

Microblading Post-Treatment Instructions

After care is very important for producing a beautiful and lasting result.

- **Clean:** Do not scrub the tattoo with a brush or towel until it has healed. Do not use a washcloth or sponge. Do not use cleansing cream, acne cleansers or astringents. Dry the area by gently patting with a clean, sterile towel.
- **Balm:** Apply aftercare balm with freshly washed fingers or Q-tip. If the balm is too stiff simply warm it up in a glass of warm water or on your finder. Use the balm very sparingly. Too little is better than too much. Blot off excess with a clean tissue. Never touch the procedure area without washing your hands immediately before
- Crust: Should it scab or be crusty, do not pick or peel off. Allow it to naturally flake off.
- **Makeup:** Do not use makeup near the tattooed area for at least 5 7 days.
- **Sun block:** Sun block of at least SPF30 should be used after the area has healed to protect from sun fading. Stay out of direct sunlight or tanning booths for 7-10 days.
- **Activities:** Do not go swimming or soak in a tub or jacuzzi until tattoo is completely healed. Showers are fine. Do not use hydrogen peroxide or running alcohol on your tattoo. Do not participate in activities that will make you sweat until it heals.

What is Normal

- **Swelling:** Mild swelling, itching, light scabbing, light bruising and dry tightness can be normal. Ice packs are a nice relief and aftercare balm.
- **Appearance:** Too dark/light or slightly uneven can occur. 2 7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are not to your satisfaction, the touch up appointment is very important and the changes can be made once healed.
- **Touch up:** A touch up appointment is heavily advised within 30 days of procedure. If pigment still fades, then a 6 month or 12 month procedure should done again.
 - **Failure to follow up after care instructions may result in infections, pigment loss or discoloration.

CONTACT WILMINGTON DERMATOLOGY CENTER IF ANY SIGNS OR SYMPTOMS DEVELP SUCH AS THE FOLLOWING: FEVER, REDNESS AT THE SITE, SWELLING, TENERNESS OF THE PROCEDURE SITE, ELEVATED BODY TEMPERATURE, RED STREAKS GOING FROM THE PROCEDURE SITE TOWARDS THE HEART, AND/OR ANY GREEN/YELLOW DISCHARGE THAT IS FOUL IN ODOR