Solar lentigos and skin dyschromia before and after two treatments using a combination of the Lynton Lumina 585nm handpiece (fluence: 26-28j, pulses: 2, delay: 15ms) and Quanta Q-Plus EVO Q-Switch Ruby laser 694nm (fluence: 4-6j, spot: 3mm). Client treated at Laser Skin Solutions Bournemouth.

otherwise be referred could potentially be removing skin lesions which have turned malignant, meaning cancerous cells could continue to spread undetected.

It's important to stress here that lasering any kind of pigmented lesion, even a mole, would not cause any cell changes to occur. Lasers and IPLs operating within the visible light spectrum and even beyond, like fractional and CO2 lasers, emit non-ionising radiation, meaning they do not change your chemical make up.

The act of lasering therefore cannot change a lesion from being benign to cancerous. What does happen when a pigmented lesion is lasered however, is that it changes its shape, colour, size and other features. So, the reference points used to ascertain whether a lesion requires removal or biopsy, in the form of the ABCDE assessment mentioned above, are rendered useless.

Lasering a lesion will completely change its shape, size and colour, or indeed remove it completely. If the lesion were in fact cancerous, malignant cells could still be present deeper within the dermis and go undetected.

HEALTH SCARE

Aside from using the ABCDEFG reference points, the consultation procedure here, as always, is of paramount importance. At my clinic I allow at least a full hour (sometimes more) for skin consultations. This is after I have filtered out pigmentation enquiries over the phone. If the alarm bells start ringing at the first point of contact, we request that the client see their GP first.

Over the years, I have found that people often prefer to contact a laser clinic for lesion removal rather than to go to their GP. In some instances, the client can be quite worried about the lesion and yet would prefer not to see a doctor. I can only imagine that this is a result of simultaneously sticking their head in the sand over a potentially serious health issue while still feeling like they are doing something about it.

When a client tells me over the phone that they have a "mole-like lesion which is a bit itchy and occasionally bleeds", I refer immediately. Equally, any client who has any history of melanoma is completely contraindicated from treatment. This is not to say that anyone who's had a melanoma in the past can't have laser treatment of any kind. However, a client with a history of melanoma should, in my opinion, only be lasered by a dermatologist who can perform a full body scan, preferably with a dermoscope.

DUTY OF CARE

Clients will often ask me for reassurance and whether I think something is cancerous. While I may or may not think that a lesion is malignant, I make it absolutely clear that I am not a medical professional and that as a result, it is not my job to diagnose. This is where training, protocols but also good client management and kindness come in. If someone presents with something that you're pretty sure looks malignant, the last thing we want to do is to add to their stress or worry. Equally, it's our absolute duty to impress upon them the importance of getting things checked out and to explain gently why time is of the essence.

I spotted an extremely large (over 20mm in diameter) black, irregular looking mole on a dear friend whom I hadn't seen in 20 years, which had all the hallmarks of a melanoma. The wonderful reunion was mixed with both happiness and stifled abject horror as I very quickly spotted the melanoma on her neck. Thank goodness it was in clear view. Had it have been on her back I wouldn't have seen it. Even as friends, I never uttered the word "melanoma", nor did I show my extreme concern for fear of further compounding her already incredibly stressful life situation.

I did however insist she see a doctor that afternoon for an emergency appointment, and not a moment too soon. My friend was referred for immediate surgery and in the words of the wonderful dermatologist she saw, had it been left for only a few more months, "we'd have been having a very different conversation".

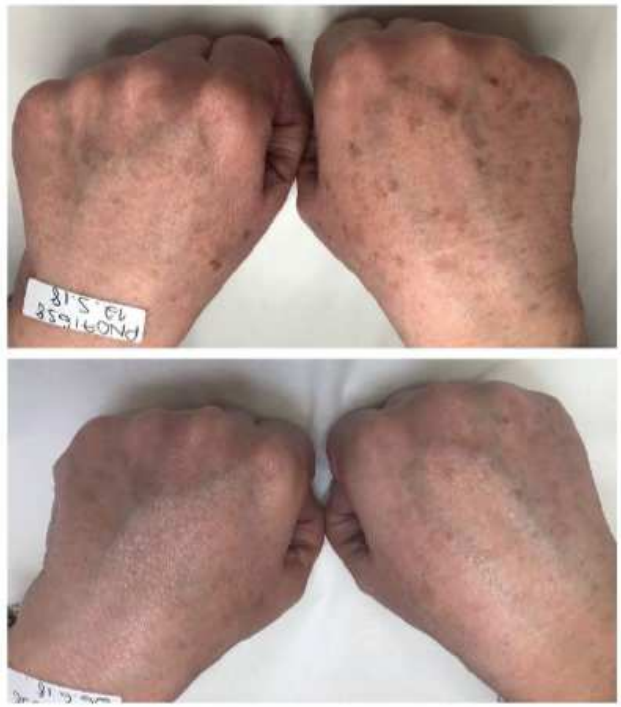
KNOW YOUR STUFF

Any aesthetician worth their salt should know what a laserable freckle or sunspot looks like versus a melanoma. However, melanoma is not the only form of skin cancer which could be presented to us. There are non-melanoma skin cancers like basal cell and squamous cell carcinomas, pre-cancerous skin lesions like actinic (solar) keratoses and intra-epidermal carcinoma (Bowen's disease) as well as other numerous but rare skin cancers. Again, while it's not within our remit to diagnose skin conditions, it is our job to ensure that we have the tools and knowledge required to know when to refer and when to confidently know a sunspot or freckle when we see one.

The Karen Clifford Skin Cancer Charity (skcin.org) provides excellent online training in the fight against skin cancer. The MASCED Accreditation Programme has been developed by Skcin to significantly raise awareness of the early signs and symptoms of skin cancer and to promote the early detection of melanoma, to improve prognosis and save lives. For a mere £20, aestheticians can keep their knowledge up to date annually and gain valuable insight and tools to confidently refer suspicious lesions to a doctor. After all, it's the tens of thousands of aestheticians, beauty and massage therapists in the UK who are far more likely to be seeing clients on a regular basis than GPs, and as such are in the best possible position to spot mole changes.

At my clinic we both refer and get permission to treat any pigmented lesions over 4mm. While a lot of doctors work on a 5 or 6mm diameter, my own dermatologist who performed my annual mole check before lockdown advised me that melanomas can sometimes start from as little as 4mm in diameter. With this in mind, always refer and gain permission to treat. With written permission from a GP or dermatologist, we can forge ahead with treating what is within our laser-practitioner remit and obtain the stunning results possible for benign pigmented lesions like sunspots and café au lait macules.

The key to successful removal of these unwanted lesions is to have as many lasers and IPLs to hand as possible. I have treated many benign pigmented lesions using an array of lasers including Nd:YAG, Ruby, and KTP as well as my Lynton Lumina 585nm IPL handpiece. The message here is not to shy away from treating perfectly treatable pigmented lesions. Rather, refer and get permission to treat while always keeping your training and knowledge up to date.



Solar lentigos before and after one treatment using the Lynton Lumina 585nm handpiece (fluence: 28j, pulses: 2, delay: 15ms). Client treated at Laser Skin Solutions Bournemouth.