

**Patch Testing Protocol for the use of**

**Topical Anaesthesia in Aesthetic Treatments**

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| WHY PATCH TEST?  The CPSA has published the standards for best practice and patch testing for the use of topically applied anaesthetic in aesthetic treatments is recommended.  Patch testing is recommended because topical anaesthetics work on nerve fibres in the Dermis and are only effective if penetration into the skin is achieved. Formulations are designed to achieve this quick penetration and for a very small number of people toxicity and allergic responses can be initiated at low percentage levels. |
| PATCH TESTING OF ANAESTHETIC IN AESTHETIC TREATMENTS |
| Patch testing should ideally be carried out 24-48 hours prior to the first treatment or as close to the treatment as possible. In addition if there has been a gap of 6 months or more between treatments this test should be repeated. It will also be important to remember that it is possible for allergies to develop over time. |
| It will be important to patch test for all anaesthetic formulations that might potentially be used. |
| The person carrying out the patch test must have been trained to carry this procedure out and be fully conversant with the application and recording procedures. |
| The patch test must be carried out in a professional environment |
| The patch testing must be carried out systematically and sequentially following a documented protocol that all designated personnel will follow. |
| In establishments where multiple brand formulations are used, there will need to be an ‘example log chart’ that clearly details which numbered areas relate to which formulation, with a space for the result / feedback.  Anaesthetic formulations must be listed and always be applied in the same order and to the same part of the body. Each patch test area will need to be numbered in ball point pen in line with the centre ‘example log chart’ |
| Establishments will need to have a patch test protocol consent form that will need to be signed by the client. It will need to stipulate that the client is agreeing to notify the centre/ practitioner immediately if an allergy occurs. |
| The consent to treatment document should also be designed to include written confirmation that no adverse reactions to the patch test have occurred. The client will need to sign this confirmation when attending for their subsequent treatment. |
| PROTOCOL |
| * Carry out the patch testing on the inside of the elbow crease or if you are testing multiple anaesthetics then you should apply to the inside of the lower forearm. * Cleanse and disinfect the skin with the proprietary products to be used during the treatment. * Each test patch area must be numbered in ball point pen in line with the ‘example log chart’ * Take a pre-test photo to document the skin prior to the test and the numbered patches. * Using a cotton bud or spatula apply the anaesthetic formulations to the skin in the order required. It should be applied thickly enough to be visible and evident to see. * Where multiple formulations are being tested, each one should be applied quickly to allow for all formulations to have been on the skin for as close to the same time as possible. * Leave the formulations on the skin for 10 minutes. It will not be necessary to leave for longer. Use a timing devise to ensure accuracy. * At the end of the time remove the anaesthetic by wiping off the skin with clean gauze dampened with clean water or sterile saline solution. * Finish with application of a small amount of the SPF to be used post treatment and ask clients to out keep their arm out of direct sun light. * Take a post-test photograph for your records and detail all the results in writing. All visible changes to the skin and all tactile sensations felt by the client, must be recorded in as much written detail as possible. * It will be imperative to record systematically. There should be a written record of all responses for all formulations in the order of the documented protocol. * Allergic reactions to anaesthetic applied topically are rare but an allergic reaction will usually show quickly and be very evident. * Minor allergies are shown by a Histamine Reaction whereby sensory changes will occur such as itching, stinging, burning accompanied by minor reythema and swelling in the form of urticarial or Hives. * A more severe allergic reaction could show as blurred vision, dizziness or drowsiness, difficulty breathing, trembling, chest pain, or irregular heartbeat. **Note - If any of these occur seek emergency medical help immediately.** * Please note- a small amount of transient local skin blanching will not be a sign of an allergy but a normal vascular and sensory reaction to the formulation. * After the patch test results have been recorded It will be imperative to ask all clients to sign to say the test has been completed and to verify the results being recorded. * All clients must be asked and instructed in writing that they must notify of any delayed reactions. Instructions must detail an email address and telephone number for this contact to be made. Centre personnel must ensure any information received via email or telephone is recorded in accordance with the centre protocol. |
| **ASSESSING THE PATCH TEST RESULTS** |
| 1. A topical histamine reaction will indicate an allergy to the prodcut being tested. This reaction will usually show immediately or within a couple of hours. This will include:  * Itching * Stinging * Erythema and Swelling * Urticaria rash .      1. For immediate topical reactions: Record the patch test results and ask the client to verify the accuracy of this information .( Remember that the peel formulation in its own right will cause some reddening of the skin and a prickling or burning sensation so do not confuse this with an allergic reaction which will be more pronounced) 2. For delayed topical reactions : All clients must be instructed in writing to notify the clinic or practitioner of any delayed reactions. Instructions must detail an email address and telephone number for this contact to be made. Centre personnel must ensure any information received via email or telephone is recorded in accordance with the centre protocol. |
| **What To Do In The Case Of An Allergic Reaction Occurring** |
| **If an immediate topical allergic reaction occurs:**   1. Remove the anaesthetic immediately and thoroughly with clean damp gauze pads and continue to rinse the area with cool water. 2. If the reaction is purely a topical histamine reaction the area must be rinsed of all traces of the anaesthetic cream, dried and anti-histamine cream applied. This will normally negate the allergic reaction within 30 minutes. 3. The client should be advised not to apply any other products for 12-24 hours unless specifically advised to do so by a supervising medic. 4. A post treatment healing support product or a cooling gel might be appropriate to provide free of charge. The client can continue with cool water and anti-histamine cream at home if required. 5. If the skin reaction persists the client should be advised to visit their local pharmacy for an oral anti-histamine or contact their GP 6. Ensure all written and photographic evidence of the skin reaction is fully recorded   **If a delayed topical allergic reaction occurs after the client has left the clinic:**   1. All clients must be given verbal and written advice on how to deal with a delayed reaction to the patch test. 2. If possible they should take a photograph of the skin reaction for you to refer to 3. The client should rinse the skin with cold water, dry and apply anti-histamine cream 4. If the skin reaction persists the client should be advised to visit their local pharmacy for an oral anti-histamine or contact their GP   **If a systemic allergic reaction is indicated :**   1. In rare cases an individual may show signs of a systemic or anaphylactic allergic reaction. This will show as :  * Swelling of the mouth, lips and tongue * Tightening of the airways * Difficulty breathing * Swollen and weepy eyes  1. THIS IS AN EMERGENCY SITUATION AND YOU MUST IMMEDIATELY DIAL 999 FOR AN AMBULANCE. 2. Check again that the client does not carry and Epipen – it may be that this has not been disclosed.   **IN ALL CASES ALWAYS KEEP DETAILED RECORDS AND PHOTOGRAPHIC EVIDENCE** |