practitioners, no-one else is to book into the BPMT clinic slots, i.e. Choose and Book.

Workforce – staffing requirements:

The minimum safe staffing standards for this service are 2 practitioners for a new patient clinic and one practitioner for a follow up clinic. This is the minimum necessary to provide a timely high standard of safe care. If the one practitioner follow up clinic is male then a chaperone must be provided.

Practitioners must have undergone a formally recognised medical micro-pigmentation training program with Finishing Touches ( Dermace if extra training is required) and a supervised local induction.

ANTT must be practised for all procedures as per the UHL Aseptic Non-Touch Technique Guidelines. All relevant staff must complete ANTT theory training which is available to staff on the e-UHL website as an e-learning package.

Annual competency statements will be undertaken and completed with reference to the UHL Guidelines for “Medical Micropigmentation”.

Learners or students or new members of the wider team may be present during the clinic with the patients consent in an observatory capacity only.
Day of Procedure:

The notes are prepared ready for the beginning of the clinic, including a referral letter. The room and equipment are all cleaned with chlor clean prior to the commencement of the clinic list, in between each case and after the list.

New patient clinic –

One of the practitioners will call the patient through to the clinic room and go through the micro-pigmentation consultation with the patient and their relative (if present), including a skin assessment, a scar assessment and a psychological assessment. The consultation also includes a thorough medical and drug history, and ascertaining any allergies and or other red flags. The other practitioner will prepare the Tattooing machine, the pots, the pigments, the sterile field and the aftercare ready promptly for the colour matching process and procedure itself. Two practitioners are required for a new patient appointment in order for the clinic to run in an efficient and safe manner.

Once all the assessment documentation is completed, a UHL consent form 3 must be completed, specifying the risks and benefits of the procedure, by the practitioner and the patient. At this point it may be decided by the practitioners or the patient that a patch test should be done at this appointment time.

Clinical photography is discussed at this time, with consent being gained and documented or otherwise.

Laterality must always be written in full, i.e. ‘left’ or ‘right’. The use of abbreviations must be avoided at all times. It is during the consultation process we may sign post or refer patients to other services, such as the Joint Breast and Plastic Surgery Reconstruction Clinic or Medical or oncological Psychology.

Infection prevention strategies include:

- Aseptic Non-Touch Technique (ANTT)
- Pre-treatment skin prep
- Sterile gloves
- P.P.E.

Relatives may accompany the patient during the procedure with the patients’ verbal consent. Children may accompany the patient during the procedure if they have reasonable supervision and deemed appropriate by the practitioner.

Procedural Verification of Site Marking:

Verbal consent gained prior to implantation of pigment regards colour, placement and site.

Team Safety Briefing:
Performing the procedure:

Prepare the patient for the procedure by offering them a patient theatre gown in order to protect their privacy and dignity. A standing “body shot” photograph may be taken with the patients consent. The patient is then asked to sit on the couch.

Ensure the aseptic field and trolley has been prepared in accordance with UHL ANTT policy and ensure PPE is readily available for use, including facial masks and safety goggles.

Aseptic Non-Touch Technique (ANTT) must be used during the micro-pigmentation procedure. Using non sterile gloves, cleanse the skin prior to assessing colour matching with sterile solution (tisept or chlorhexidine) and sterile gauze, then discard gloves. Using non sterile gloves, mix and paint the pigments in the pigment pots onto the consented area, cleansing in between each colour application with sterile solution and gauze. Once a colour match has been found suitable and agreed by the practitioners and patient, the sterile colour pot may be placed onto the sterile field. PPE must be discarded at this time, hands washed and full PPE (including eye protection and face mask) must be applied. All pigments and needles must be checked to be in date prior to use. Micro-pigmentation of the skin to take place with single use sterile needles sourced from Finishing Touches or Dermace that fit the class 2 medical grade machine used – Finishing Touches Precision Plus). Once the micro-pigmentation is complete, show the patient the results with the mirror available.

Employees have a duty to follow the arrangements set out within the UHL Sharps Management Policy for the safe use of sharps (See folder for policies in BPDC/UHL insite), therefore, needles must be disposed of by the practitioner immediately after the procedure has finished. Clean the treated area with normal saline and apply yellow soft paraffin or chlorenphenical 1% ointment followed by sterile polyvinylchloride. All treatments performed with an implant present, apply chlorenphenical, all other treatments apply yellow soft paraffin.

Monitoring:

No specific monitoring is performed during procedures unless requested by the Clinician. Throughout the procedure the patient is reassured and reassessed, monitoring for distress/pain or an altered physiological/psychological response to the procedure being undertaken. If the patient is unable to tolerate the procedure, the procedure is abandoned until the next
appointment and local topical numbing cream is provided with instructions for use for the next treatment.

Prevention of retained Foreign Objects:

Sign Out:

- 
- 

Post-procedural aftercare:

During the consultation, after care advice is provided verbally and then further consolidated in a patient information leaflet. This is reiterated after the procedure with any further questions the patient may have answered. The patient’s next appointment is booked there and then before they leave. All equipment and surfaces are cleaned with chlor clean as per policy.

Discharge:

Patients are discharged from the medical micro-pigmentation service when the desired outcome has been achieved. Patients are advised to seek re-referral for colour top up from either their Surgeon or their G.P. at such time they feel they would benefit from further colour administration.

Post procedure documentation – the procedure must be clearly documented in the micro-pigmentation procedure page stating the procedure undertaken, the colours and needles used, their lot and batch numbers, the tolerance of the machine, whether photographic evidence was recorded and whether any topical anaesthetic agent had been used. A letter is then dictated to the referrer and cc’d to the patient and the G.P.

Governance and Audit:

Safety incidents in this area include:
  - Sharps injuries
All incidents must be reported on Datix. Incidents will be handled and reported in line with the usual Trust ‘Incident and Accident Reporting Policy’.
All clinical incidents will be reviewed at the CMG monthly Quality and Safety board and at the quarterly Plastic Surgery & Breast Surgery Morbidity and Mortality meetings.
Compliance with this SOP will be monitored by audit on an annual basis.

Training:
Practitioners will be trained in this SOP by one-to-one discussions and signed off by the service lead.
Practitioners will be assessed yearly with a standard of competency – see Guidelines.

References to other standards, alerts and procedures:

Policy for Consent to Examination or Treatment, University Hospitals of Leicester:
Sharps Management Policy, University Hospitals of Leicester:
Incident and Accident Reporting Policy:
Aseptic Non-Touch Technique Policy:
National Safety Standards for Invasive Procedures, NHS England:
UHL Safer Surgery Policy: B40/2010
UHL Consent to Treatment or Examination Policy A16/2002

END