

## Should I spot test?

Dear Dr. Dixon:

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

I would like your 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.

K.T.

## Why should I spot test?

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 if not all of the sixty claims involving severe allergic reactions to Premier Pigments True colors over the past 15 months were all delayed 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 taken 14 months to occur after a follow-up

visit a year after the initial procedures were done. Some occurred after a touch-up of a True Color with a replacement pigment 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 it is not of much help in determining if an allergic reaction will follow. Dr. Zwerling did have one client immediately allergic to a spot test but that may have been to an ingredient other than the pigment.

## Where should I spot test?



*Try to always do your spot tests in the same location.*

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

- I begin by implanting the color I'm going to use with a small, single needle handtool with about 10 dots (pokes) 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 I can do the punch biopsy where the spot test is 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.