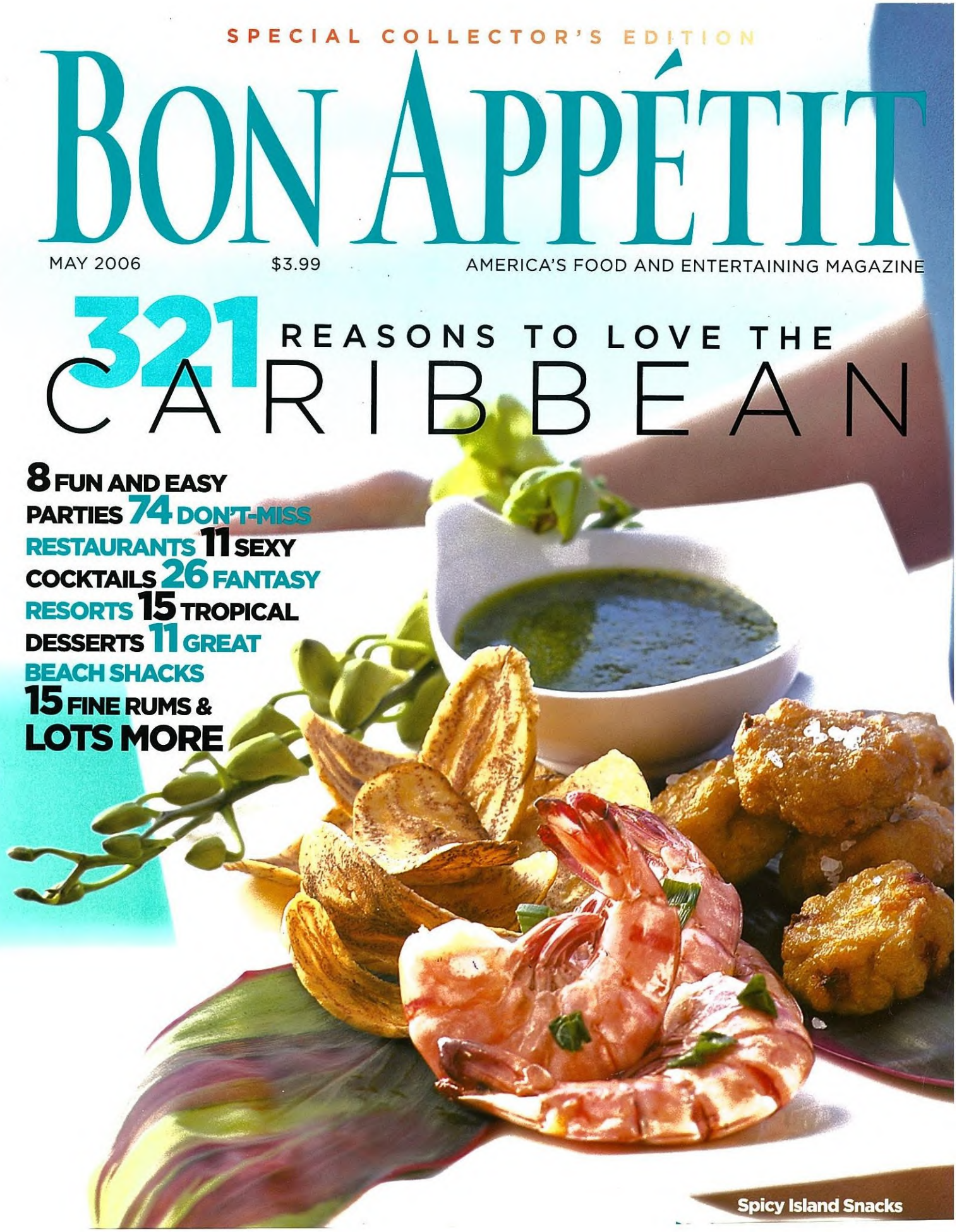
SPECIAL COLLECTOR'S EDITION

BON APPÉTIT

MAY 2006 $3.99 AMERICA'S FOOD AND ENTERTAINING MAGAZINE

321 REASONS TO LOVE THE CARIBBEAN

8 FUN AND EASY PARTIES 74 DON'T-MISS RESTAURANTS 11 SEXY COCKTAILS 26 FANTASY RESORTS 15 TROPICAL DESSERTS 11 GREAT BEACH SHACKS 15 FINE RUMS & LOTS MORE



Spicy Island Snacks

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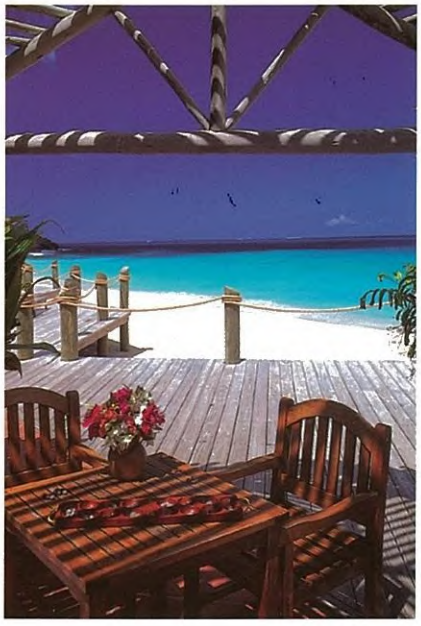
Galley Bay enjoys a secluded setting amidst 40 acres of tropical gardens on the edge of a breathtaking three-quarter mile beach. Great care has been taken to ensure the resort complements these natural surroundings; thatch and bamboo establishing an ambience of elegant rusticity in the public areas, a picturesque timber deck ensuring maximum exposure to the ocean views. The 69 guest rooms and cottages are discreetly tucked away amidst the palms, more than three-quarters lying directly on the beach, the remainder set just behind and boasting their own private splash pools.



Dining is an important part of any stay, the Euro-Caribbean cuisine making the most of local vegetables and freshly-caught seafood. Guests seeking a change from the fine dining experience of The Seagrape, can enjoy the grilled fare of the more intimate Gauguin Restaurant, both venues just steps from the Caribbean Sea. Of course, recreational activities are of a relaxing nature, guests usually quite content to sunbathe on the sands or around the pool; those in the mood for a little action able to take advantage of the complimentary tennis court, fitness facilities and non-motorised water sports.

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ıe perfect place for romance.

Four fabulous pools and two private beaches offer plenty of choices.

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This sophisticated getaway occupies its own private, 100-acre peninsula—comprised of rolling hills yielding panoramic ocean views—with two white-sand beaches flanked by either the calm Caribbean Sea or the Atlantic Ocean.

The resort's 132 guest rooms and suites perfectly reflect their tropical island setting. Cable TVs, private terraces and deep soaking tubs are all standard, while the option of two double beds makes the resort particularly appealing for families.

At St. James's Club, a social club-like ambiance prevails with visiting yachts and a European-style casino contributing a dash of international flair.

Entertainment options abound by day, with watersports galore, four swimming pools, six tennis courts and a fitness center. By night there's an enticing selection of restaurants and bars, not to mention live music and gaming tables to keep everyone entertained.

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The resort comprises just 37 Palmview rooms, Beachfront Cottages, Plantation Suites and Island Lofts, which have been designed with their island setting in mind and are complemented by public areas of thatch, bamboo and terra cotta. More than half of the resort's accommodations sit right on the white-sand beach, putting guests within easy reach of the carefully protected natural environment.

Days at Palm Island revolve around the beaches and the ocean, nature trails, watersports, and a free-form pool with waterfalls, while excursion via boat to the Tobago Cays add a dash of excitement.

Elegant evenings begin with cocktails and hors d'oeuvres in the alfresco bar and end with delicious candlelit dinners in the Royal Palm restaurant or the more casual Sunset Bar & Grill.

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CARIBBEAN

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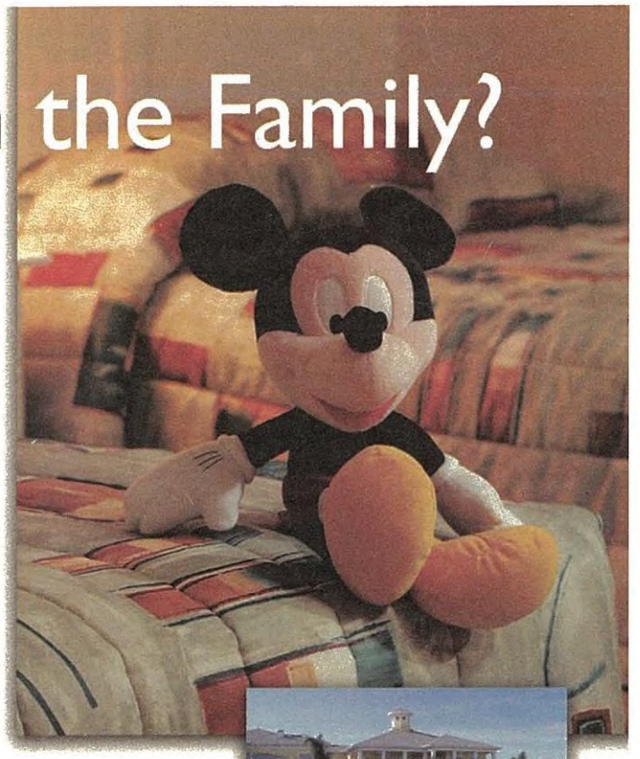

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Valid May 1 - December 20, 2006. Book by July 31, 2006. Rates are per room per night subject to availability & 12% tax. 2 night minimum stay required. Other restrictions may apply.

Bahama Bay

Orlando resort helps families reduce rising fuel prices

How high will gas go? Soaring gas prices of over $3 per gallon may be keeping families from just hopping in their cars to take a vacation.

However, one large Orlando resort is helping to cut down on the expense by providing a daily gas allowance. Orlando's new family friendly Bahama Bay, an all-villa resort, is located in the heart of Central Florida and only five minutes from Disney World and all the magic.

Bahama Bay is making travel more affordable by reducing already affordable rates by an additional $25 per day in the form of a gas credit. Steven Heydt, president of Florida Villa Resorts, commented, "We will watch the volume of demand and the price of gas, and if more help is needed for our guests, we may increase the gas credit support to help the Orlando vacation-bound family save throughout the spring and summer."

Location

The resort is set on Lake Davenport, with a spectacular view. You'll find four heated swimming pools. The 13,000-square-foot, state-of-the-art recreation center will be able to provide hours of family fun. You'll find a snack bar and grill, a sauna, and fitness center. There is also a lounge area with movie theater screen and a children's play area.

While exploring the property you will find nature trails for walking or jogging, as well as courts for tennis, volleyball and basketball. When you get hungry, dine at one of the two on-site restaurants. The resort features expansive two- and three-bedroom villas, fully appointed with every amenity.

Spacious Accommodations

Bahama Bay's two- and three-bedroom, villa-style accommodations provide all the comforts of home, plus resort amenities.

Bahama Bay Resort is situated on 70 beautifully landscaped acres and features a host of convenient on-site facilities. A tropical theme throughout the resort and villa decor adds to the resort's warm and welcoming Island ambiance.

Unbelievable Value

The adults will enjoy the convenience of full-sized kitchens, with large washer/dryer, two elegant baths, living and dining rooms, cable TV, and large private balconies.

Affordable daily rates from $149 will be reduced to $124 after a $25-per-day credit for gas when applied. If you require a three-bedroom villa, the $169 rate will be reduced to $144. The 12 percent tax is not included.

Make Bahama Bay Resort your vacation destination in Orlando, conveniently located near Disney World, Universal Studios and Sea World.

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Best Methods and Marketing Strategies for your Electrology Practice

Part 3

by Jeana Giordano, L.F.S., C.C.E.

According to a study in the Journal of the American Academy of Dermatology, electrolysis has a success rate of approximately 93 percent. Have you ever wondered about an appropriate way to expose myths and share helpful news regarding electrolysis to build your practice? Before we discuss marketing options to grow your clientele, let us first address methods that can refine your skills, setting you apart as a seasoned practitioner among the 93 percent success rate. It is essential to success to know what modality best suits the client's needs. The choice of modality depends upon the experience and preference of the operator. Many practitioners customize treatments, utilizing a combination of modalities for best results, depending on the area being epilated and the coarseness of the hair.

Electrolysis is the practice of electrical epilation through a fine disposable and sterilized probe alongside unwanted hair. During this process, electric current passes through a needle that is inserted into the hair follicle and chemically changes the salt and water/body fluids in the follicle to produce sodium hydroxide, commonly known as lye. Being caustic, lye kills the cells in a localized area by chemical decomposition. An effective insertion destroys the root and optimally the hair does not grow back. The probe should be inserted into the natural opening of the hair follicle; proper insertion does not puncture the skin. Care should be taken to insert the probe at the same angle that the hair is growing out of the skin – Not only does this insertion technique achieve better results, it is likely to be more comfortable for the client.

There are three modalities used in electrolysis: galvanic, thermolysis, and blend. Each modality has its own merits. All three methods, when properly performed, can be effective at destroying the hair matrix cells – leaving follicles incapable of growing hair. In selecting the best modality, many factors, such as an appropriate duration of treatment and determining hair type, will come into play. Electrolysis works effectively for all hair types – be it fine, heavy, or coarse.

After examination of the location of the area, face, body, and type of hair to be removed, a skillful electrologist should also take into consideration the condition of the skin, the client's individual health concerns, along with the discomfort threshold of the client. It is important to find out if they are a first-time client. The professional can then make an informed decision as to what method may best suit their client's individual needs. For all three modalities, the professional selects a metal probe (needle) that must slide easily into the hair follicle. It should be the same diameter as the hair shaft or smaller. The probe is typically 50 to 150 µm (0.002 to 0.006 inches).

Galvanic

The original electrolysis modality is named after Luigi Galvani. Galvanic electrolysis was first reported in the medical text by ophthalmologist Charles Michel in 1875. He used this treatment to remove ingrown eyelashes in his clients. The galvanic method, which utilizes direct current, creates lye in the follicle. The probe becomes the cathode – the electrode from which a conventional current leaves a polarized electrical device. Sodium hydroxide (lye) formed at the cathode, by the process of chemical electrolysis, kills the hair matrix cells. Modern galvanic epilators automatically adjust the voltage to maintain constant current. Of the three modalities, be aware that galvanic electrolysis is slower and normally used on coarse hair.

Medical Hair Removal, Inc.

Thermolysis Methond (Over-Heating)

Thermolysis uses the short wave current (also called alternating current or high-frequency current). During thermolysis, the probe is inserted to the depth of the dermal papilla or hair matrix. Heat is created in the follicle and coagulation destroys the target area. The intensity and duration of the electricity should be started according to the hair thickness and then gradually increased until the hair slides out easily. If the client experiences discomfort, the settings can be lowered. Thermolysis is also known as radio frequency, or diathermy. A thermolytic epilator is fundamentally a radio transmitter. Thermolysis works by heating the hair matrix cells to about 48 degrees Celcius (118 degrees Fahrenheit), causing electrocoagulation. This high-frequency current brings about the coagulation, thus destruction of tissue.

The Blend

Developed by Arthur Hinkel in 1948, the blend modality uses both radio frequency and direct current. It also combines the use of both electrolysis (direct) and thermolysis (alternating) currents simultaneously, or sequentially, to destroy the target area, by both coagulation and chemical reaction.

Marketing Strategies

Happy clients and their positive word-of-mouth testimonies and subsequent referrals will add to business growth. Rule number one: Remember excellent customer service is the lifeblood of any business. Some customer service practices to consider are:

- Answer your phone or hire someone to be available during working hours.
- Do not make promises unless you can keep them – reliability builds relationships.
- Listen to your clients and show you care. Take time to answer questions and offer information.
- Deal with complaints – be helpful even if there is not an immediate profit in it.
- Give a little extra – a coupon, a beverage, a pillow for comfort, or even a genuine smile.

A referral program to grow your client base can be used via different platforms, both digitally through social media websites; also utilize traditional marketing resources such as reciprocal, neighborhood marketing, and marketing to new clients through incentives that benefit existing clients. Current clients can become brand ambassadors providing a stream of new clients. Always ask for referrals from satisfied clients. Join local networking groups and organizations. Remember, good old-fashioned word of mouth remains a tried-and-true marketing tactic.

Optimize referrals with an incentive rewards program. An example of this type of marketing tool could be 10 percent off the current clients' next three treatments for the referral of a new client, or one free treatment with the referral of a new client.

Always remember to increase traffic by making the most of social networks. Tweet your heart out! Twitter offers a getting started guide where how to promote your business on their platforms is taught to newcomers. If you have a website, post testimonials from happy clients. You can also build a responsive opt-in e-mail list to facilitate and run contests and giveaways via your website.

Create your own blog and use it to build an audience of people who would be interested in your services. (Creating a blog is not as complicated as creating a website.) Blog to expose myths because common misconceptions grow from false myths. Be a catalyst for change and shed light on inaccurate myths!

Inaccurate Myths

Myth – An electrolysis treatment is very painful. Electrologists are aware that one client may not experience any discomfort while another may find it challenging to tolerate treatment in a specific area. Pain thresholds vary and a client's tolerance is hard to predict. Clients report sensations from mild tingling to pain. Unfortunately, there are electrolysis practitioners who have poor skills and they are one reason that clients believe that treatments either hurt too much or do not deliver long-term results.

Myth – Home electrolysis gadgets are just as effective as professional electrolysis. Hand-held devices with a probe are advertised as effective and easy. However, considering the extremely poor success rate, combined with unwanted possible complications like re-growth, scarring, and infection, chances for permanently removing unwanted hair long term with a home gadget are poor to say the least.

Myth – Laser hair removal is superior. Laser treatments are quite different from electrolysis, Lasers cannot treat hair that lacks pigment such as gray hair and deliver limited results for blonde and red hair color.

You have knowledge and a valuable skill, which should allow you to take advantage of event and symposium marketing. Speak to groups and offer information as a complimentary service at appropriate events such as health fairs and wedding planning events.

Collect business cards to begin a contact list. Notify your database of upcoming speaking engagements in which you will be participating. Pass out business cards, featuring an incentive offer to drive new clients through your door.

Libraries frequently allow qualified individuals to offer an informative seminar for the benefit of community education. As you are offering a complimentary service, there is normally no fee to hold a seminar at a life-learning class held at the public library. Partner with a licensed facial specialist and offer tips on skin care, anti-aging, and hair removal. Answer questions and expose myths.

Reciprocal marketing – perhaps there is a nearby dermatology office, hair salon, or non-competing spa that does not offer electrolysis that would allow you to place your business cards in return for you allowing theirs in your facility. Do not rely on one marketing tactic; always use a mix of marketing strategies.

Electrologists are regulated differently from state to state. The Society for Clinical & Medical Hair Removal (SCMHR) is a medical hair removal certification body and professional society. The Society for Clinical & Medical Hair Removal provides certification for professional electrologists and laser hair removal technicians, acting as an information support organization for legislation on electrolysis, as well as hair removal.

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Structure and Function of the Hair

by Jeana Giordano, L.F.S., C.C.E.

This feature is a continuation of last month's article where we began a discussion on the pilosebaceous unit and the hair follicle. In this feature, we will expand upon hair biology and the different stages of hair growth.

Hair serves many purposes. The tresses on the top of the head and the hair on other areas of the body provide protection from the elements – hair contributes thermal insulation. Nostril hair helps regulate the temperature of inhaled air before it enters the body. Hair serves as a buffer, preventing friction to the skin and consequent irritation as it is able to absorb sweat. Hair redirects water and sweat from the body. The eyebrows provide a line of defense, serving as a barrier to forehead sweat beads that could impair vision. Hair protects skin from external factors such as sun and wind damage. It also helps impede debris from settling on the skin. Eyelashes prevent harmful particles from entering our eyes and touch receptors in the skin are connected to human body hairs, allowing us to feel.

To some, the hair we see on the outside of our bodies may appear to be actively growing when in reality the growth takes place below the surface of our skin, the epidermis. Cells inside our hair follicles divide and multiply; as space gets limited, older cells get pushed out of the follicle. Eventually, those older cells harden and exit the follicle, forming the hair shaft. The shaft is mostly comprised of dead tissue and keratin.

Hair is composed of 10 percent water and trace elements such as, zinc iodine, calcium, iron, manganese, lipids, and the polymer melanin. The remaining 90 percent is keratin.

Hair Biology

Human hair comes in different textures, shapes, and colors. Hair follicles have an effect on the actual form and contour of our hair. Additionally, the size of the follicles determines if the individual hair strands are thick or thin. Research shows that the curvature of a strand depends on the nature of its follicle. When a follicle is asymmetrical, the hair that it produces is oval in shape and tends to curl. When it is symmetrical, the strand that emerges grows round and straight. There are over 100,000 follicles on the head! Large follicles produce thick hairs and small follicles produce thin hairs.

Layers of the Hair

Cuticle: This outermost layer is made up of overlapping, transparent cells, similar to scales or roof tiles. The cuticle protects the inner layers of hair with a dense fabrication.

Cortex: The middle layer of elongated cells is the thickest and is composed of fibrous tissue. The cortex sits under the cuticle and makes up 80 to 90 percent of the hair's diameter. This layer houses the pigment that gives hair its color and provides the elasticity to the hair. The cortex consists of cells that keratinize gradually as they move upward from the hair matrix.

Medulla: The innermost layer of the hair is also called the pith or marrow. The medulla is made up of round cells. Fine hair lacks the medulla while wavy hair has a medulla. A general rule is the curlier the hair, the stronger the medulla.

The three main types of hair are lanugo, vellus, and terminal. At birth, infants have soft lanugo hair that covers their bodies and scalps, but sheds within a few

weeks. Lanugo hair is also referred to as fetal hair. It is actually on the fetus in utero and on newborns. Vellus hair is frequently confused with lanugo, but is present through adulthood. Vellus hair does not have a medulla or pigment. Vellus hair is often referred to as peach fuzz. Terminal hair is pigmented, longer, coarser, and found on the scalp, arms, and legs of both sexes. After puberty, it is located in the axillae and groin areas. In men, terminal hair is found on the face, chest, and back.

Three Main Stages of Hair Growth

The hair follicle generates stem cells that make hair grow. Hair transitions from stage to stage. At any given time, an inconsistent number of hairs will be in different stages of growth and shedding. The length of time that hair remains in a specific stage varies according to the different parts of the body and face.

The duration of these stages fluctuate from one area of the body to another. Each phase has several distinguishable sub-phases.

Anagen hair is in the growing phase. During this phase, the hair follicle is at its deepest. The hair matrix is active during the anagen stage. In the human scalp, the anagen phase lasts approximately three to six years, but can last longer. Approximately 84 percent of scalp hairs are in the anagen phase.

The catagen phase is in the transitional phase and is the shortest hair growth phase, lasting from a few days to about two to three weeks. Luckily, a very small percentage of hairs are in this stage at any given time. During this time, the outer root sheath shrinks and attaches to the root of the hair.

Telogen hair is in the resting phase and accounts for 10 to 15 percent of all hairs. The telogen phase lasts approximately three months for hair on the scalp, but continues on in length for hair on the eyebrows, eyelashes, arms, and legs.

The Terminal Pilosebaceous Unit Components:

The pilosebaceous unit is epithelial tissue, an appendage of the skin.

1. The hair shaft and bulb form a joined unit.
2. The inner root sheath surrounds the hair shaft (classified as a part of the follicle and is two cells thick).
3. The outer root sheath and bulge make up most of the follicle. The bulge is a protruding section of the follicle that is located where the arrector pili muscle attaches to the follicle and found close to the sebaceous glands. The bulge contains stem cells (progenitor cells) localized in the outer-root sheath at the bulge. The stem cells can grow a new pilosebaceous unit.
4. The dermal sheath and papilla are a connected unit that envelopes the entire follicle. The dermal sheath is part of the dermis and contains nerves, blood vessels, and connective tissues (collagen and elastin). The dermal sheath's connective tissues fasten the follicle to the skin; the abundant nerves make the hair a sensory organ, similar to a cat's whisker.
5. The epidermis, sebaceous gland, and arrector pili complete the pilosebaceous unit.

Melanin

Melanin is a vital pigment, providing essential protection from the sun's ultraviolet radiation. A lack in melanin leads to disorders and diseases; an absence of melanin causes albinism. When the skin creates a pigment to protect us from sun exposure, this process is called tanning.

Melanin housed in the hair follicle determines the hair color. There are two types of melanin, eumelanin is a black or brown pigment and pheomelanin is a red or yellow pigment. People with lighter skin produce a predominance of pheomelanin. Scientists have determined that several genes are involved in one's skin color. The melanocortin 1 receptor (MC1R) is one of these genes. When MC1R is functioning properly, melanocytes convert pheomelanin into eumelanin. If production is uneven, then pheomelanin builds up. Most people with red hair and/or very fair skin have versions of the MC1R gene that do not function as adequately.

When melanocytes clump together, a freckle is created. A basic rule to remember is that fewer melanocytes mean less pigment and the outcome is lighter skin.

Melanin is found in several areas of the human body, including the skin, hair, pupils or irises, and the stria vascularis of the inner ear. It can also be found in the substantia nigra and locus coeruleus and the medulla and zona reticularis of the adrenal gland.

This completes the condensed overview of the pilosebaceous unit. Please appreciate the complexity of the hair follicle and better understand hair cycles. Further information is available through The Society for Clinical and Medical Hair Removal.

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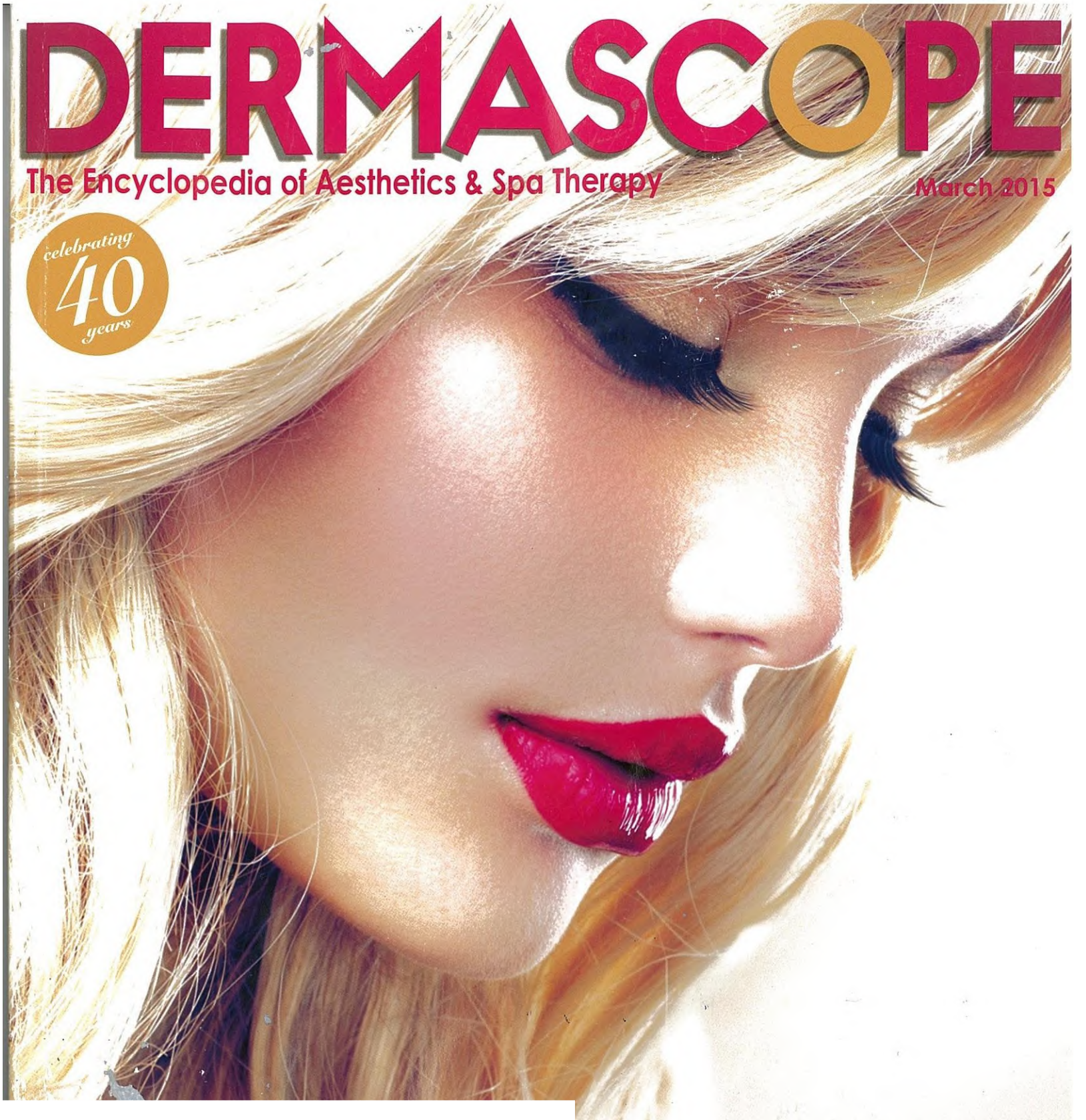

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Electrology: Restricted Treatment, Contraindications, and Homecare

Part 2

by Jeana Giordano, L.F.S., C.C.E.

Whether you are beginning your career as a professional electrologist, or you have several years of experience, it is beneficial to continually work toward improving your technique. Throughout this article, we will discuss contraindications, contraactions, and offer helpful tips and useful protocols professionals can include in their daily practice.

Creating an exceptional client experience is essential to client retention. Most trained professionals are aware that the consultation is an ideal time to educate the client about recommendations regarding the best course of treatment for their individual skin needs. A thorough consultation and accurate, consistent documentation on the client's epilation form will help avoid potential complications. Electrolysis is a safe, minimally-invasive procedure with few outright contraindications. It is other health conditions that the client may have that could preclude treatment — this is where a skilled practitioner's educated judgment comes into play.

Contraindictions

A contraindication is defined as a condition, disease, or medication that disqualifies the client from receiving treatment on a temporary or permanent basis. A contraindication to treatment may be temporary like a sunburn, or longer-lasting as is the case with pregnancy.

Contraindications are diverse and fall into different categories. A contraindication may even exist without a health condition. For instance, a client under age 18 must have the consent of their parent or guardian. Without exception, it is highly recommended that the parent be present for all treatments.

Even if a client is healthy and not presently undergoing treatment, professionals should always ask about any medications the client may have taken within the last year. Certain medications may exclude a client from electrolysis. If a client has been taking Accutane in the last year, this is considered a contraindication to treatment. A client cannot receive an electrolysis service until they have discontinued use for at least one year.

Cancer or a current history of cardiovascular and circulatory disorders are contraindications. Anticoagulant drugs can cause clotting problems and interfere with the effectiveness of the treatment.

Electronic devices such as a pacemaker/defibrillator are used to maintain a normal heart rate. The use of an electrical current can cause interference and the outcome can be fatal. If an electrologist is unsure of a prescribed medication or a client's condition, they need to request a physician's written clearance letter. It is their safeguard prior to beginning treatment. There are some medications that can affect hair removal services: Retin-A, Renova, Accutane, Hydroquinone, blood-thinning medications, and topical or oral cortisone medications.

Other reasons to decline treatment are severe anxiety/stress, highly-contagious conditions like fungal infections/ringworm, bacterial infections/impetigo, viral infections like herpes simplex, or warts in the area. Due to risks of cross infection, a parasitic infection like scabies, which is highly contagious, is also a contraindication. Systemic disorders and loss of tactile sensation also fall into this category. If a client has a chronic disorder such as diabetes mellitus, it is advised not to treat the lower extremities. This is due to the loss of sensation to the skin. The client will likely have difficulty judging the levels of intensity applied. Additionally, with this condition, the skin has a diminished the ability to heal. Shortened treatment time and a referral from the client's physician is necessary.

Other contraindications are blood disorders like hemophilia and AIDS/HIV, along with lupus where the immune system mistakenly attacks tissues in various parts of the body.

Medical Hair Removal, Inc.

This abnormal activity leads to illness, tissue damage, and excludes treatment, as do open cuts, wounds, bruises, and phlebitis/thrombosis. Recent operations, leaving recent scar tissue and keloid scarring, disqualify treatment. Emphysema is a progressive disease of the lungs that occurs when the alveolar walls are destroyed, along with the capillary blood vessels that run within them. Electrolysis treatment may be restricted on the following:

- Asthma – Ask if the client's asthma is medically-controlled because inhalers are normally steroid-based, which can have an influence on hair growth.
- Diabetes – If a client is insulin-dependent, they will need a doctor's referral because the skin's healing rate will be slower.
- Epilepsy
- Hyper/hypopigmentation problems
- Hiatus hernia (attention to positioning)
- High blood pressure (where under medical supervision)
- Metal plates and pins can restrict treatment, depending on the size and location of the metal.

Whether treatment can commence will depend upon the severity of a condition. A doctor's letter will likely be required for insurance purposes, as well as client and practitioner safety.

Beginning the Treatment

You may wish to make treatment relaxing for clients. Offer pillows and blanket and play soft background music. In some cases, the option of doing a brief patch test for the first treatment is something to consider. Treat only a small area; remove a few hairs as you decide upon the appropriate machine settings. Begin treatment at a slightly lower intensity and work your way up — this may prove more comfortable for clients, especially in their first treatment. Record the intensity used and timing that worked best for each client. Take note of how the skin reacts to initial treatment. Record all settings and write comments on skin reaction.

The best way to evaluate your work is by an examination of re-growth and the skin's condition. At the next appointment, assess the skin, its healing, and inquire if the client encountered any problems. Longer sessions can be scheduled as the treatment progresses. If you are working on the eye area of a new client, be aware that it is highly vascularized. Take extra care when performing insertions. Too deep of an insertion could cause bruising. Pull the skin taut, but avoid applying too much pressure on this delicate area.

After Treatment and Homecare

Clients should be made aware of a home regimen. Infection is rarely the fault of an electrologist treatment, but can occur due to improper homecare. Many clients have pathogenic bacteria present in their pores and follicles. Natural occurrences like perspiration can spread contamination, as can the use of unhygienic cosmetics. It is standard practice that an over-the-counter antibiotic ointment be applied after treatment to prohibit infection to the treated area. Make sure that clients are instructed that any cleaning of the treated area within the first 24 hours should be done with a 70 percent alcohol solution. Clients can temporarily remove bacteria from their skin's surface with an antiseptic, applied both before and after treatment. Many find witch hazel lotion or gel to be soothing; another benefit is that it has mild antiseptic qualities. Aloe vera gel is cooling and preferred by some clients and electrologists. Ice packs can be given to clients for use in the facility if swelling is present. Caladryl/calamine lotions are effective with inflammation and histamine-type bumps on the skin.

The skin is most vulnerable to infection the first few days after treatment. Clients should select cleansers that are fragrance-free and formulated for sensitive skin. They should avoid heavy creams and the use of masks and exfoliants for a minimum of 48 hours. Body areas can be washed within 12 to 18 hours, but clients should refrain from saturating the face with water for a minimum of 24 hours after the session. The face should only be cleansed with damp cotton balls or tissues. A perfume-free body wash or a germicidal soap may be used on the body. Inform clients not to use makeup for a 24-hour period. Clients who receive electrolysis on the face should be instructed to use a fresh pillowcase and keep the hair away from the treated area. If treated around the hairline or on the face, clients should avoid shampooing their hair for at least 24 hours. Clients should be informed to wear clean, loose-fitting clothes to avoid friction if the treatment is on the body.

Instruct clients to apply only clean, sterile cosmetics and not items that may have been carried in a purse or sitting in a drawer for numerous months as they could be compromised with bacteria. Suggest that it would be advisable for them to purchase new, clean makeup for the duration of their treatment. Explain that they should avoid the reuse of a sponge, applicator, or using their fingers to apply anything around the treated area. Other rules to avoid complications are:

- No saunas, hot tubs, or steam treatments until the skin heals.
- No tanning (sunbathing, sun beds).
- No sports, gym work, or other exercise that would cause perspiration for 24 hours post treatment.
- Clients should avoid scratching or touching the treated area.
- No swimming in pools immediately after the treatment.
- Clients should not apply deodorants, body sprays, or powders immediately after treatment.

Post Treatment Inflammation

The treatment itself is a sterilizing process, but a small amount of tissue at the site of each treated follicle can be susceptible to infection. Mild antibiotic creams can be applied.

If a thorough consultation is a priority, details are recorded, an accepted method of treatment is administered, and hygienic protocols are followed, no problems should arise. Join your local and international associations to keep up with current trends, advances, and to stay informed. Research the standard of safe practices in your state.

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Popular Topics, Helpful Tips, and Professional Working Habits in the Practice of Electrology

Part I

by Jeana Giordano, L.F.S., C.C.E.

This article will focus on assessing a client for electrolysis, professionally addressing a client's health history, and home care recommendations to support best results. Throughout this article, we will discuss contraindications, contra-actions, offer helpful tips, and useful protocols to include in your daily practice. This feature is Part One of a three part series, to follow in the March and April 2015 issues of *DERMASCOPE Magazine*. Some electrologists are concerned about an increase in litigation happening within the skin care industry. The following information will help you adhere to a standard level of practice, obtain the best results for clients, and deliver a professional level of service of which to be proud.

We face a critical question several times a day in the profession of electrology: when and when not to treat. State laws protect both the client and practitioner. You have worked hard to become an electrologist, so in addition to the obvious concern of client safety, you also need to protect your health and your license. In addressing best practices, there is no better place to begin than with the importance of a thorough consultation.

You have your first meeting with your client and you are determining if the new client is a candidate for electrolysis. Indications for electrolysis would be superfluous hair that can be treated. This includes unwanted hair on any part of the body except the inside of the nose and the inside of the ear. Excess hair growth can be the result of hormonal changes or heredity. The pigment and texture of the hair does not prevent administering treatment.

There are numerous categories of contraindications that preclude treatment. A contraindication to treatment is defined as a condition, disease, or medication that disqualifies the client from receiving treatment on a temporary or permanent basis. A contra-action is an adverse reaction that occurs due to unforeseen conditions, such as an allergic reaction to a preparatory product used during treatment or to a substance like latex gloves.

From the first time a client walks into your office several days after their treatment, professional standards should be consistently observed. Usually the first point of contact with the client is the telephone. Tip: If there is a receptionist that is not a trained electrologist answering the phone, suggest an appointment be made for a consultation, both to view the facility and to give the electrologist the opportunity to answer any questions the potential client may have. This meeting is your first opportunity to build a rapport with your client and hopefully exceed their expectations. Most importantly, it allows your client to make an educated decision on whether or not to initiate treatment.

Electrologists need to make sure that the client is suitable to receive electrolysis, that they know the risks, and have an idea of the time commitment their individual treatment will require. The goal should be to provide potential clients with a general and overall understanding of the procedure. This sharing of information takes place prior to the onset on any treatment. Every client should be made aware of potential risks to treatment, no matter how small the risks may be considered. Extending this level of professionalism not only protects your practice, but shows a genuine concern for your client's well-being.

The Importance of a Thorough Consultation

Tip: On the first day of the scheduled treatment, instruct the client to arrive at least 15 minutes early to complete and review paperwork. (The paperwork in our terms is the epilation consultation record noting their

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health history and waiver.) This will allow some additional time for the electrologist to examine the client's skin and the area of excess hair growth to be treated. Take this opportunity to answer questions and discuss the recommended course of action. Although you are initially conducting a consultation versus a treatment, if the client's skin is to be touched, all sanitation and hygiene rules apply, especially hand washing and the use of clean gloves.

Throughout the ongoing treatment, the electrologist must follow an accepted level of practice, remembering that the client's medical history may change in each visit. This is one of the reasons seasoned electrologists agree that it is critical all clients receive a consultation prior to each treatment. After treatment, clients should receive both verbal instructions and an aftercare sheet, outlining the best homecare practices to aid healing. Once the client has completed their consultation card, focus on all aspects relevant to the treatment, post-treatment, and homecare. Comprehensive documentation will confirm that you followed best practices within guidelines and serve to support you should any legal action be considered on the client's part, if there were to be an adverse reaction to treatment. Some insurance companies insist upon a client signature.

Note the condition of the skin with each treatment. Make sure you check the box that proves you have had a discussion with your client about possible skin reactions like erythema (bumps, and swelling, as a result of the widening of small blood vessels near the skin's surface). Have the client confirm with their signature that you have informed them of healing stages, homecare practices, and the expected time to get results. Obtain the client's signature to verify discussions. Tip: Some electrologists opt to use a digital camera to visually record the condition of the client's skin before, during, and after the treatment process. Each and every treatment must be recorded. The date, duration, area treated, machine settings, needle size and skin reaction must be noted. If there are any problems (poor skin healing, inflammation, or infection), it must be documented. A careful record will make treatment safe for the client and professional.

There are different types of contraindications; some are restricted for a specific time period. Be aware that certain medication, such as Accutane, can restrict electrolysis. In this case, a doctor's letter may be required and/or rescheduling of the appointment.

Tip: During the consultation, the skin care professional should ask the client if they have received treatment at another spa. This may alert the professional to more than contraindications to treatment. It may reveal a client's lack of commitment to a homecare regimen. Any adverse reaction from a former treatment can be due to the lack of a quality consultation that did not address appropriate homecare during the client's previous treatments. Providing awareness of hygiene requirements expected of the client is essential to obtaining the best results. An expectation of your client's participation must be made clear if a positive outcome is to be achieved.

Do your clients know to refrain from sunbathing? Something as simple as playing a game of tennis in the sun, going to the beach, or saturating the skin with water (which can transport microorganisms down into the follicle) is a lack of proper homecare on the client's part. If a poor decision results in inadequate homecare and causes an adverse reaction to the epilated area, the electrologist may be wrongly blamed.

Before treatment, always remind clients not to use a cosmetic or face cream that may have been contaminated by former applications with fingers versus a spatula. Mention to clients that some slight soreness, small bumps, erythema, and edema are a few temporary reactions that are considered normal and should subside over the next 24 to 48 hours. Below are four essential components of a successful consultation:

- Address apparent contraindications and the client's medical history. Include conversation about any prescription medications. Inquire if hair growth is hereditary.
- Explain the planned treatment and what the client can expect during and after; talk about the recommended modality and options, if applicable.
- Clarify how long each treatment should be initially and how frequently the client should return for best results. Inquire if the hair growth is gradual or sudden.
- Educate the client about regrowth and what depilatory procedures at home the client is permitted/not permitted to utilize (trimming regrowth with a scissor being the preferred method to shaving, and that tweezing is not to be used or is any hair removal technique that causes excess friction). Request that the client confirms with their signature on the consultation card that both the pros and cons of treatment have been explained.

Evaluating the Skin's Appearance Prior to Treatment

Examination of the client's excess hair concern should also include a close look at the client's skin. Evidence of disease or injury can be noticeable on the skin's surface. Be aware of any present conditions and take time to determine if the client has any contraindications that could potentially cause an adverse reaction. The electrologist should not attempt to diagnose any condition. Upon seeing a concern they are uncertain about, the electrologist should recommend that the client consult their doctor. Depending on the type and severity of the condition, a decision is made by the electrologist whether to proceed cautiously with treatment, decline, or postpone the treatment.

The electrologist may refuse present treatment and courteously mention that in their client's best interest, a medical note from their doctor is needed to move forward.

The second part of this article will delve deeper in our discussion of contraindications and hot topics in electrology.

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Sanitation: Housekeeping Practices to Reduce Exposure Risk and Maintain Health

by Jeana Giordano LFS, CCE

In the previous feature on sanitation (December 2015), we discussed precautions and infection control standards and how they serve to protect the professional, and the client were discussed. Diseases caused by exposure to bloodborne pathogens, such as HIV/AIDS, tuberculosis, hepatitis, and methicillin resistant Staphylococcus aureus (MRSA), was also covered. A sanitation feature would not be complete without including the topic of housekeeping. While it may sound like a simple, common sense practice on which many professionals are well versed, reading this feature may provide useful housekeeping practices that can be included in the daily work routine and the discovery of regulations that were not known. When strict sanitation and housekeeping procedures are adhered to, a safe, welcoming, and professional environment is created for clients.

Cleaning and Decontamination Schedule

Although regulations vary by state, there is a specific standard that requires employers to develop and implement a written cleaning and decontamination schedule for a facility. It is the employer's responsibility to ensure that all cleaning and decontamination tasks are completed as scheduled and performed in an appropriate and effective manner.

This schedule should be based upon some of the following factors.

- The area of the facility (common areas, procedure areas, sterilization areas, and restrooms)
- The tasks or procedure(s) performed in each area
- The type of surface to be cleaned
- The type of soil, debris, or contamination that may be present

Housekeeping surfaces also include floors, walls, tabletops, and window sills. In addition to following the housekeeping schedule in the workplace, professionals may want to add in precautionary house-cleaning practices. When it comes to housekeeping and sanitation, there is no such thing as being too thorough.

Decontamination and Disinfection

Any environmental surface that becomes contaminated must be decontaminated as soon as possible, following contact with any potentially-infectious material. When in doubt, clean it anyway. When the method of cleaning or decontamination must be determined, the following factors should be considered:

- What type of personal protective equipment must be worn to complete a task (if any)?
- What detergents or disinfectants are to be used and how (always by the manufacturer's label instructions)?
- How often is the task to be performed?

Contaminated work surfaces must be cleaned and disinfected as soon as possible with an appropriate EPA registered, hospital-grade, and tuberculocidal disinfectant.

Equipment such as sapphire tips, distance gauges, IPL plastic covers, epilator cords, epilator surfaces, magnifying lamps, epilator carts, foot pedals, or sundry jars that come in contact with blood or other potentially infectious material must also be disinfected, following each procedure and whenever necessary.

Additionally, attention must be paid to items that might come into incidental contact, such as protective goggles or eyewear. These items should be disinfected after every use. A disposable mask with an eyeshield may also be used. Many electrologists prefer eye shields/goggles that have a light attached, which helps with probe insertion.

A low-level disinfectant is appropriate for cleaning floors and common areas. The effectiveness of a disinfectant can be compromised

if strict adherence to the manufacturer's instructions on the label is not followed. A diluted solution may not be effective enough to accomplish the task at hand. Always follow the manufacturer's instructions regarding the amount of product necessary. Check to see if it needs to be used on a wet or dry surface and the length of contact time needed.

Some things to have on hand in the facility include a working sterilizer, sterile instruments, forceps, and linens, all of which need to be properly handled and stored. Guidelines call for access to hot- and cold-running water, soap, paper towels, gloves, a covered trash container, and a regulation sharps container, proper storage for linens and supplies, a closed cabinet for storage of non-critical items (such as an indifferent electrode), and a puncture resistant sharps container that is labeled as a biohazard.

All waste receptacles intended for reuse must be inspected, cleaned, and decontaminated on a regularly-scheduled basis and as soon as possible upon visible contamination.

As a professional technician, remember that broken glassware that may be contaminated cannot be picked up directly with the hands. It must be cleaned up using mechanical means, such as a broom and dust pan.

Separation of Contaminated Items

Clinical and medical hair removal procedures create contaminated waste. Once a clean item comes into contact with a dirty item, it is no longer clean. Any item used on a client, or one that is visibly soiled, is considered contaminated.

Sterile items should not have any contact with non-sterile items, or they are no longer considered sterile. Never store sterile items near sinks, plumbing, or in a location where there is a risk of becoming wet or soiled. Moisture allows for the passage of microorganisms through packaging, resulting in contamination.

Barriers and Protective Coverings

Electrologists are taught before beginning to practice that protective coverings are an essential method of infection control and should be used during treatment. With that in mind, any barrier used to cover equipment or any other surface such as plastic wrap, plastic bags or table paper must be removed as soon as possible if they become contaminated. The underlying surface must also be properly cleaned and disinfected before replacing the covering.

It is suggested that all personal protective equipment and coverings utilized in the clinical and medical hair removal industry be disposable. This will reduce the possibility of exposure contamination and eliminate the extra cost involved in setting up a medical-like structure capable of handling contaminated laundry.

Laundry

Contaminated laundry requires a label. When reusable cloths or other protective coverings are used, specific guidelines regarding contaminated laundry must be followed in order to protect the professional and the client. Any container or object used to store or transport contaminated laundry must have the appropriate warning labels affixed to them. Warning labels for regulated waste must be fluorescent orange or orange-red with lettering and symbols of contrasting color and must clearly include the universal biohazard symbol and the word biohazard.

Contaminated laundry should be handled as little as possible with a minimum agitation and bagged or put into a container at the location where it was used. It should also not be sorted or rinsed in the location of use. All bags and containers must be labeled and/or color coded in accordance with the standard.

Regulated Waste

Any liquid or semi-liquid material that may be contaminated with blood or other potentially infectious materials is considered regulated waste. If compressed, contaminated sharps and items such as gauze or paper towels, which could release blood or other potentially infectious material are also examples of regulated waste. Only leak-resistant containers are acceptable for regulated waste. They must close securely to prevent leakage and be color coded.

If the outside of a regulated waste container became contaminated during handling, the regulated waste should be treated as it was initially. Place the contaminated container into a secondary container that is also leak resistant and appropriately color coded.

According to the CDC, handwashing is the single most important means to prevent the spread of infection. It is also a critical part of asepsis. The most important part of handwashing is the friction. Washing the hands with regular soap (non-antimicrobial) for 15 seconds allows transient microorganisms to be removed by rinsing under tepid, running water. It is best to wash with warm water because hot water can potentially strip skin oils that serve as a protective barrier and cold water can cause pores in the skin to constrict, thus trapping microorganisms in the superficial layers of the skin. Cold water also inhibits proper lathering of soap.

Handwashing Guidelines

The following standards are consistent with standard precautions for infection control as recommended by the CDC.

A sink with hot and cold running water should be located in each treatment room. The professional should wash their hands before and after treatment of each client, before they put on their gloves and immediately after the gloves are removed, and, if accidental bare-handed contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, or contaminated equipment occurs immediately as handwashing includes use of plain soap, reusable liquid containers should be cleaned and dried before being refilled with fresh soap. Professionals should wash their hands with plain soap and water, vigorously rub together of all surfaces of their lathered hands for 10 to 15 seconds, especially between fingers and fingernail areas, and thoroughly rinsing under a stream of water. After washing, the hands should be thoroughly and gently pat-dried with a clean, disposable paper towel. The faucets should then be turned off with the paper towel. They should not be touched with clean fingers. Paper towels should be disposed of in the appropriate receptacle located in the treatment room.

Cleaning, decontamination, disinfection, packaging, sterilization, and storage are aspects of a clinical and medical hair removal practitioner's job.

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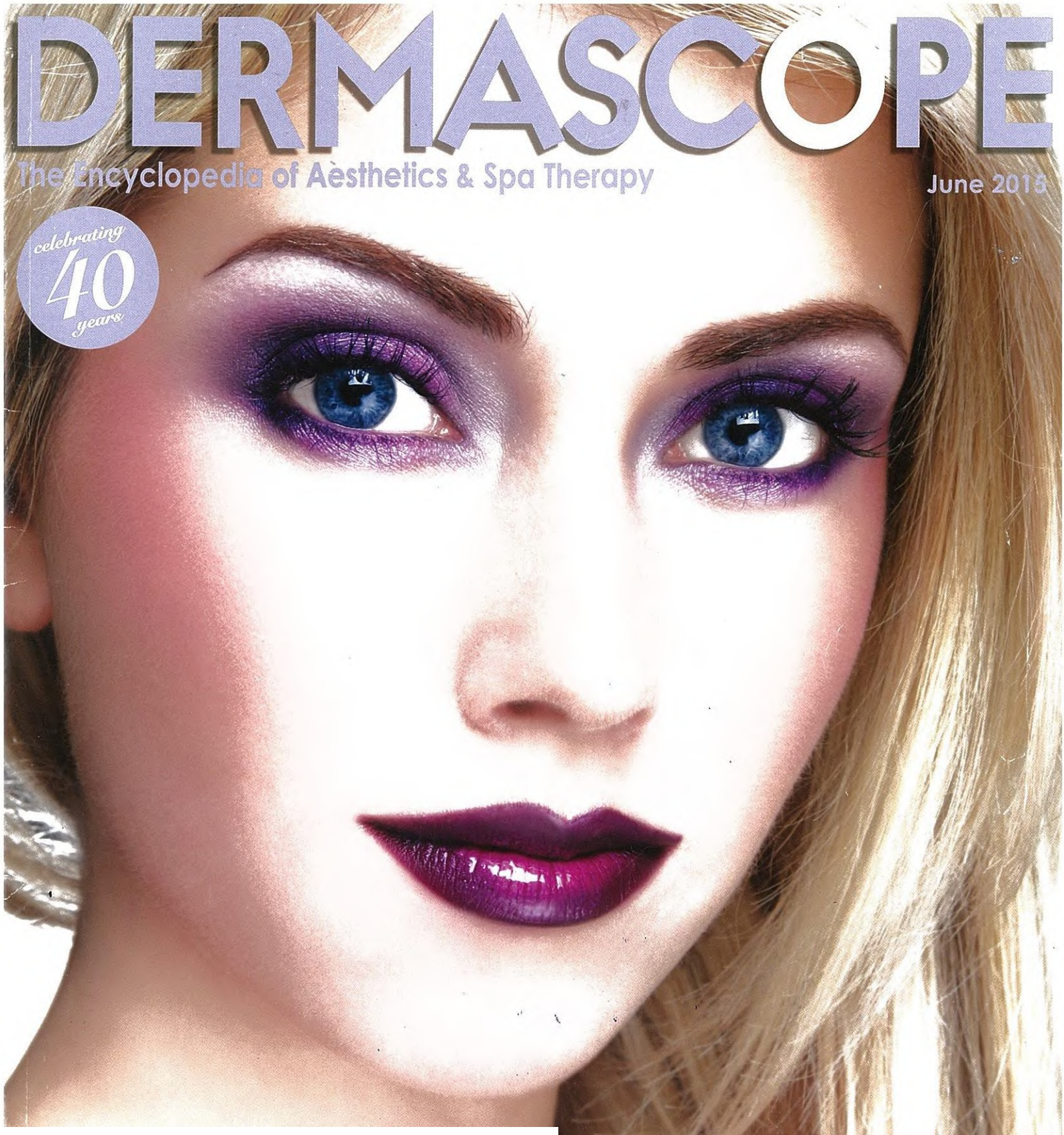

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Anatomy and Physiology of the Skin Overview

by Jeana Giordano, L.F.S., C.C.E.

The skin houses the hair follicles, capillaries, cells, nerve endings, blood vessels, subcutaneous tissue, and various glands. It is made up of epithelial and connective tissue. On the average person, the skin covers approximately 20 square feet and weighs about six pounds, accounting for 12 to 15 percent of the total body weight.

The integumentary system provides structure and many other important functions. It works together with other organs and systems to provide protection and assists in metabolic functions such as the synthesizing of vitamin D when exposed to sunlight.

Most people enjoy the feeling of warm sun on the skin. The sense of touch delivers messages to the brain, providing a wealth of information about the surrounding environment. Sense of touch is activated by a vast set of nerve endings and touch receptors in the skin. The somatosensory system rapidly delivers vital information that informs us if an object is sharp, hot, smooth, or rough. Within the somatosensory system, there are four main types of receptors: mechanoreceptors, thermoreceptors, pain receptors, and proprioceptors. Mechanoreceptors sense pressure and texture. Nocieptors sense pain, and logically, thermoceptors, using two types of receptors, sense temperature. Additionally, the nerve receptors that respond to pressure and vibration are called Pacinian corpuscles, which are oval capsules of sensory nerve fibers located deep in the subcutaneous fatty tissue.

Functions the Skin Provides

The functions of the skin are: regulation of body temperature, protection, sensation, excretion, blood reservoir, and metabolism. Protection provided by the skin is physical, chemical, and biological.

Heat Regulation – The sweat glands cool the body and the constriction of dermal capillaries help prevent heat loss; both serve to regulate temperature. Waste products are eliminated through perspiration.

Melanin Production – A defense system to shield the skin from harmful ultraviolet radiation in the form of melanin. It secretes to aid in protection from sunburn. Sun exposure causes the skin to produce more melanin, resulting in a tan. Too much sun increases the risk of cancer by affecting the genetic material of cells.

Storage of Nutrients – The integumentary system stores water, fat, glucose, and vitamin D. The body stores about half its fat in the underlying hypodermis.

Blood Storage and Dispersal – Serving as a blood reservoir, the skin carries eight to 10 percent of the total blood flow in a resting adult. Blood vessels in the skin can store blood that can be shunted to internal organs in emergencies. Approximately five percent of the total circulating blood is actually in capillaries. This amount of blood can be considered sufficient to perform the primary functions of the cardiovascular system, such as the exchange of nutrients and wastes between blood and tissues.

Warning System – The skin also has pain receptors called nociceptors that act as a warning system. Merkel cells in the epidermis are associated with sensory nerve endings and respond to gentle localized pressure. Skin receptors create impulses that result in a sensation – vibration, pressure, and touch. Ruffini's corpuscles, situated in the dermis, are receptors sensitive to vibrations and stretching of the skin and tendons. Pacinian corpuscles are mechanoreceptors found deep in the dermis and hypodermis.

Immunologic Barrier – The human skin (integument) is composed of three major layers of tissue: the epidermis, dermis, and hypodermis. The epidermis provides a barrier to the external environment. Basal cells and keratinocytes, along with melanocytes and Langerhans cells, are found in the epidermis. Langerhans cells, essential to the immunologic barrier of the skin, are derived from bone marrow and constitute five percent of the cells in the epidermis. Healthy

skin is covered with legions of non-pathogenic bacteria. An important component of the immune system is the skin's use of its own skin cells as a protective response to defend the body against bacteria and viruses. Microbes, prime immune cells called T-cells, protect the body and live on the skin as one of the body's first lines of defense.

Layers of the Skin

The dermis contains connective tissues, vessels, glands, follicles, hair roots, sensory nerve endings, and muscular tissue. The papillary is the upper layer of the dermis and contains receptors which communicate with the central nervous system. There is a varied amount of receptors – the lips and fingertips are more sensitive because they contain more receptors. The papillary layer also forms the connective tissue sheath around hair follicles. Tactile nerve endings called "Meissner's corpuscles," sensitive to touch, are found in the papillary layer.

The reticular layer houses many appendages. It is made of dense elastic fibers (connective tissue). Appendages found in the reticular layer are: sudoriferous glands, sebaceous glands, blood and lymph vessels, nerve endings, hair follicles, fat cells, and arrector pili muscles.

The deepest layer is the hypodermis, which is predominantly made up of adipose tissue. Extensive collagen bundles anchor the dermis to the hypodermis in a way that allows the skin to move freely over the deeper tissue layers.

The stratum corneum is the outermost layer in the epidermis. It consists of flat dead skin cells that are connected by sebum. This sebum serves as a natural lubricant so the skin does not dry out.

Sebaceous glands located near the hair follicles secrete oil to keep skin and hair from becoming dry. The purpose of the stratum corneum is to form a blockade that protects underlying tissue from infection, dehydration, chemical exposure, and mechanical stress.

In the second layer, beneath the corneum, is the stratum lucidum. The cells in this layer also do not have nuclei. The cells found in the lucidum contain a clear substance called eleiden, derived from keratohyalin granules. Light can pass through and this is why the cells in the lucidum have a transparency to them. These transparent-looking cells are found in the palms of the hands and soles of the feet.

The third layer is called the stratum granulosum. The cells in the granulosum have both a shape and nuclei. However, when new cells form, they force these cells in the granular layer upward, losing their nuclei and dying on their journey. The granulosum varies in thickness, being thinnest on the eyelids and thickest on the soles of the feet.

The germinal zone is the two main layers of differing living cells. The germinal zone is also known as the basal zone. Here, the stratum spinosum and the stratum germinativum can be found. Inside the stratum spinosum, the cells are considered to be prickly in shape and contain a nucleus. These prickly fibers attach the cells together.

Melanocytes found in the stratum germinativum, contain the amino acid, tyrosine. They react with ultraviolet rays from sunlight to produce melanin. Dark skin people have active melanocytes, which produce more melanin.

What Connects the Dermis and the Epidermis

As mentioned, the dermis has dense connective tissue, thus, it is called the living layer or true layer of skin. Do you recall what connects the dermis and the epidermis? Cone-shaped, fingerlike projections called papillae, which lie directly below the epidermis and project upward, locking the two layers together.

A vascular system of veins and arteries extend into the dermis where they branch off into capillaries at the hair follicles, various glands, and hair papillae. These capillaries transport oxygen-rich blood and other nutrients vital to tissue repair of the skin, hair, and nails. The majority of epidermal cells are keratinocytes that produce a fibrous-protective protein called keratin.

There is a lining of epidermal tissue inside the hair shaft. If in an active, full-grown hair stage, it can extend down through the dermis to the subcutaneous tissue. The hair follicle and the hair matrix are produced by the epidermal cells. Inside the hair matrix are cells that create the internal and external root sheath. When a treated hair is tweezed, a clear, gel-like substance can be seen around the base, which is the internal root sheath.

The anatomy and physiology of skin and hair is considered fundamental for any hair removal specialist. We hope this feature has provided an overview on which to build.

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