

NANDU NAI LEARNING

Esthetician

Salon textbook

English

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This textbook is for estheticians working in Indian salons. It covers the consultation, the sixty-minute facial and the thirty-minute cleanup, the lesions you must not extract, waxing and threading, brow shape, facial bleach and detan, hygiene, facial massage, the record card, aftercare, and the pigment risks that matter most on Fitzpatrick types IV to VI. Every chapter is practical: what to ask, what to look at, what to do, and when to stop and refer. The numbers in the book are working guides, not medical clearances. The clients in the examples are fictional. The rules are written for a small salon with shared tools, busy Saturdays, and clients who expect a visible result before a wedding. Use the book as a working reference, not as a substitute for medical training or a doctor's advice.

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The Consultation Before the Treatment



Skin type, skin condition, and the ten questions that come first

Skin type is the inherited baseline: how much oil the skin makes, how well it holds water, and how easily it flushes. Most clients can name their type, and they are often right about the oiliness and wrong about the cause of it. A skin condition is the state of the skin this month: acne, dehydration, pigmentation, redness, eczema, or a reaction to a product. Type changes slowly, over years and with age. A condition can change in a week. The card needs both, written in separate fields, because the type sets the long plan and the condition sets the intensity of today's service.

Several ordinary things move the condition without touching the type. A new foaming wash, a hot-water habit, a course of medicine, a wedding season of late nights, hard water after a move, and the week before a period can all leave the same face looking different. In an Indian salon the same client may arrive oily and congested in June and tight and flaky in December, with the same inherited type underneath. Ask what changed in the last month rather than only what the client usually has. That one question turns a vague booking into a plan you can defend.

Ask the questions in a fixed order so that a busy Saturday does not make you skip one. Start with the result the client wants, then move to products, retinoid or acid use, isotretinoin, pregnancy, allergy, recent services, and anything active on the skin today. Write the answers in the client's own words next to your own observation. Do not turn the consultation into an interrogation; explain that you ask because the answers change what is safe, not because you are curious. A client who understands the reason will tell you more, including the products they forgot to bring and the tablet they did not think counted as medicine.

Use the answers before you touch the skin. If the client is on a retinoid, the wax is off the table for that area. If the skin is flushed, the steam is off. If there is a cold sore, the whole facial waits. Say the plan out loud, including what you are skipping and why, and get a clear yes before you begin. Record the plan, the refusal, and the consent on the card. The record is not paperwork for its own sake; it is what stops the next visit from repeating a mistake and what protects you if a reaction appears two days later.

- 1. Greet the client, wash your hands where they can see, and ask what they want from today in their own words.
- 2. Ask what they apply in the morning and at night, and write the product names rather than 'a cream'.

- 3. Ask about a retinoid or a strong acid, including the last application, and treat an unsure answer as leave-on.
- 4. Ask about isotretinoin now or in the past year, and write the month the course ended.
- 5. Ask whether they are pregnant, trying to conceive, or breastfeeding.
- 6. Ask about allergies to wax, fragrance, nickel, latex, and any product from a previous salon visit.
- 7. Ask when the area was last waxed, threaded, peeled, or treated, and what happened afterwards.
- 8. Look at the area in good light for a cold sore, cut, sunburn, rash, or a lump you will not touch.
- 9. Ask about medical conditions and medicines that thin the skin or increase sun sensitivity.
- 10. Say the plan and its limits, then record consent before you begin.

Salon example

Shalini, thirty-four, books a glow facial two weeks before her sister's engagement. She calls her skin combination and asks for steam, a scrub, and a clean-up of every bump. Under a clean light her forehead is shiny, her cheeks are flaky, and the sides of her nose are pink. She mentions an acid toner used twice a day and very hot showers. The esthetician records the type as combination, the condition as dehydrated with mild irritation, and the cause as over-cleansing and heat. The plan is a mild milk cleanser, a warm not hot compress, a short enzyme step on the cheeks only, no steam, extraction of one open comedone on the nose, a hydrating mask, moisturiser, and sunscreen. Shalini is asked to stop the toner for five days and to lower the shower temperature. She leaves without the polished glow she imagined, but with calmer skin, and at the next visit the flaking has gone and the shine remains, which is what a combination type should do. Shalini admits that she expected a tighter face, and the esthetician explains that tightness after a facial is usually dryness, not cleanliness.

CAUTION

A client's label for their skin is a starting point, not a finding; write what you see and what you decide in separate fields.

Retinoid, acid, and isotretinoin: the pause that protects

A retinoid is a vitamin A derivative used for acne, pigmentation, and the appearance of ageing. It may be a cosmetic retinol or a prescription product such as adapalene or tretinoin. Both speed up the turnover of the surface, and both can leave the skin thinner and more reactive even when it looks calm. A strong acid used at home, such as a leave-on glycolic or salicylic product, has a similar effect on the surface. The client may not call these treatments medicine, so ask by product name and by what the bottle looks like, not only by the word retinoid. Write down the answer while it is fresh.

For a leave-on retinoid or a strong acid, the usual pause before waxing is about five to seven days after the last application. This is guidance, not a guarantee, and the product label or the prescriber's instruction comes first. A wash-off cleanser with a mild acid is not the same as a leave-on cream, but if the client cannot tell you which one they use, treat it as leave-on and skip the wax on that area. Do not

shorten the pause because the client has an event. A wax on fragile skin can lift the surface along with the hair and leave a mark that outlasts the event by months.

Isotretinoin is an oral medicine prescribed for severe or persistent acne. While the course is running, do not wax, do not perform an aggressive peel, and do not use a strong scrub or heat on the face. The skin tears easily, heals slowly, and reacts to friction. Threading and a gentle cleanup may be possible on intact skin, but keep the tension low and stop at the first sign of lifting. After the course, a common guide is to wait about six months before waxing or a resurfacing service. The actual date is a medical decision; ask the client to confirm it with the prescribing doctor and record that you asked.

When the requested service is unsafe, offer something that is not a consolation prize. A gentle cleanse, a cool compress, a short massage on intact skin, and a moisturising mask are real services with a real result. Say plainly what you are skipping and why. If the client wants to proceed anyway, repeat the limit once and let them decide about the safe option, not about the unsafe one. Note the product, the pause, the refusal, and the doctor conversation on the card. That note is what lets the next esthetician pick up the plan without guessing, and it is the first thing to read when a client returns with a complaint.

- 1. Ask for the exact product name and whether it is a cream, a gel, or a tablet.
- 2. Ask how often it is applied and when it was last applied.
- 3. Ask whether the skin stings, peels, or feels tight after washing.
- 4. Look at the jaw, cheeks, and around the nose for fine peeling and loss of shine.
- 5. For a leave-on retinoid or strong acid, do not wax the area inside the usual five to seven day pause.
- 6. For isotretinoin, do not wax and do not perform an aggressive peel at any point in the course.
- 7. If the course has ended, take the end date and wait for the doctor's clearance; a common guide is about six months.
- 8. Offer a gentle cleanup, a cool compress, and hydration instead of the requested strong service.
- 9. Record the product, the pause, the refusal, and the doctor conversation on the card.

Salon example

Farah, twenty-seven, wants her upper lip and brows waxed before Eid. She mentions adapalene gel, applied every night for three months, and says her skin is fine. Under the light there is fine peeling along the jaw and above the lip, and she admits that her moisturiser stings. The esthetician explains that the surface is fragile and that wax can remove skin as well as hair. She does not wax the lip. She offers a gentle cleanup with no acids, a cool compress, and a brow tidy with scissors, and she asks Farah to speak to the doctor who prescribed the gel about pausing it. Farah is unhappy about the lip, because the event is close, and the esthetician shows her the peeling in the mirror rather than arguing. Farah books the cleanup, returns eight days after stopping the gel with the doctor's agreement, and the patch test is calm. The wax is done then, in two small strips, with a note on the card that records the pause, the clearance, and the fact that no service was done while the skin was fragile.

CAUTION

A date on the calendar is not a clearance; the prescriber's note is what allows the service after isotretinoin.

Pregnancy, allergy, and the services you decline

Pregnancy changes the skin for many clients: oiliness may rise or fall, melasma may appear on the cheeks and upper lip, and the skin may flush or itch more easily. Waxing and threading are usually fine when the skin is not reactive, but the service should be shorter and cooler, and the client should not lie flat on her back for a long facial late in pregnancy. Read the label of every product for a pregnancy warning, and avoid heat and strong acids when the label is unclear. Do not promise that a service will prevent or remove melasma. Sun protection and a dermatologist's plan do that work, not a facial.

Allergy history is the other half of the safety check. Wax can contain rosin, fragrance, or a dye; a cream can contain fragrance or a preservative; a metal tool can carry nickel; gloves can carry latex. Ask what happened after the last salon service, including redness that lasted more than a day, swelling, or a rash on the neck. A first-time client and any client with a reaction history gets a patch test when the brand requires it, usually twenty-four to forty-eight hours before, on the inner forearm or behind the ear. Record the date, the product, and the result. If a client has reacted to a product before, do not repeat it to see whether it happens again.

Some services are declined, not negotiated. Do not treat a cold sore, a wart, a fungal patch, a cut, a sunburn, or a spreading rash. Do not wax skin that is lifting from a recent peel or a retinoid. Do not use a product the client cannot identify or a mix that is stronger than the label allows. A child gets only a basic cleanup with a parent present and consent. Refusing well has a shape: name what you see, say what you are not doing today, offer what is safe, suggest a doctor for the medical part, and write it down. The client may be disappointed, but disappointment is easier to manage than a scar.

You do not diagnose. You describe what you see and what it means for the service. 'This looks like a cold sore, and I cannot treat the area while it is active' is enough. Do not name a disease to sound expert, and do not guess at a medicine. If the client asks what it is, say that a doctor can tell them and that your job is to keep the service safe. Then record the refusal and the referral in plain words. A short, calm explanation protects the client, protects the salon, and keeps the relationship intact for the next visit.

- 1. Ask about pregnancy, trying to conceive, and breastfeeding before you discuss any product or heat.
- 2. Ask about allergies to wax, rosin, fragrance, nickel, latex, and any product from a previous visit.
- 3. Ask what happened after the last wax, peel, or bleach, including redness that lasted more than a day.
- 4. Inspect the area for broken skin, a cold sore, a rash, sunburn, or swelling.
- 5. Read the label of every product you plan to use, including the patch-test instruction.
- 6. Patch test a first-time client or a client with a reaction history, and record the date and result.
- 7. Choose the cooler, shorter service when a product or a condition is unclear.

- 8. Name what you are declining, offer what is safe, suggest a doctor for the medical part, and write it down.

Salon example

Kavya, thirty-one, is twenty-two weeks pregnant and wants a facial bleach, a full-face wax, and a brightening facial for her baby shower. She has melasma across both cheeks and says her skin has become more sensitive since the pregnancy. The esthetician declines the bleach because the label warns against use in pregnancy and because the result would not touch the pigmentation anyway. She asks about the last wax, and Kavya remembers a rash on her upper lip that lasted three days. That is a reason to patch test, not to repeat the full wax on the day. The esthetician offers a cool cleanup with no steam, a hydrating mask, and sunscreen, keeps the appointment short, and raises the head of the bed. She suggests a dermatologist for the melasma and writes the refusals and the reason on the card. Kavya books the cleanup and leaves with a plan instead of a promise, and the esthetician asks her to bring the dermatologist's note if she wants anything stronger after the baby is born, and reminds her that a hat and sunscreen are the only reliable daily care for the pigmentation until then.

CAUTION

Pregnancy is not a reason to improvise a gentler version of a product the label warns against; it is a reason to skip it.

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Facial Sequence and Timing



The sixty-minute facial, minute by minute

A sixty-minute facial is a sequence with a purpose at every stage, not a list of products applied in a hurry. Cleansing comes first so that you see the real skin and not the sunscreen, the oil, or the city dust. Exfoliation comes before extraction so that the mouth of the pore is softer. Extraction comes before the mask so that the skin can settle afterwards. Massage comes only when the barrier is intact. Moisturiser and sunscreen come last because they seal the work and protect it. If you change the order to save time, you change the result, and usually not for the better.

The clock can be divided in a way that keeps the service calm. Allow about five minutes for the consultation and setup, five for the first and second cleanse, three to look and explain, five to exfoliate, and three to five for a brief low steam if you use it at all. Extraction takes eight to ten minutes and stops earlier if the skin is angry. Massage takes ten, the mask ten to twelve on the skin, and moisturiser with sunscreen five. Leave three minutes for the aftercare card and the next booking. These numbers add to sixty with room to breathe.

Inside each block, the intensity is a decision rather than a fixed rule. A face that is flushed after cleansing does not get heat. A face with fine peeling does not get a scrub. A face with many closed comedones may need more time in extraction, but not more pressure. On Fitzpatrick IV to VI skin, keep steam warm and brief or skip it, and stop extraction at the first sign of a darkening mark. The mask is chosen by what you saw, not by the name on the menu. A clay mask on dry, tight skin is a mistake even when the client asks for a deep clean.

The last ten minutes decide what the client remembers. Remove every trace of mask, check the hairline and the sides of the nose, apply a moisturiser that suits the condition you found, and finish with sunscreen of at least thirty in the daytime. Say what you did, what you skipped, and what to expect that evening. Give the aftercare card and write the plan on the record. A facial that ends without protection and without instructions is only half finished, however good the skin looks under the lamp, and the client will judge the service by the days that follow rather than the minutes in the chair.

- 1. Consult, wash your hands, and set up: 5 minutes.
- 2. Cleanse twice with lukewarm water and light pressure: 5 minutes.
- 3. Look under good light, with glasses off, and explain what you see: 3 minutes.
- 4. Exfoliate mildly, avoiding the eye area and any inflamed spot: 5 minutes.
- 5. Steam only if needed, low and brief, never hot on pigment-prone skin: 3 to 5 minutes.

- 6. Extract only ready comedones, stopping early if the skin reddens or swells: 8 to 10 minutes.
- 7. Massage only intact skin, with light glide and no work over active acne: 10 minutes.
- 8. Apply the mask chosen from what you saw, and remove it at the label time: 10 to 12 minutes.
- 9. Moisturise, then apply sunscreen of at least thirty if it is daytime: 5 minutes.
- 10. Give the aftercare card, record the plan, and book the next visit: 3 minutes.

Salon example

Ananya, twenty-two, books her first facial before a cousin's wedding. Her T-zone is oily, her cheeks are normal, and she has six open comedones across the nose and two closed bumps on the chin. She expects the esthetician to squeeze everything and asks for steam because a friend recommended it. The esthetician explains that a first facial should be calm, and that squeezing six pores is enough for one visit. The service runs to the sixty-minute plan: double cleanse, a look in the mirror with the comedones pointed out, a mild enzyme on the T-zone only, no steam, four comedones extracted with two attempts each, the other two left because they are not ready, a short massage on the cheeks, a clay mask for eight minutes on the T-zone and a hydrating mask elsewhere, moisturiser, and sunscreen. Ananya is told that the remaining bumps may come to the surface in a week and should not be picked. She books a cleanup in three weeks, and the card records which pores were treated, which were left, and the instruction to call if the chin area becomes hot or spreads.

CAUTION

The clock is a guide, not a reason to rush a step the skin is not ready for; a shorter extraction with intact skin beats a full ten minutes with damage.

The thirty-minute cleanup is not a shortened facial

A cleanup is its own service. It cleanses, looks, clears the pores that are ready, and protects the skin. It does not include every step of a facial at double speed, and it should not be sold as the same result in half the time. The client who books a cleanup before a small event usually wants a tidy face, not a resurfacing. Say that in the booking conversation, so the expectation is set before the towel is on. A cleanup done well leaves the skin calm and looking cared for. A facial crammed into thirty minutes leaves the skin red and the esthetician rushed.

The thirty minutes divide cleanly. Three minutes for the consultation, four for cleansing, two to look and explain, three for mild exfoliation, six to eight for extraction, and five for either a quick mask or a short massage, not both. Moisturiser and sunscreen take three, and the aftercare card takes two. That is thirty minutes with no room for a steam, a long massage, and a full mask. Choose the one middle step that the skin needs most. If the face is congested, choose the mask. If the face is tired and intact, choose the massage, and keep the pressure light enough that the client can still speak comfortably.

The steps you drop are not failures. Steam is usually the first to go, because it adds heat and time without cleaning a pore by itself. A long massage goes next when the skin is active. A second mask goes always. What you must not drop is the look, the patch test where it is needed, the sunscreen, and

the aftercare card. Those four are the difference between a professional cleanup and a quick wash. If the client asks for all the facial steps in thirty minutes, explain the arithmetic once and let them choose the longer booking or the smaller service.

A cleanup is also the right place to notice what a facial would need later. If the skin is too reactive today, stop and book a calmer visit. If there are several cysts, do not turn the cleanup into an extraction marathon; refer. If the client has not had a facial in years and the skin is congested, a cleanup every three to four weeks may do more than one long facial. Record what you cleared, what you left, and what you recommend. The next visit then starts with a plan rather than a surprise, and the client can see that the smaller service was chosen for the skin, not for the clock.

- 1. Consult and check the contraindications: 3 minutes.
- 2. Cleanse once, or twice if the face has makeup or heavy sunscreen: 4 minutes.
- 3. Look under good light and say what you will and will not do: 2 minutes.
- 4. Exfoliate mildly, or skip it if the skin is reactive: 3 minutes.
- 5. Extract only ready comedones, with two attempts as the limit: 6 to 8 minutes.
- 6. Choose one middle step, a quick mask or a short massage, not both: 5 minutes.
- 7. Moisturise and apply sunscreen of at least thirty in the daytime: 3 minutes.
- 8. Give the aftercare card and record what was cleared and what was left: 2 minutes.

Salon example

Vikram, thirty-five, books a cleanup in a thirty-minute slot before a client meeting. He has oily skin, a few open comedones on the nose, and one inflamed spot on the chin. He asks for steam, a scrub, a mask, and a massage because he has seen a facial online. The esthetician explains that thirty minutes holds a cleanup, not all four. She double cleanses, points out the inflamed spot, skips the scrub because the chin is irritated, and extracts three ready comedones on the nose. She leaves the chin alone. She chooses a five-minute clay mask on the T-zone rather than a massage, because the skin is congested, and finishes with a light moisturiser and sunscreen. Vikram is out in thirty-two minutes with a calm face and a card that says no scrub for forty-eight hours. He books a full facial for the following month, when there is time to do the massage properly, and the esthetician notes that the inflamed chin should be looked at by a doctor if it returns, and that a cleanup is not a substitute for a doctor's opinion on a painful spot.

CAUTION

Do not squeeze more pores to fill a short booking; the cleanup exists to clear what is ready, not to prove that thirty minutes is enough.

Cleanse, look, exfoliate, extract, mask, protect: the order and the reason

The order of a facial protects the skin from unnecessary damage. Cleansing removes the surface layer so that your eyes and your products meet the skin itself. Looking comes before choosing, because a flushed face and a calm face need different plans even when the booking name is the same.

Exfoliation softens the surface and the pore mouth, which makes a later extraction easier and shorter. Extraction removes what is ready. The mask calms and hydrates what has been worked on. Moisturiser and sunscreen seal the barrier and block the sun that would turn a small inflammation into a dark mark.

Looking deserves its own minute. Use a consistent light, ask the client to remove glasses, and turn the face gently rather than pulling it. Note the texture on the forehead, the pores on the nose, the colour on the cheeks, the flaking around the mouth, and any lesion you will not touch. Say what you see in plain words: 'There is congestion here, and here the skin is dry.' The client should be able to repeat the plan in one sentence. If you cannot explain why a step is in the service, take it out. A shorter plan that matches the skin is better than a menu performed in full.

Exfoliation is the step most often done too hard. A mild scrub or a mild enzyme, light pressure, and a short time are enough for a salon service. Avoid the eye area, any inflamed spot, and any area where the skin is already peeling. On Fitzpatrick IV to VI skin, no harsh scrub and no hot steam on pigment-prone skin; the inflammation from friction can leave a mark that lasts for months. Warm, brief steam may soften a comedone, but it is optional. If the skin flushes deeply or the client feels heat, stop. The goal is softened surface, not polished redness.

The mask is chosen by condition, not by habit. Oily and congested skin can take a clay or sulfur-type mask for eight to ten minutes, removed before it cracks. Dry and tight skin needs a creamy or glycerin-rich mask. Sensitive skin needs few ingredients and a shorter time. Pigment-prone skin should avoid heat-generating masks and take a cooling gel instead. Finish with a moisturiser that matches the texture and a sunscreen of at least thirty in the daytime. Then say what to expect: mild redness for a short time, no scrubs for two days, and a call to the salon if anything spreads.

- 1. Cleanse with lukewarm water and a mild product, twice if needed.
- 2. Look under consistent light and note texture, pores, redness, flaking, and lesions.
- 3. Tell the client what you see and what you plan to do about it.
- 4. Exfoliate mildly, avoiding the eyes, inflamed spots, and peeling areas.
- 5. Stop exfoliation if the skin flushes deeply or the client reports heat.
- 6. Extract only a ready comedone, with two attempts as the limit.
- 7. Choose the mask by the condition you found, not by the menu name.
- 8. Remove the mask at the label time, then moisturise and apply sunscreen.

Salon example

Neha, twenty-nine, comes for a pre-wedding facial with a list from a relative: scrub, steam, extraction, fruit mask, massage. Her skin is Fitzpatrick V, with melasma on the upper lip and cheeks and a few closed bumps on the forehead. The esthetician follows the order but changes the intensity. She cleanses, looks, and explains that the melasma patches will not be scrubbed and that steam will be warm and brief or skipped. She uses a mild enzyme instead of the requested scrub, keeps it away from the upper lip, and extracts two ready bumps on the forehead. She chooses a cooling gel mask rather than the fruit mask, because the fruit mask is heavily fragranced and the skin is reactive. She finishes with moisturiser and sunscreen, gives a card that says no sun, no scrub, and no retinoid that night, and explains that the melasma needs a dermatologist's plan and daily sun protection, not a stronger facial, and that a stronger facial this week would only add heat and friction to skin that is already holding pigment, and the client agrees to the cooling mask.

CAUTION

A step that cannot be explained in one sentence does not belong in the service; the menu is not a reason to scrub skin that is already inflamed.

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Lesions You Must Not Extract



What a safe comedone feels like

A comedone is a blocked pore. An open comedone has a dark plug at the surface and a visible opening; the dark colour is not dirt but oxidised material. A closed comedone is a skin-coloured bump with no opening, and it may take weeks to come to the surface. The safe one to extract is open, soft at the rim, and sitting in a pore that has widened with age or with gentle warmth. It should move slightly under light pressure. If it feels hard, deep, or tender, it is not ready, and pressure will only injure the tissue around it. The fingers learn this difference faster than any lamp.

Preparation decides whether an extraction is safe. Cleanse first, then look, then apply a warm compress for a minute or two if the skin tolerates it. On pigment-prone skin, keep the warmth brief and never hot. The pore mouth softens, the plug becomes easier to lift, and the pressure needed falls. Do not steam the whole face for ten minutes to prepare one comedone. Do not scrub the area to open it. If the comedone has not changed after cleansing and a short compress, leave it for another visit. A pore that is not ready today may be ready in two weeks, and the skin will be intact in between.

The technique is short. Wash your hands again, wipe the area, and use two cotton-wrapped fingers or a clean extractor rather than fingernails. Place the fingers or the loop around the pore, press down and slightly inward once, steadily, and release. If nothing comes in one or two attempts, stop. Do not dig, do not rotate the extractor, and do not use a needle unless the salon protocol and the local rules allow it and the client has consented. Wipe the area with the post-extraction product the label allows, and note which pore was treated. The note prevents the next visit from working the same spot twice in a month.

After extraction, the area may be pink for a short time. That is expected. What is not expected is a swelling, a spreading red area, or a spot that becomes painful over the next day. Tell the client to keep hands off the area, to skip scrubs and retinoids that night, and to call the salon if anything worsens. Do not apply a heavy, fragranced cream over a freshly extracted pore. A light, calming moisturiser and sunscreen are enough. If the client has many comedones, treat a few and plan the rest across visits. Clearing a face in one sitting is not a standard; it is a route to scarring.

- 1. Cleanse the area and look at the lesion under good light before touching it.
- 2. Identify an open comedone with a visible plug and a soft, wide rim.
- 3. Apply a brief warm compress only if the skin tolerates it, never hot.
- 4. Wash your hands again and wipe the area with the salon's cleanser.
- 5. Use two cotton-wrapped fingers or a clean extractor, never fingernails.

- 6. Press down and slightly inward once, with steady light pressure.
- 7. Stop after one or two attempts if nothing comes; the pore is not ready.
- 8. Wipe with the allowed post-extraction product and record the site.
- 9. Tell the client to keep hands off and to skip scrubs and retinoids that night.

Salon example

Priya, thirty-one, has a cluster of dark pores on her nose and two raised bumps beside them. She asks the esthetician to clear all of them because she is meeting her in-laws on the weekend. The esthetician cleanses, looks, and explains that the dark pores are open comedones and the raised bumps are closed. She applies a warm compress for two minutes, then extracts four open comedones with one steady press each. The fifth does not release after two attempts, so she stops and says it is not ready. She does not touch the two closed bumps, because they have no opening and pressure would only bruise the skin. She wipes the nose, applies a light calming gel, and gives a card that says no scrub, no retinoid, and no picking for two days. Priya is disappointed about the bumps, but the nose heals without a mark, and the closed bumps are softer at the next visit three weeks later. The esthetician shows her the card before she leaves, so the instruction is not only spoken and cannot be forgotten in a handbag.

CAUTION

One or two attempts is the whole allowance; a pore that needs a third press is a pore that should have been left alone.

Cysts, nodules, and the red halo

A cyst is a deep, firm, painful lump with no visible opening. It may be the size of a pea or larger, and it often feels anchored under the skin rather than sitting on it. A nodule is similar but larger and more tender. Neither belongs in a salon extraction. There is no pore mouth to empty, so pressure does not remove the contents; it pushes them deeper and sideways into the surrounding tissue. The result can be a scar, a spreading inflammation, or a dark mark that lasts for months, especially on Fitzpatrick IV to VI skin. The client may beg you to squeeze it before a wedding. The answer is still no.

An angry red papule or pustule with a wide red halo is also off limits. The halo means the inflammation has spread beyond the pore, and squeezing it can turn a small spot into a larger one. The same rule applies near the eye, over a visible vein, on broken skin, and on any mole or mark that has changed. If the client has several cysts or nodules, stop the extraction plan entirely and suggest a dermatologist. Do not attempt to clear the whole face because the booking was long. A referral is a service, not a failure, and it is the only honest option when the lesions are beyond surface care.

The explanation matters as much as the refusal. Name what you see in plain words: a deep lump with no opening, a spot with redness around it, a mark that has changed. Say what you will not do and why in one or two sentences. Then offer what is safe: a gentle cleanse, a cool compress, a calming mask away from the lesion, and sunscreen. Do not promise that a mask will bring the cyst down. Do not

apply a strong product to force it. If the client insists, repeat the limit once and stop negotiating. Your hands are the last line between a treatable spot and a permanent mark.

Record the refusal, the location, and the words you used. If the client returns with the same lesion, the note reminds you not to try again. If the lesion has grown, become warmer, or started bleeding, say that a doctor should see it soon. You are not judging whether it is serious; you are noticing change and sending it to someone who can. A calm, specific referral protects the client from a scar and protects you from a complaint. It also teaches the client that a good esthetician knows the edge of the role and will not cross it to keep a booking.

- 1. Look and feel without pressing: a deep, firm, painful lump with no opening is a cyst until a doctor says otherwise.
- 2. Check for a wide red halo around a papule or pustule, which means the inflammation has spread.
- 3. Do not squeeze, lance, or apply heat to force a cyst or nodule to open.
- 4. Do not treat the eye area, a visible vein, broken skin, or a changing mole.
- 5. If several cysts or nodules are present, stop the extraction plan and refer.
- 6. Offer a gentle cleanse, a cool compress, and a calming mask away from the lesion.
- 7. Say what you see and what you will not do, in one or two plain sentences.
- 8. Record the refusal, the location, and the referral on the client card.

Salon example

Ritu, twenty-six, arrives four days before her engagement with a firm, painful lump on her chin. She has covered it with concealer and asks the esthetician to open it so that it settles before the photographs. The esthetician cleanses the area, looks closely, and sees no opening, a deep shadow under the skin, and tenderness when Ritu touches it. She explains that this is a deep lump, not a surface pimple, and that squeezing would push the inflammation sideways and could leave a dark mark for months. Ritu argues that a previous salon squeezed a similar spot and it went down. The esthetician repeats the limit once, offers a cool compress and a calming mask on the rest of the face, and suggests a dermatologist before the event. Ritu takes the compress, skips the mask, and sees a doctor the next day. She sends a message after the engagement thanking the esthetician, because the lump settled without a scar. The esthetician notes the date of the referral and the client's choice, so the next visit starts with the facts rather than a fresh argument.

CAUTION

A deep lump with no opening is not a challenge for stronger fingers; it is a referral, and the client's event does not change the anatomy.

Cold sores, changing moles, and the stop script

A cold sore usually begins with tingling, burning, or tightness at the edge of the lip. Within a day or two a cluster of small blisters appears, often on a red base, and the blisters break and crust over. It is contagious from the first tingle until the crust has healed, and it can spread to another part of the face, to the eyes, or to another person through a towel, a tool, or a hand. A facial, a lip wax, or a threading service on an active cold sore is not worth the risk. Reschedule after the area has healed, and do not cover it with makeup and continue. The client may say it is only a dry patch; look, ask when it started, and decide for yourself.

The eye is the reason the rule is strict. A cold sore near the eye can cause a serious infection, and a salon cannot tell the difference between a harmless spot and the start of one. Do not touch the area, do not use a shared towel on it, and wash your hands after any contact. Clean and disinfect anything that may have touched it before the next client. If the client has a cold sore and also wants a brow service, do the brow only if the lesion is far away, the client agrees, and your hands and tools stay clean. When in doubt, reschedule the whole appointment. A lost booking is cheaper than a spread infection.

A mole or a mark that has changed is the other stop sign. Look for a spot that has become larger, has an irregular border, has mixed colours, or bleeds without being scratched. A new dark lesion in an older client deserves attention. You are not expected to diagnose it, and you should not try. Say that the spot has changed since the last visit or that it does not look like the surrounding skin, and that a doctor should look at it. Do not wax over it, do not scrub it, and do not use a strong product on it. Note the location and the date you saw it, so the next visit can compare.

The stop script is short and calm. 'I can see a cold sore at the corner of your mouth. I cannot do the facial while it is active because it can spread. Let us book you for after it has healed.' For a changing mole: 'This spot has changed, and I do not treat marks like this. Please have a doctor look at it.' Do not add a diagnosis, a fear, or a product recommendation. Do not let the client talk you into a smaller service on the same area. Write the refusal and the advice on the card. The client keeps their dignity, and you keep the boundary.

- 1. Ask whether the spot started with tingling or burning, which is common before a cold sore.
- 2. Look for a cluster of small blisters on a red base at the lip edge, or an early crust.
- 3. Do not touch, wax, thread, or apply product over an active cold sore.
- 4. Reschedule the service for after the area has healed, and say why.
- 5. Clean and disinfect any tool, towel, or surface that may have touched the area.
- 6. Check moles for recent change in size, shape, colour, or bleeding, and do not treat them.
- 7. Say what you see and what you will not do, without naming a diagnosis.
- 8. Record the refusal, the location, and the advice to see a doctor.

Salon example

Aarti, thirty-eight, comes for a full-face threading and a lip wax before a family photograph. At the corner of her mouth there is a small cluster of blisters on a red base, and she says it started with a tingle two days ago. The esthetician stops the service and explains that this is an active cold sore and that threading or waxing the area could spread it and leave the skin raw. Aarti says it is only dryness from the weather and asks for the brows at least. The esthetician agrees to the brows because they are far from the lesion, keeps her hands and thread away from the mouth, and reschedules the lip and face for ten days later. She cleans the chair and the trolley, washes her hands, and writes the refusal and the advice on the card. Aarti returns after the area has healed, and the lip wax is done without a tear or a new blister. The esthetician also changes the towel and wipes the trolley before the next client, because the earlier lesion touched the same space.

CAUTION

Do not let a client rename a cold sore as dryness; the lesion decides the service, not the label the client prefers.

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Waxing Safely



Hair length, growth direction, and preparation

Wax grips hair, not stubble. The working length is about half a centimetre, roughly the length of a grain of rice. Shorter hair is caught poorly, breaks at the surface, and leaves a patch that looks unfinished. Much longer hair is more painful to remove and can tangle in the strip. If the hair is longer than about a centimetre, trim it with clean scissors or a clipper before waxing. If it is shorter than half a centimetre, the honest advice is to wait a few days rather than wax twice in a week. Hair grows in cycles, so a first wax may not clear every hair even when the technique is correct.

Regrowth is usually visible in two to four weeks, and the timing differs by body area, hormones, and the client's own cycle. Do not promise a permanent result from waxing. Do not promise that hair will grow back thinner, although many clients find it softer over time. A client who has shaved for years may have blunt, dense regrowth, and the first wax can look uneven. Say that before you begin. A patch test on a small area is useful for a first-time client, especially one with sensitive skin or a history of reaction. Record the wax brand, the batch if the label gives one, and the result.

Preparation is simple and often skipped. Clean the area so that oil, sweat, and product do not sit between the wax and the hair. Dry it fully, then apply a light powder if the skin is damp, so that the wax grips hair rather than moisture. Check the consultation answers for a retinoid, a strong acid, isotretinoin, pregnancy, allergy, and a previous bad reaction. Look at the skin for a cut, a rash, a cold sore, sunburn, or a mole you should not cover. If any of those are present, do not wax that area. A clean, dry, intact area is the only area you should work on.

The client needs to know what to expect before the first strip. Tell them the hair length you are working with, the direction you will remove, and the fact that redness and tenderness for a few hours are normal. Ask them to hold the skin where you need tension, and explain that you will work in small sections. If they are on a retinoid or have had a reaction, say what you are declining before they undress or lie down. A short explanation at the start prevents an argument in the middle, when the skin is already half-waxed and the client is anxious.

- 1. Check the hair length; about half a centimetre is the working length.
- 2. Trim hair longer than about a centimetre with clean scissors or a clipper.
- 3. If the hair is shorter than half a centimetre, advise waiting a few days instead of waxing twice.
- 4. Clean the area and dry it fully before any product touches the skin.
- 5. Apply a light powder if the skin is damp, so the wax grips hair and not moisture.

- 6. Check the consultation answers for retinoid, acid, isotretinoin, pregnancy, and allergy.
- 7. Look for cuts, rash, cold sore, sunburn, or a changing mole, and do not wax over them.
- 8. Tell the client the expected redness, the regrowth window, and the limits of the result.

Salon example

Sana, twenty-four, books an underarm and half-leg wax three days before a holiday. She has been shaving and the hair is about three millimetres long, dense and blunt. The esthetician explains that this is shorter than the half centimetre needed for a clean lift and that waxing now would break much of the hair and leave a patchy result. Sana is disappointed, because she wanted to travel smooth. The esthetician offers to wax the underarms, where the hair is slightly longer, and to leave the legs for after the holiday. She cleans and dries the underarms, powders lightly, and works in two small strips on each side, checking the direction of growth first. The skin is calm afterwards. Sana is asked not to shave the legs for three weeks and to book the leg wax when the hair is longer. She returns with the right length, and the leg wax lifts cleanly in one pass per strip. The esthetician records the hair length and the date, so the next booking can be timed to the growth rather than to the holiday.

CAUTION

Waxing stubble is not a shortcut; it breaks hair at the surface and produces the patchy regrowth the client will blame on you.

Temperature, taut skin, and strip control

Temperature is the first safety check and the easiest one to skip when the salon is busy. Test the wax on the inner wrist before it touches the face or body. It should feel warm and comfortable, not hot. If it is too hot, take it off the skin if already applied, let the pot cool, and test again. Test every pot, including one that has been reheated, because a pot can hold heat unevenly. A wax that is too cool will not spread or grip, and a wax that is too hot can burn. The wrist is more sensitive than the back of the hand, which is why it is the better test.

The skin must be taut before the strip is pulled. Keep one hand flat on the skin beside the strip and stretch gently; do not pinch or pull the flesh. A loose fold of skin can bruise or tear. Work in small strips, because a small strip is controlled and a wide strip is a guess. Apply the wax in the direction of hair growth, press the strip down firmly, and remove it against the growth, close to the skin and parallel to it. Pulling upward instead of along the skin lifts the surface and hurts more. Press the skin immediately as you remove the strip to support it and reduce the sting.

Do one area at a time and assess before moving on. If the skin is lifting, bleeding, or showing a deep red line, stop. Do not re-wax the same patch in the same visit to catch a few stray hairs; tidy them with tweezers after the skin has settled, or leave them. Do not wax over a mole, a varicose vein, a recent scar, or skin that looks thin and shiny. Do not apply a strong numbing product unless the label allows it and the salon protocol covers it. The client's comfort matters, but a safe service comes before a perfect one.

Cleanup is part of the service. Remove residue with the product's remover rather than a harsh solvent, and use a light, soothing lotion that the label allows. Do not put a fragranced cream on freshly waxed skin. Look at the area once more before the client dresses, and tell them what normal redness looks like and when to call. Record the wax, the area, the temperature check, and any lifting. If the skin lifted, note it prominently, because the next visit must not repeat the same product or the same technique on skin that has already shown it will lift.

- 1. Test the wax on your inner wrist before it touches the client, every pot and every reheat.
- 2. If the wax is too hot, remove it from the skin, cool the pot, and test again.
- 3. Clean and dry the area, then powder lightly if the skin is damp.
- 4. Hold the skin taut with a flat hand beside the strip, without pinching.
- 5. Apply a small strip in the direction of hair growth and press it down firmly.
- 6. Remove against the growth, close to the skin and parallel to it.
- 7. Press the skin as you remove the strip to support it and reduce pain.
- 8. Do one area at a time and stop if the skin lifts, bleeds, or shows a deep red line.
- 9. Do not re-wax the same patch in one visit; tidy stray hairs later or leave them.
- 10. Remove residue with the proper remover, apply a soothing lotion, and record the result.

Salon example

The wax pot has been reheated for the third time on a busy Saturday. The esthetician tests it on her wrist and finds it hotter than the first time, so she turns the pot down and waits. A client, Nisha, has come for a full-arm wax before a wedding. The esthetician cleans and dries the arm, powders lightly, and starts with a small strip on the forearm, holding the skin taut below it. She applies with the growth, presses the strip, and removes against the growth, close to the skin. Nisha flinches but the skin is calm. On the upper arm, a strip lifts a small flap of skin near the elbow. The esthetician stops at once, does not re-wax the area, cleans off the residue, and applies a soothing lotion. She explains that the skin was thin there and that she will not continue on that patch. She finishes the lower arm only, records the lifting, and asks Nisha to call if the area blisters or spreads, and gives her a card with the salon number and the words to use at a clinic if needed.

CAUTION

Test the wax on your wrist every time, because a pot that was safe an hour ago can be hotter after a reheat.

The retinoid pause, isotretinoin, and aftercare

A leave-on retinoid or a strong acid makes the surface fragile for days after the last application. The usual pause before waxing is about five to seven days, but the product label and the prescriber's instruction come first. Ask which product it is and when it was last used. A wash-off cleanser with a mild acid is not the same as a leave-on cream, but if the client is unsure, treat it as leave-on and skip

the wax on that area. Do not wax a client who has used a strong acid peel at home within the week. The risk is not a little redness; it is a strip of skin coming away with the wax.

Isotretinoin is stricter. While the course is running, do not wax at all, and do not perform an aggressive peel or a strong scrub. The skin is thin, heals slowly, and can tear with ordinary friction. After the course, a common guide is to wait about six months before waxing or a resurfacing service. The exact date is for the prescribing doctor to confirm, not for the salon to shorten because a wedding is near. Ask for the end date, record it, and ask the client to bring the doctor's advice if they want to book earlier. Offer a gentle cleanup or a brow tidy that does not pull the skin.

Aftercare starts before the client leaves. Tell them no sun on the area today, no sauna, no steam, no hot bath, and no swimming pool for the rest of the day. No retinoid or strong acid on the area that night, and no scrub or exfoliating mitt for forty-eight hours. No tight clothing over a freshly waxed bikini line or underarm, and no fragranced lotion or deodorant on the area for the first day. Keep the skin moisturised with a plain lotion. If there is redness, a cool compress helps; ice directly on the skin does not. These instructions belong on a card, not only in speech.

The forty-eight hour window is when most complaints appear. Normal redness and small bumps around the follicles can occur and usually settle. Spreading redness, swelling, warmth, pus, or a blister is not normal and needs a doctor. Tell the client to call the salon and to see a doctor if the area is painful, hot, or spreading. Record the aftercare advice you gave and the client's understanding. If the client had a reaction, note the product and do not use it again. A careful aftercare conversation turns a possible complaint into a returned client, and a written card makes the advice harder to forget or dispute.

- 1. Ask about a leave-on retinoid or strong acid and the date of the last application.
- 2. Do not wax the area within the usual five to seven day pause, or if the answer is unsure.
- 3. Ask about isotretinoin now or in the past year and record the end date.
- 4. Do not wax or perform an aggressive peel during an isotretinoin course.
- 5. After the course, wait for the doctor's clearance; a common guide is about six months.
- 6. Tell the client no sun, sauna, steam, hot bath, or pool on the area that day.
- 7. Tell the client no retinoid or strong acid that night and no scrub for forty-eight hours.
- 8. Give the aftercare card, record the advice, and ask them to call if redness spreads or blisters.

Salon example

Meghna, twenty-nine, wants a bikini-line wax before a beach holiday. She mentions a retinol cream she uses on her face, not on the body, and says it should not matter. The esthetician asks whether she has used it on the bikini line, and Meghna admits she used it there twice last week for ingrown hairs. The esthetician declines the wax and explains the five to seven day pause, the risk of lifting skin, and the fact that the holiday sun would make a raw patch worse. She offers a trim and a gentle cleanse instead, and asks Meghna to stop the retinol on that area and return after at least a week. Meghna is annoyed but accepts the trim. She returns ten days later, confirms the last application, and the wax is done in small strips with a wrist test first. The esthetician gives the aftercare card, including no pool that day, no retinoid that night, and no tight clothing for the rest of the evening. Meghna reads the card before she leaves and asks one question about the pool, which the esthetician answers in one sentence.

CAUTION

A client who used a retinoid on the body and not the face still has retinoid-treated skin; ask about the area you are about to wax.

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Threading and Brow Shape



Threading setup and hand position

Threading removes hair with a folded cotton thread, and it suits the brows, the upper lip, the chin, and the sides of the face. It is precise and needs no wax, which makes it useful on clients whose skin reacts to wax or who are between wax appointments. The setup is simple but not casual. Use a fresh thread from a clean spool, or a thread sanitised by the salon's method, and keep it off the floor and away from the client's clothes. Wash your hands, cleanse the area, and dry it. Do not use a cloud of powder near the eyes; it settles on the lashes and irritates the client.

The thread is anchored around the fingers, and the centre is twisted into a loop. Work in short, controlled passes rather than long pulls. A long pull catches more skin and is harder to stop when something goes wrong. Remove a few hairs at a time, check the area, and continue. Keep the loop off the eyelid and ask the client to close the eye on the side you are working. If the client flinches or the skin reddens deeply, pause and let the area settle. Threading is fast, but speed is not the goal; a clean line without a tear is the goal.

Hand position protects both the client and your wrists. Support the skin with the free hand, keep the working hand close to the face, and avoid pulling the thread against the eye. Ask the client to hold the skin at the temple if you need more tension, but never ask them to stretch their own eyelid. Do not thread over an acne cyst, a pustule with a red halo, broken skin, a cold sore, or a mole that has changed. If the hair is very dense, work in sections and give the skin a short break. A tight thread and a rushed hand are the two causes of most threading marks.

Finish by checking both sides in the mirror. Faces are not symmetrical, and a brow that looks even on a tilted head may look uneven when the client sits up. Wipe the area with a calming wipe, and tell the client what redness is normal and how long it usually lasts. Record the shape you made, the areas you threaded, and any reaction. If the client is new, ask them to send a message if the area swells or develops bumps. The next visit then starts with a shape that has grown out, not with a shape that has to be guessed.

- 1. Wash your hands and use a fresh thread from a clean spool.
- 2. Cleanse and dry the area, and keep powder away from the eyes.
- 3. Anchor the thread, twist the centre into a loop, and keep the loop small.
- 4. Support the skin with the free hand and keep the working hand close to the face.
- 5. Work in short passes and remove a few hairs at a time.

- 6. Ask the client to close the eye on the side you are working and keep the loop off the lid.
- 7. Do not thread over a cyst, a pustule with a red halo, broken skin, a cold sore, or a changing mole.
- 8. Check both sides in the mirror and wipe the area with a calming wipe.
- 9. Record the shape and any reaction on the client card.

Salon example

Rhea, nineteen, books her first threading for her upper lip and brows. She has a small pustule with a red halo at the corner of her mouth, which she says is a heat boil. The esthetician looks, does not touch it, and explains that she will thread the brows but not the lip while the spot is inflamed. Rhea agrees. The esthetician washes her hands, uses a fresh thread, and asks Rhea to close one eye while she works on that brow. She removes a few hairs at a time, checks the shape in the mirror, and does not pull the thread against the lid. The brows take twelve minutes. The esthetician wipes the area, gives a cool gel, and reschedules the lip for a week later. She writes the refused area and the reason on the card, and Rhea returns when the spot has settled. On that visit the esthetician checks the corner of the mouth first, sees that the redness has gone, and threads the lip in two short passes with a calming wipe between them and no pressure on the healing skin.

CAUTION

Threading is precise, not rough; a long, fast pull catches skin and can tear the eyelid area, which no shape is worth.

Brow mapping around the bone

A good brow shape follows the brow bone that the client already has. It does not draw a new brow over the face, and it does not force the same arch on every client. Start with three landmarks. The brow should begin roughly above the side of the nose, rise near the outer edge of the iris or where the bone lifts, and taper toward the outer corner of the eye. These are starting points, not laws. A wide-set eye, a low brow bone, a scar, or a strong cowlick changes the map. Look at the bone, the eye, and the way the hair grows before you remove a single hair.

Asymmetry is normal, and the client often notices it more than you do. One brow may sit higher, one may be fuller, and one may have a cowlick that pushes hair in a different direction. Work with the stronger brow as the reference, and bring the other toward it without trying to make them identical. Do not raise an arch above the bone to chase a trend. Do not shave or thread the brow into a thin line as the default; thin brows date the face and take months to grow back. On a first visit, leave the brow a little fuller than the client asked for. You can remove more next time, but you cannot add hair back today.

Show the client the shape before you remove a lot. Use a brow pencil to outline the proposed line, or hold a mirror while you explain which hairs you plan to take. Get a clear yes. If the client asks for a shape that will not suit the bone, say what you would do instead in one sentence, then follow their choice if it is safe. A client who feels heard is easier to guide than a client who feels overruled. If the

skin is red from a previous service or the brow area is peeling, do not thread deeply; tidy the centre and wait for the skin to settle.

The finished shape should look like the client, only tidier. Check the distance between the brows, the height of the arch, and the tail. Remove stray hairs between the brows and above the nose, but do not create a hard block. A soft inner corner suits most faces. If the client wears glasses, check the shape with the glasses on, because the frame changes the visual balance. Photograph the shape only with consent, and note the mapping in the card. A written note is more reliable than a photograph on a personal phone, and it does not put the client's face on a device that may be shared.

- 1. Look at the brow bone, the eye shape, and the natural hair direction before removing hair.
- 2. Mark the start above the side of the nose, the arch near the outer iris, and the tail toward the outer corner.
- 3. Compare both brows and use the stronger one as the reference, not a perfect mirror.
- 4. Draw the proposed shape with a brow pencil and show the client in a mirror.
- 5. Get a clear yes before removing a large amount of hair.
- 6. Leave the brow fuller on a first visit; you can remove more next time.
- 7. Do not raise the arch above the bone or thread the brow into a thin line by default.
- 8. Check the shape with the client's glasses on if they wear them.
- 9. Record the mapping and the amount removed on the card.

Salon example

Farida, forty-two, brings a photograph of a high, thin arch and asks for the same shape. Her brow bone is low, her eyes are deep-set, and her natural brows are full with a strong cowlick on the left. The esthetician does not copy the photograph. She marks the start, arch, and tail on Farida's own bone, shows her in the mirror, and explains that a high arch would sit above the bone and make the brow look surprised. Farida is unsure, so the esthetician removes only the stray hairs below the brow and the centre, leaving the top line almost untouched. She shows the result and asks Farida to live with it for a week. Farida returns and asks for a little more from the tail, not the arch. The second visit removes a small amount, and the shape still looks like her. The card records the low bone, the cowlick, and the decision to go slowly, so the next esthetician does not start from a photograph again or promise an arch the bone cannot hold without the client seeing the trade-off.

CAUTION

A photograph is a reference, not a measurement; mapping to someone else's bone can leave a client with a brow that does not fit their face.

Aftercare and knowing when to refer

After threading, the area may be pink and slightly tender. That is normal and usually settles within a few hours. Wipe the area with a cool, calming wipe or a light gel that the label allows. Do not apply a

heavy, fragranced cream, and do not let the client apply makeup to the area for a few hours if the skin is red. Tell them not to scrub, not to use a retinoid or strong acid on the area that night, and not to pick at any small bumps. A cool compress helps if the area feels hot. Most clients can return to normal skincare the next day if the skin looks calm.

Some reactions are not normal. Spreading redness, swelling, warmth, a growing bump, or a blister needs a doctor, not another product. A small white bump around a follicle may be folliculitis, and it should be looked at if it spreads or becomes painful. If the client has a cold sore after threading, the virus may have been reactivated by the friction, and the area is contagious. Do not treat it; advise the client to see a doctor and reschedule the next service. If a client has reacted to threading before, note it and consider whether wax or another method is safer for that area.

The aftercare advice should be short enough to remember. No sun on the area today, no sauna or steam, no strong scrub for forty-eight hours, and no retinoid that night. Keep the area clean and moisturised with a plain product. Do not apply deodorant to a freshly threaded underarm, and do not wear a tight collar over a threaded chin or neck. If the client has an event the next day, say that mild redness may still be visible and that makeup can cover it only after the skin has settled. Do not promise a completely calm face for a photograph.

Record the shape, the areas treated, the products used, and any reaction. If the client is happy, note the mapping so the next visit can repeat it. If the client is not happy, note what they wanted and what was agreed. A complaint about shape is easier to resolve when the card shows the conversation. A complaint about a reaction is easier to defend when the card shows the aftercare advice. The record is not a substitute for skill, but it is the memory of the service, and memory is unreliable on a busy Saturday, when three faces can blur into one.

- 1. Wipe the area with a cool, calming wipe or a light gel.
- 2. Tell the client that mild redness and tenderness for a few hours are normal.
- 3. Advise no makeup on the area for a few hours if the skin is red.
- 4. Advise no scrub, retinoid, or strong acid on the area that night.
- 5. Advise no sun, sauna, or steam on the area that day.
- 6. Tell the client to call if redness spreads, swelling appears, or a bump grows.
- 7. Refer a cold sore, a spreading folliculitis, or a blister to a doctor.
- 8. Record the shape, the products, the advice, and any reaction.

Salon example

Naina, thirty-three, has her brows and upper lip threaded before a dinner. The service is quick, and the esthetician notices a little redness on the upper lip but thinks it is normal. That evening Naina sends a photograph: the lip area is swollen and has small white bumps around the follicles. The esthetician does not suggest another product or a home remedy. She asks Naina to keep the area clean, to avoid makeup and scrubs, and to see a doctor if the swelling spreads or becomes painful. She records the reaction, the thread used, and the advice. The doctor treats it as a mild folliculitis, and it settles in four days. At the next booking the esthetician patch tests the area with a small thread pass and waits before doing the full lip. The card notes the earlier reaction, the thread, the doctor visit, and the successful test, so the next visit can repeat what worked and avoid what did not. Naina is also asked to wait a week before any lip wax, so the skin has a full recovery before another method.

CAUTION

Redness that spreads or a bump that grows is not a normal after-effect; stop selling aftercare and send the client to a doctor.

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Facial Bleach and Detan



What facial bleach can and cannot do

Facial bleach is not hair bleach. They are different products, mixed to different strengths, and used on different tissue. Hair bleach is designed for keratin, the protein in hair, and applying it to the face can burn the skin. Never substitute one for the other, never borrow a sachet from the hair station, and never let a client bring a product from home without reading its label. Facial bleach is a cosmetic preparation that lightens the fine hair on the face. It is not a medical treatment, and it does not reach the pigment cells that give skin its colour.

The visible result is temporary. Fine facial hair catches light, and lightening it can make the face look brighter for a short time. The effect fades as the hair grows and as the skin renews. Facial bleach does not permanently change the natural colour of the skin, and it does not make dark skin light. It does not remove a dark patch, a melasma mark, or a scar. Saying this before the service is not negative selling; it is the only way to prevent a client from judging the result against a promise nobody can keep, and it gives the client a reason to trust the next suggestion.

Detan products work on a different principle. They are cosmetic preparations that help reduce the look of surface discolouration after sun exposure, usually over several days. They do not remove pigment from deeper layers, and they do not stop the skin from tanning again. A detan can make a face look more even for a while, especially after a holiday. It cannot undo years of sun, and it cannot replace daily sunscreen. A client who wants a lasting change in pigmentation needs a longer plan with a skin therapist or a dermatologist, not a stronger detan or a longer application.

The script belongs at the start, in plain English and in the client's own language if possible. 'This is a cosmetic service. It lightens the fine hair and can make the skin look brighter for a short time. It does not change your natural skin colour, and it will not remove a mark permanently.' Say it once, calmly, and check that the client understands. If the client says they want fairness, correct the word without shaming them: the service can brighten the look, not change the colour. Write the consent on the card, including the words you used, so the next esthetician can repeat the same limit without contradicting you.

- 1. Confirm that the product is a facial bleach and not a hair bleach.
- 2. Read the label, including the patch-test instruction and the maximum time.
- 3. Explain that the service lightens fine hair and brightens the look for a short time.
- 4. Explain that it does not change natural skin colour or remove a mark permanently.
- 5. Use the same explanation for detan: it reduces the look of surface tan, not deep pigment.

- 6. Ask what result the client expects and correct an impossible expectation before starting.
- 7. Record the product, the batch, and the consent words on the card.
- 8. Do not proceed if the client expects a permanent colour change.

Salon example

Pooja, twenty-eight, books a facial bleach before her engagement. She tells the esthetician that she wants her face two shades lighter and shows a photograph of a cousin whose skin looks paler. The esthetician explains that facial bleach lightens the fine hair and can make the face look brighter, but it does not change the skin's natural colour, and the cousin's photograph may have been taken in different light or edited. Pooja is quiet, then asks whether a stronger mix would work better. The esthetician says no, that a stronger mix burns rather than lightens, and that the result she wants is not a salon bleach result. She offers the bleach for the fine hair, with an honest explanation of the short-lived effect, and suggests a dermatologist for pigmentation. Pooja chooses the bleach but changes her expectation. She leaves with a brighter look, not a different colour, and the card records the conversation, including the fact that she was told the change would be temporary and cosmetic. Pooja reads the card before she pays and asks no further questions about lightening.

CAUTION

A stronger mix does not lighten more; it burns, and no event is worth a facial burn.

Patch test, mix, timing, and removal

A patch test is the cheapest safety step in the salon. Test twenty-four to forty-eight hours before the service when the brand requires it, and always for a first-time client or a client with any history of reaction. Use the same product and the same mix, on a small area behind the ear or on the inner forearm. Clean the area, apply a thin layer, and leave it as the label directs. Record the date, the product, the batch, and the result. If the client cannot confirm a patch test and the brand requires one, do not proceed. A client's memory of a test five years ago is not a test for today's product.

Mix exactly as the label says. More activator is not more result; it is a burn. Use a clean spatula or brush, a clean bowl, and the measured proportions the label gives. Do not mix a larger batch to save time, because the product may become stronger or unstable while it sits. Do not add essential oil, lemon, or a home remedy to the mix. Do not use a metal bowl if the label says not to. Keep the product away from the eyes, the eyelids, and the eyebrows unless the label explicitly allows use there. If the label does not allow it, the answer is no.

Apply evenly and thinly, away from the eyes, with a clean spatula or brush. Time it by the label, and check at the shortest time the label gives rather than the longest. Set a timer; do not rely on memory. Ask the client to tell you at once if the stinging becomes more than mild. Stinging that builds, burning, or a spreading warmth is a reason to remove the product immediately, not to wait it out. Remove completely with lukewarm water and the product's remover if it has one. Check the hairline, the sides of the nose, and the jaw, where residue hides.

Finish with a calming moisturiser and sunscreen if it is daytime. Do not apply a strong acid, a scrub, or a retinoid after a bleach. Give the aftercare card: no sun today, no heat, no scrub for forty-eight hours, and no repeat bleach for the interval the label gives. Look at the skin before the client leaves, and note any redness. If the skin is red beyond a light flush, treat it as a reaction and follow the salon's incident steps. Record the timing, the product, and the result. A calm service with an honest record is better than a strong result with a hidden risk.

- 1. Patch test twenty-four to forty-eight hours before when the brand requires it, and for any first-time or reactive client.
- 2. Record the patch-test date, product, batch, and result.
- 3. Do not proceed if the client cannot confirm a required patch test.
- 4. Mix exactly to the label with a clean spatula and bowl.
- 5. Never add extra activator, essential oil, lemon, or a home remedy.
- 6. Apply evenly and thinly, away from the eyes, eyelids, and eyebrows unless the label allows it.
- 7. Time by the label and check at the shortest stated time, using a timer.
- 8. Remove at once if the client reports burning or more than mild stinging.
- 9. Remove completely, apply a calming moisturiser and sunscreen, and record the result.

Salon example

A client, Simran, brings her own bleach sachet because she used it last year and liked the result. The esthetician reads the label, sees that it requires a patch test, and asks when the last test was. Simran cannot remember. The esthetician explains that the product may have changed or that her skin may have changed, and offers a patch test behind the ear that day with a booking two days later. Simran agrees. The test is calm, and she returns. The esthetician mixes exactly the label proportions, applies a thin layer away from the eyes, and sets a timer for the shortest stated time. After four minutes Simran says the area is stinging more than mild, so the product is removed at once with lukewarm water. The skin is pink but not blistered. The esthetician applies a calming moisturiser, gives the aftercare card, and records the reaction. She does not repeat the bleach on the next visit, and she tells Simran to bring the sachet again only if the label and the patch test are both current and the skin has had a full week to settle.

CAUTION

Mild tingling can be expected; burning, spreading warmth, or pain is a reason to remove the product at once, not to wait for the timer.

Detan, claims, and consent

Detan is a cosmetic service, and its name promises more than the product can do. It can help reduce the look of surface discolouration after sun exposure, and it can make the skin feel cleaner and look more even for a few days. It does not remove deep pigment, it does not treat melasma, and it does not stop the skin from tanning again. The result depends on the product, the time on the skin, the client's baseline colour, and the sun exposure that follows. A detan without daily sunscreen is a

temporary clean-up that the next weekend undoes, which is why the sunscreen line belongs on the card.

Claims are where cosmetic services get into trouble. Do not say that a product cures acne, removes pigmentation, treats melasma, or makes skin fair. Do not use the word treatment for a cosmetic service if it implies a medical result. Do not compare one client's skin with another's or promise a shade. Do not show a filtered before-and-after as proof. A cosmetic product may clean, moisturise, brighten the look, or temporarily reduce the appearance of surface discolouration. Those are the claims the label can support, and they are enough for an honest service. Anything beyond that belongs to a medical professional.

Consent is more than a signature. The client should know what the product is, what it can and cannot do, how long the result may last, and what the risks are. Ask about pregnancy, allergy, a previous reaction, and any active skin condition. Read the label for warnings about pregnancy or broken skin. If the client is unsure, do the shorter, simpler service or postpone. Do not let an event create pressure for a stronger mix or a longer time. A client who understands the limit is less likely to complain and more likely to return for the service that actually helps.

For pigmentation that is patchy, deep, or persistent, refer. Melasma, post-inflammatory marks, and sun damage need a plan that includes daily sunscreen, gentle care, and often a prescription from a dermatologist. The salon can support that plan with cleansing, moisturising, and cosmetic detan, but it cannot replace it. Say that in one sentence and write it on the card. A referral is not a lost sale; it is the reason the client trusts the next recommendation. The same applies to a mark that has changed, a lesion that bleeds, or skin that reacts to every product; those are medical questions, not menu choices.

- 1. Explain that detan reduces the look of surface tan for a short time.
- 2. Explain that it does not remove deep pigment, treat melasma, or stop future tanning.
- 3. Do not claim that a product cures acne, removes pigmentation, or makes skin fair.
- 4. Do not promise a shade or compare the client with another person.
- 5. Ask about pregnancy, allergy, previous reaction, and active skin conditions.
- 6. Read the label warnings and choose the shorter, simpler service when unsure.
- 7. Recommend daily sunscreen as the step that protects the result.
- 8. Refer persistent or patchy pigmentation to a skin therapist or dermatologist, and record it.

Salon example

A client, Rohan, comes after a beach holiday with a clear tan line on his forehead and asks for a detan that will remove it in one visit. The esthetician explains that the detan can reduce the look of the surface tan for a few days, but it will not remove the colour, and the sun on his drive to work will bring it back. Rohan asks whether a stronger mix or a longer time would work faster. The esthetician says no, that the label time is the limit, and that a longer time risks irritation rather than a better result. She performs the detan at the label time, applies a calming moisturiser and sunscreen, and gives a card that says sunscreen every morning and a hat outdoors. She suggests a skin therapist for a longer pigment plan. Rohan books a repeat detan before a wedding, with realistic expectations and a sunscreen habit. The esthetician writes the sunscreen advice on the card and asks him to bring the same product next time so the patch test can be repeated before the service.

CAUTION

Do not let the word detan become a promise to remove pigment; the product works on the surface look, and the label time is the limit.

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Hygiene and Cross-Contamination



Hands, linen, and the station

Hand washing is the first and last thing you do for every client. Wash with soap and running water for at least twenty seconds, covering the palms, the backs of the hands, between the fingers, the thumbs, and under the nails. Do it before you set up and after you finish, and let the client see it when the station allows. Dry with a clean paper towel, not a shared cloth. Keep the nails short and clean, and remove rings and watches that trap product and water. A hand sanitiser is useful between washes, but it does not replace soap when the hands are visibly soiled.

Linen is either clean or it is not. A towel that looks clean may have been used on another client and folded again. Use a fresh sheet, towel, and headrest cover for every client, and put used linen straight into a closed laundry bin rather than on the trolley. Do not reuse a towel to wipe a spill and then place it back on the bed. Keep clean linen in a closed cupboard, away from the sink and the waste bin. If the salon is busy, keep a visible reserve so that nobody is tempted to stretch one set across two clients.

The station needs a routine, not a deep clean once a week. Wipe the bed, the trolley, the lamp handle, the chair arms, and the product bottles with the salon's approved disinfectant at the label's contact time. Contact time matters: a spray that is wiped off immediately has not had time to work. Use a fresh cloth or paper towel for each surface, and do not dip a cloth back into a clean bucket after it has touched a dirty surface. Keep clean tools on a clean tray and used tools in a closed bin, never loose on the counter beside a client's belongings.

Your own health belongs in the hygiene plan. If you have a cut, a rash, or an infection on the hands, do not treat clients. A small cut can be covered with a waterproof dressing, but a weeping or painful lesion means you stay off the floor. Do not work with a fever, a cough that you cannot contain, or a skin infection that could transfer to a client. Wear gloves when the task calls for them, and change them between clients. Hygiene is not a performance for inspection; it is the set of habits that protects the person in the chair.

- 1. Wash your hands before setup and after every client, for at least twenty seconds.
- 2. Cover palms, backs, fingers, thumbs, and under the nails, then dry with paper towel.
- 3. Keep nails short and clean, and remove rings and watches during service.
- 4. Use a fresh sheet, towel, and headrest cover for every client.
- 5. Put used linen into a closed laundry bin, not on the trolley or the bed.
- 6. Wipe the bed, trolley, lamp handle, and chair with disinfectant at the label contact time.

- 7. Keep clean tools on a clean tray and used tools in a closed bin.
- 8. Stay off the floor when you have a hand infection, a fever, or a weeping lesion.

Salon example

A salon has two estheticians and a shared trolley. On a Saturday, one of them wipes the bed with disinfectant and immediately dries it with a towel because the next client is waiting. The other esthetician notices and points out that the label requires the surface to stay wet for the stated contact time. They reset the routine: one person sets up while the other cleans, and the bed is sprayed first so that it can sit while the linen is changed. They also move the clean towels away from the waste bin, which had been placed too close in the rush. The next client arrives, sees a fresh sheet and a visibly washed pair of hands, and comments that the salon feels clean. The change costs two minutes and prevents a complaint that no one would have traced back to a wiped-dry surface. They keep the new order for the rest of the day and add a small timer to the trolley so the contact time is not a guess, and neither esthetician has to remember it while a client waits.

CAUTION

A surface that is sprayed and wiped immediately has not been disinfected; the label contact time is part of the product, not an optional extra.

Wax pots, spatulas, and the double-dip rule

Double-dipping is returning a stick or a spatula to a shared wax pot after it has touched a client's skin. It carries skin cells, hair, bacteria, and sometimes blood into the pot, and the next client receives a little of the previous one. The pot is warm, which is a friendly temperature for microbes, and the wax is not sterile. The rule is simple: never double-dip. Use a single-use stick, take what you need, and throw the stick away. If you need more wax, use a new stick. This applies even when the client is a regular, even when the area looks clean, and even when the pot is nearly empty.

Pot care supports the rule. Keep the lid on between uses, date the pot when it is opened, and follow the manufacturer's instructions for cleaning and replacing the wax. Do not top up an old pot with new wax and pretend it is fresh. Do not use a pot that has visible hair, debris, or a changed smell. If a pot is contaminated, the correct action is to discard the wax and clean the pot according to the label, not to pick out the visible pieces and carry on. A salon that saves a little wax this way risks a skin infection that costs far more than the pot.

Temperature control sits beside hygiene. A pot that is too hot burns; a pot that is reheated repeatedly may change consistency and become difficult to work with. Stir with a clean, dedicated tool, not the stick that is about to touch skin. Keep the pot away from the client's clothes and the clean linen. If wax drips on the floor or the trolley, clean it at once so that no one steps in it. Keep the cable away from the client's arms and the water source. These are small habits, but they are the difference between a professional station and a hazardous one.

Wax strips, spatulas, and gloves are single-use items, and they go into the waste bin after one client. Do not leave a used strip on the bed while you finish the other leg, and do not put a used spatula back on the clean tray. Keep a small bin beside the trolley so that the correct action is also the easy one. At the end of the day, empty the bin, clean the pot exterior, and wipe the shelf. A client may not see the pot, but they can see the bin, the tray, and the way you handle a stick. Those visible habits are the salon's reputation.

- 1. Use a single-use stick or spatula for every dip into a shared wax pot.
- 2. Never return a stick that has touched skin to the pot, even for the same client.
- 3. Throw the stick away and take a new one if more wax is needed.
- 4. Keep the pot lid on between uses and date it when opened.
- 5. Discard wax that has visible hair, debris, or a changed smell.
- 6. Stir with a clean dedicated tool, not the stick that will touch skin.
- 7. Put used strips, spatulas, and gloves in the bin after one client.
- 8. Clean the pot exterior and the shelf at the end of the day.

Salon example

A new client, Asha, watches the esthetician prepare a leg wax. The esthetician takes a wooden stick, dips it once, spreads the wax, and drops the stick into the bin. For the next strip she takes a fresh stick. Asha asks whether that is wasteful, because her previous salon used the same stick for the whole leg. The esthetician explains that the stick touched her skin and that returning it would put skin cells and bacteria into the pot that other clients share. She shows Asha the pot lid and the date on the label, and says the salon discards wax that looks contaminated. Asha relaxes. Later, the esthetician notices a hair on the pot rim and removes it with a clean tissue, then cleans the rim before closing the lid. The small visible action does more for trust than a poster on the wall. Asha books a second appointment and tells the esthetician that she noticed the fresh stick before she was told why it mattered, which is the kind of trust a poster cannot buy, and she asks whether the salon also uses a fresh stick for the lip.

CAUTION

No double-dip, not even for a regular client or the same area; the pot is shared, even when the skin looks clean.

Tools, waste, and the unwell worker

Reusable tools need a sequence: clean, then disinfect, then store. Cleaning removes product and organic matter; disinfection kills the organisms that remain. A tool that is sprayed before it is cleaned may keep a film that protects what is underneath. Use the salon's approved disinfectant at the label dilution and contact time, and let the tool dry on a clean surface. Metal extractors, tweezers, scissors, and bowls all follow the same rule, and a tool that cannot be cleaned properly should be replaced rather than reused. Brushes need their own care: wash the bristles with the appropriate cleanser, shape them, and dry them flat so that water does not sit in the ferrule.

Waste has categories. Ordinary waste such as tissues, gloves, wax strips, and packaging goes into a lined bin. Sharps, if the salon uses them, go into a sharps container, never a plastic bag. Waste that carries blood or body fluid needs the handling the local rules require, and the person handling it should wear gloves. Do not press down on a full bin with a bare hand, and do not leave a bin open beside clean linen. Empty the bin before it overflows, and wash your hands after handling it. These are unglamorous tasks, but they are part of the service.

A blood or body fluid incident needs a calm, fixed response. Stop the service, put on gloves, and clean the area with the approved disinfectant at the label contact time. Discard the contaminated materials safely, change the linen, and wash your hands. Record what happened, where, and what was done. If the client is bleeding, give them a clean tissue or dressing and avoid contact with the wound. If the incident involves a cut on your own hand, cover it, stop treating, and follow the salon's policy. Do not improvise a stronger chemical mix; the label is the limit, and a stronger mix can damage the surface you are trying to protect.

The unwell worker is the hardest part of hygiene to enforce, because income depends on attendance. A fever, a cough, a skin infection on the hands, or a weeping lesion means no client contact. A cold with frequent sneezing is a reason to wear a mask or to stay home, depending on the salon's policy. Do not share a water bottle, a towel, or a phone at the station. If you feel unwell during a service, finish safely or hand over, wash your hands, and tell the manager. A salon that protects its staff from working sick protects its clients as well, and it keeps the people who work there from spreading an infection through the team.

- 1. Clean reusable tools before you disinfect them.
- 2. Use the approved disinfectant at the label dilution and contact time.
- 3. Let tools dry on a clean surface before storing them.
- 4. Wash brushes with the proper cleanser, shape them, and dry them flat.
- 5. Put ordinary waste in a lined bin and sharps in a sharps container.
- 6. Wear gloves for waste that may carry blood or body fluid.
- 7. Stop the service for a blood incident, clean at the label contact time, and record it.
- 8. Stay off client contact with a fever, a hand infection, or a weeping lesion.

Salon example

During a brow wax, the client flinches and a small bead of blood appears at the follicle. The esthetician stops, puts on gloves, and presses a clean tissue to the spot. She removes the wax residue, cleans the area with the approved disinfectant at the label contact time, and puts the used tissue and glove into the waste bin. She changes the towel and the headrest cover, even though only a small area was affected. She writes the incident on the card and tells the client to keep the area clean and to call if it spreads. The client is embarrassed, and the esthetician does not make a performance of the incident. She finishes the other brow only after the area is clean, and she does not re-wax the spot. The calm response keeps the client comfortable and the station safe. The esthetician also notes that the follicle bled after a single pass, which may mean the skin was thin there, and she plans a patch test before the next wax on that brow, and she books the client for a quiet weekday rather than a busy Saturday.

CAUTION

A small bleed is still a body-fluid incident; stop, glove, clean at the contact time, change the linen, and record it.

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Fitzpatrick IV to VI: Pigment Risk



Why deeper skin tones need a different plan

The Fitzpatrick scale runs from I to VI and describes how skin responds to ultraviolet light. Type I burns easily and tans little; type VI rarely burns and tans deeply. Most salon clients in India sit between IV and VI. The scale is a guide, not a full description of a person, and it does not tell you how sensitive the skin is today. A client can be type V and still have a fragile barrier from a retinoid, a recent peel, or an illness. Use the scale to set the baseline risk, then use the consultation and your eyes to set today's plan.

The main difference in this range is how easily the skin leaves a mark after inflammation. Melanocytes in deeper skin are more active, and any injury, friction, squeeze, burn, or rash can trigger post-inflammatory hyperpigmentation, a dark patch that may take months to fade. The mark is not a sign of poor hygiene or a bad product; it is the skin's response to damage. This is why a harsh scrub, a hot steam, or a deep squeeze that would leave a faint pink mark on type II skin can leave a visible brown mark on type V skin for a season or more.

Redness is harder to see on deeper skin, so do not rely on colour alone. Look for warmth, swelling, a change in texture, or a shine that was not there before. Ask the client whether the area feels hot, tight, or painful. A flush may show as a darker or purplish tone rather than pink. Under the lamp, compare the treated area with the surrounding skin and with the other side of the face. If you are unsure, stop and let the skin settle. The cost of waiting is a few minutes; the cost of continuing is a mark that outlasts the booking.

The plan is gentler, not weaker. Cleanse mildly, exfoliate with less pressure and for less time, use warm rather than hot water, and choose masks that cool rather than heat. Patch test any new product on a small area, even a mask. Keep extraction short and limited to ready comedones. Avoid strong acids and deep peels in this role; those are medical services. Finish with moisturiser and sunscreen, and explain that daily sun protection is the single most useful step for preventing new marks. The result may be less dramatic on the day, but it lasts better, and the client avoids the mark that would have taken months to fade.

- 1. Note the Fitzpatrick type once, then assess the current condition at every visit.
- 2. Ask about retinoid, acid, recent peel, and isotretinoin before choosing intensity.
- 3. Look for warmth, swelling, and texture change, not only redness.
- 4. Compare the treated area with the surrounding skin and the other side of the face.
- 5. Patch test any new product, even a mask, on a small area.

- 6. Choose mild cleansing, short mild exfoliation, and warm rather than hot water.
- 7. Limit extraction to ready comedones and stop at the first sign of marking.
- 8. Finish with moisturiser and sunscreen, and explain the risk of post-inflammatory marks.

Salon example

Lakshmi, thirty-six, has Fitzpatrick V skin and a few dark marks on her cheeks from old acne. She books a brightening facial and asks for a strong scrub and a long steam to open her pores. The esthetician explains that the marks are post-inflammatory pigment and that a strong scrub or a hot steam can add new ones. She cleanses, looks, and chooses a mild enzyme on the T-zone only, keeping it away from the dark marks. She uses a warm compress for one minute instead of steam, extracts two ready comedones, and applies a cooling gel mask. She finishes with moisturiser and sunscreen and gives a card that says no scrub, no heat, and no retinoid for two days. Lakshmi is told that the marks will fade slowly and that sunscreen every morning is the step that protects them from getting darker. She books a repeat facial in four weeks, with the same gentle plan. The card notes the marks, the products, and the fact that the client was told to expect slow fading rather than a quick removal.

CAUTION

A plan that produces less redness on the day is often the plan that produces fewer dark marks later, especially on type IV to VI skin.

No harsh scrub, no hot steam on pigment-prone skin

A harsh scrub does two kinds of damage. The particles create small scratches in the surface, and the pressure creates inflammation in the skin below. On deeper skin, that inflammation can settle as a dark mark. The client may feel clean and smooth for a day, then notice a brown patch a week later. A brush, a coarse mitt, or a strong exfoliating machine can do the same. Mild exfoliation is enough to soften the surface and prepare for a mask. If the client wants a deeper clean, the answer is a longer plan with a skin therapist, not more pressure in a salon facial.

Hot steam is a similar trap. Steam feels luxurious, and many clients expect it, but heat increases blood flow and can leave the skin flushed for hours. On pigment-prone skin, repeated flushing can worsen melasma, and on redness-prone skin it can trigger a flare. Steam also softens the skin and can make extraction seem easier, which tempts a longer session. Use warm, brief steam only if the skin is not pigment-prone or reactive, and keep the distance and the time low. On Fitzpatrick IV to VI skin, no hot steam on pigment-prone areas. A warm compress for a minute is often enough.

There are better alternatives. A mild enzyme, a gentle cleanser with a soft cloth, and a short warm compress soften the surface without the friction of a scrub. A cooling gel mask calms the skin after extraction. A hydrating mask supports the barrier. If the client wants a glow, the answer is hydration and sunscreen, not heat and friction. Explain the trade-off in one sentence: the stronger step may give a brighter look today and a darker mark next week. Most clients accept the gentler plan when they

understand the reason, and the ones who do not are usually asking for a result that no safe service can give in one visit.

Peels deserve their own limit. A superficial cosmetic peel may be within the salon's scope if the product label, the training, and the local rules allow it, but a deep peel is a medical service and does not belong in this role. On deeper skin, the risk of post-inflammatory pigment and scarring rises with the strength of the acid. Do not improvise a stronger peel to chase a result. Do not combine a peel with a scrub, steam, and extraction in one visit. If the client wants a medical peel, refer. The referral is the safer service, and it protects the salon's reputation.

- 1. Do not use a coarse scrub, a stiff brush, or a strong exfoliating machine on pigment-prone skin.
- 2. Choose a mild enzyme or a soft cleanser for surface softening.
- 3. Use warm, brief steam only if the skin is not pigment-prone or reactive.
- 4. On type IV to VI pigment-prone skin, skip hot steam and use a warm compress instead.
- 5. Keep the compress to a minute or two and check the skin before continuing.
- 6. Choose a cooling or hydrating mask rather than a heat-generating one.
- 7. Do not combine a peel with a scrub, steam, and extraction in one visit.
- 8. Refer a request for a deep or medical peel instead of improvising a stronger mix.

Salon example

A client, Tasneem, has Fitzpatrick IV skin and melasma across her upper lip. She asks for a facial with a scrub, steam, and a brightening peel, because a friend had good results. The esthetician explains that the melasma is pigment, not dirt, and that heat and friction can make it darker. She offers a gentle cleanse, a mild enzyme on the forehead and nose only, a warm compress on the cheeks for one minute, and a cooling mask. She does not scrub or steam the upper lip. She finishes with moisturiser and sunscreen and suggests a dermatologist for the melasma. Tasneem is disappointed about the peel, but she agrees to the gentler service. At the next visit she says the skin feels calmer, and the melasma has not darkened. The esthetician records the plan, the areas avoided, and the referral, and asks Tasneem to bring the dermatologist's advice if she wants a peel later, and she explains that the referral is not a refusal of care but a different kind of care that can offer treatment the salon cannot offer safely.

CAUTION

The upper lip and cheeks are common melasma sites; do not scrub, steam, or peel them just because the rest of the face can take more.

Recognising a reaction and referring

Some redness after a facial is expected. A short flush after cleansing, extractions, or a mask is common and usually settles within an hour. What matters is the pattern. Normal redness is even, mild, and fading. A reaction is spreading, raised, warm, painful, or accompanied by swelling. On deeper skin, a reaction may look darker or purplish rather than bright red, and it may be easier to feel than to

see. Compare the area with the rest of the face and ask the client what they feel. If the answer is pain, heat, or tightness that is getting worse, stop and treat it as a reaction.

A burn from wax, steam, or a product can blister. A blister, a raw patch, or skin that peels in sheets is not a normal after-effect. Remove any remaining product with lukewarm water, cool the area with a clean cool compress, and do not apply ice directly. Do not apply a fragranced cream, an oil, or a home remedy. Give the client clear advice to see a doctor if the area is blistered, spreading, or painful, and record the product, the time, and the area. If the client has breathing trouble, swelling of the lips or throat, or a widespread rash, call for medical help at once. That is an emergency, not a salon problem.

Post-inflammatory marks are the slow reaction. They may appear days after a service, especially after an extraction, a wax, or a peel. The client may blame the product or the technique. Look at the pattern and the timing, and be honest about what you see without diagnosing. A dark mark that follows a squeezed lesion is likely post-inflammatory pigment. A patch that appears on the upper lip after sun exposure may be melasma. Both need sun protection and a longer plan. Do not promise that a cream will remove the mark in a week. Say weeks to months, and refer if the mark is spreading or changing.

Document the reaction and the advice. Write what product was used, where, for how long, and what the skin looked like before and after. Note the words you used and the referral you gave. If the client sees a doctor, ask them to share the outcome so that the salon can avoid the product in future. Do not argue about blame while the skin is inflamed. Calm the area, give the advice, and follow up the next day. A measured response often keeps the client even when the service caused a problem, and it gives the salon a record to learn from.

- 1. Compare the treated area with the surrounding skin and the other side of the face.
- 2. Ask whether the area feels hot, painful, tight, or itchy, rather than relying on colour.
- 3. Treat spreading redness, swelling, warmth, or a blister as a reaction, not a normal flush.
- 4. Remove any remaining product with lukewarm water and cool the area with a clean compress.
- 5. Do not apply ice directly, a fragranced cream, an oil, or a home remedy.
- 6. Send the client to a doctor for a blister, a spreading rash, or pain that worsens.
- 7. Call for medical help at once for breathing trouble, lip swelling, or a widespread rash.
- 8. Record the product, time, area, advice, and referral on the card and follow up the next day.

Salon example

A client, Deepa, has Fitzpatrick VI skin and a facial with a mild enzyme and a clay mask. That evening she sends a photograph: the cheeks are darker than before and slightly swollen, and she says they feel hot. The esthetician does not tell her to apply a cream or to wait a week. She asks her to cool the area with a clean cloth, avoid makeup, scrubs, and heat, and see a doctor the next morning because the swelling is spreading. She records the mask, the enzyme, the time on the skin, and the advice. The doctor treats it as an irritant reaction, and it settles in five days without a permanent mark. The esthetician removes that mask from the salon's menu for her and patch tests the enzyme before any future facial. She follows up on day two and day seven, and the client returns three months later for a patch-tested facial with no clay mask, a longer patch test, and a written plan for the next six months and a follow-up call after the first full week.

CAUTION

On deeper skin a reaction can look darker rather than red; ask about heat and pain, and treat spreading swelling as urgent.

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The Record Card and the Skin Look



What you write before you touch the skin

The record card is the memory of the service, and it starts before the first product touches the skin. Write the date, the client's name, the service booked, and the result the client asked for in their own words. Then write what you see: skin type, current condition, texture, pores, redness, flaking, and any lesion you will not treat. Add the products the client uses, the medicines that matter, the allergies, the last wax or peel, and the patch-test result. This is not paperwork for its own sake. It is what lets the next visit start with facts instead of a fresh guess.

A useful card has separate fields, not one long paragraph. Keep identity and contact details apart from clinical notes, so that a receptionist can find a phone number without reading about a client's acne. Keep the type in one field and the condition in another, because they change at different speeds. Keep the plan, the refusal, and the consent in a third block. If the salon uses a software system, the same separation applies. If it uses paper, use a printed form with boxes rather than a blank page, because a blank page invites a note that is too short to help anyone.

Write in plain language and keep it short enough to read in thirty seconds. 'Combination type, dehydrated cheeks, one open comedone on the nose, no wax on the upper lip because of a cold sore, client advised to see a doctor' is a complete note. Do not write a diagnosis, and do not use a medical term you cannot explain. Do not write an opinion about the client's habits in a way that would embarrass them if they read it. The client has a right to know what is recorded, and a note that is fair is easier to defend than a note that is clever.

Privacy is part of the record. Keep paper cards in a locked drawer or a closed cupboard, and keep digital records behind a password. Do not leave a card on the trolley where the next client can read it. Do not discuss one client's skin with another client, even as an example without a name. If a client asks to see their record, show it or explain the salon's process. At the end of the service, update the card with what you actually did, not only what you planned. A card written after the client leaves is a story; a card written during the service is evidence.

- 1. Write the date, the client's name, the service, and the result they asked for in their own words.
- 2. Record the skin type in one field and the current condition in another.
- 3. Note texture, pores, redness, flaking, and any lesion you will not treat.
- 4. List the products, medicines, allergies, last services, and patch-test result.
- 5. Write the plan, what you are skipping, and the reason in plain language.

- 6. Record the client's consent and any refusal in the client's presence.
- 7. Keep paper cards locked and digital records password-protected.
- 8. Update the card with what you actually did before the client leaves.

Salon example

A salon introduces a printed card after a complaint about a wax reaction. The card has boxes for type, condition, products, medicines, allergies, last service, patch test, plan, refusal, and consent. The estheticians grumble that it takes five minutes. Two months later, a client returns with redness on the upper lip and says the last esthetician used a new wax. The card shows the wax brand, the patch test date, the fact that the client had used a retinoid four days earlier, and the note that the esthetician had declined the lip and waxed only the chin. The conversation changes from blame to a plan: the client sees the note, understands the decision, and books a patch test for a later date. The five minutes at the chair saved an hour of argument and a client relationship. The salon keeps the printed card and adds a line for 'product batch' after that day, so a bad batch can be traced without relying on memory or a supplier email. The complaint becomes a record of a decision, and the client books the patch test without feeling accused.

CAUTION

If it is not on the card, it did not happen; a note written from memory after a complaint is worth very little.

Type versus condition on the card

Skin type is the baseline: oily, dry, combination, normal, or sensitive. It is set by genetics, hormones, and age, and it changes slowly. A client does not become a different type after a bad week, although the condition can change completely. Write the type once and review it occasionally, because it can shift with age, medication, or a long-term change in climate. The type tells you what the skin is likely to need over months: lighter hydration for oily skin, richer support for dry skin, and a cautious approach for sensitive skin. It does not tell you what to do today.

Condition is the current state: acne, dehydration, pigmentation, redness, sensitivity, or a reaction. It can change in days. A client who is oily can be dehydrated, and a client who is dry can have acne. A client with sensitive skin can have a calm day, and a client with normal skin can arrive with a rash. The condition is what decides the intensity of the service, the products you choose, and whether you treat at all. A card that records only the type is like a map that shows the city but not the weather, and it will lead you to the wrong service on the wrong day.

Observe in a consistent way. Cleanse first, use the same lamp or window light, ask the client to remove glasses, and compare one side of the face with the other. Look at the forehead, nose, cheeks, chin, and jawline in that order, and note what you see in each zone. Feel the skin lightly if the client agrees, but do not press on lesions. Ask about tightness, stinging, and itching, because the client feels what you cannot see. Write the observation and the client's words side by side. When they disagree, the disagreement is useful information, not a problem to settle.

Use the card to choose intensity at every visit. If the condition is calmer than last time, you may do a little more, but only within the limits of the type and the products. If the condition is more reactive, do less, even if the booking is for a full facial. Note the season, because the same client may need a different plan in a humid month and a dry one. Note a new medicine, a new product, or a recent illness. The card is not a label that follows the client forever; it is a living record that should make today's decision easier and safer.

- 1. Record the skin type once in its own field and review it when something long-term changes.
- 2. Record the current condition at every visit, even when the booking is the same.
- 3. Cleanse before observing, and use the same light each time.
- 4. Compare zones and compare one side of the face with the other.
- 5. Ask about tightness, stinging, and itching, and write the client's words.
- 6. Note the season, new products, new medicines, and recent illness.
- 7. Choose today's intensity from the condition, within the limits of the type.
- 8. Update the plan when the condition changes, rather than repeating the last service.

Salon example

A client, Ishaan, is recorded as oily type with acne. In June the card notes a congested T-zone and a plan with a clay mask. In December he returns with the same oily type but a different condition: his cheeks are flaky, his forehead is tight, and he has been using a strong foaming wash twice a day. The esthetician does not repeat the clay mask. She records the condition as dehydrated with mild irritation and changes the plan to a mild cleanser, a short warm compress, a hydrating mask, and a non-comedogenic moisturiser. She asks him to stop the foaming wash for two weeks. The card shows both visits side by side, so the change is visible. Ishaan returns in January with less flaking, and the plan moves back toward a gentle clean-up rather than a drying mask, and the card shows that the change was based on what was seen, not on a seasonal menu, and it is signed by the esthetician who made the change, which matters when two estheticians share the same client and a busy Saturday.

CAUTION

Do not let an old type entry decide a new condition; the card is there to show change, not to freeze the client.

The cold sore, the mole, and why you stop

A cold sore is a viral infection that often starts with tingling or burning at the edge of the lip. A cluster of small blisters appears on a red base, then breaks and crusts. It is contagious from the first tingle until the crust has healed, and it can spread to the eyes, to other parts of the face, and to another person through a towel or a hand. On the record card, write what you saw and where, not a diagnosis. 'Cluster of blisters at the right corner of the mouth, client says it started two days ago, service declined' is enough. Then reschedule the service and clean anything that may have touched the area.

A mole or a mark that has changed is the second stop sign. Look for a spot that has grown, has an irregular edge, has more than one colour, or bleeds without being scratched. A new dark spot in an older client deserves attention. You are not expected to name it. Say that it has changed or that it does not look like the surrounding skin, and that a doctor should see it. Do not wax, scrub, or apply a strong product over it. Record the location, the date, and the advice. If the client returns and the spot has changed again, the note gives the doctor a helpful timeline.

The reason to stop is not only the client's safety; it is also the safety of the next client. A cold sore can travel on a towel, a thread, a wax stick, or a hand. A mole that is bleeding can transfer blood to a tool. A changing lesion may be something that a salon should not disturb at all. Stopping protects the person in the chair, the person who comes after, and you. It also protects the salon from a complaint that would be difficult to answer. A lost booking is a small cost compared with a spread infection or a delayed diagnosis.

The script is short and calm. 'I can see a cold sore at the corner of your mouth. I cannot treat that area while it is active because it can spread. Let us book you for after it has healed.' For a changing mole: 'This spot has changed since I last saw you, and I do not treat marks like this. Please have a doctor look at it.' Do not add a diagnosis or a scary story. Write the refusal, the advice, and the date. If the client insists, repeat the limit once and stop. A boundary stated once is professional; a boundary argued five times is a risk.

- 1. Look at the lip edge and the surrounding skin before starting any facial, wax, or threading service.
- 2. Ask whether a spot began with tingling or burning, which is common before a cold sore.
- 3. Do not touch, wax, thread, or apply product over an active cold sore.
- 4. Reschedule the service for after the area has healed, and clean anything that may have touched it.
- 5. Check moles for change in size, shape, colour, or bleeding, and do not treat them.
- 6. Say what you see and what you will not do, without naming a diagnosis.
- 7. Record the location, the date, the refusal, and the advice to see a doctor.
- 8. Repeat the limit once if the client insists, then stop the conversation.

Salon example

A regular client, Mohan, comes for a beard trim and a facial. The esthetician notices a new dark spot on his cheekbone, about the size of a small pea, with an uneven edge. Mohan says it appeared a few months ago and sometimes catches on his razor. The esthetician does not wax or exfoliate the area. He explains that the spot has changed and that he does not treat marks like this, and suggests a dermatologist. Mohan is not worried, but he agrees to book the doctor. The esthetician records the location, the size as he sees it, the date, and the advice, and he avoids the cheek during the facial. Three weeks later Mohan returns with a note from the doctor, who has removed the spot and asked him to avoid waxing the area while it heals. The card makes the follow-up easy, and the esthetician adds a note that the area is healing and should not be waxed for the period the doctor advised, so the next booking does not undo the doctor's work. Mohan also tells the esthetician that the doctor asked whether the spot had been waxed, and the card answers the question without guesswork.

CAUTION

A new or changing dark spot is not a candidate for a facial; note it, avoid it, and send the client to a doctor.

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Facial Massage and Its Limits



Effleurage direction and pressure

Effleurage is a gliding movement, the first massage stroke most clients recognise. On the face it is used to relax the muscles, spread a light oil or serum, and give the client a sense of care. The direction is upward and outward on the face, following the cheek toward the temple and the forehead toward the hairline. On the neck, the glide moves downward toward the collarbone, and on the shoulders it moves outward. The direction is not a magic route for waste; it is a comfortable direction for the client and a respectful one for the skin. Do not drag the skin downward on the face, because it feels wrong and pulls the tissue.

Pressure should be light enough that the skin moves with the hand rather than stretching under it. Use the pads of the fingers or the palms, not the fingertips digging in. Keep the contact continuous and the speed slow. Three to five passes over each area are enough for a salon facial. More passes do not add a result; they add redness. If the client wants a stronger massage, explain that the face has little padding and that deep pressure can irritate the skin and the sinuses. A firm neck and shoulder glide is often more satisfying than a hard face massage.

The eyes and the lips need their own care. Work around the eye with the ring finger and very light pressure, or skip the eye area entirely. Do not press on the eyeball, the inner corner, or the lid margin. Around the lips, use a light circular glide and avoid pulling the skin. If the client has a beard, work with the direction of the hair or skip the area. If the client wears contact lenses, ask them to remove them or keep the eye area out of the massage. These small choices prevent the most common complaints: stinging eyes and tender skin.

The massage ends with the skin calm, not flushed. Remove the remaining oil or serum with a soft tissue or a warm damp cloth, then apply the mask or moisturiser according to the plan. Ask the client how the pressure felt. Some clients want almost nothing, and some want more on the neck and shoulders. Record the preference on the card. A massage that respects the client's comfort is a service; a massage that follows a fixed routine regardless of the face is a performance. The best pressure is the one the client would ask for again, and the best routine is the one that changes when the face does.

- 1. Ask about contact lens use, recent wax or peel, and any tender area before you start.
- 2. Warm a small amount of product between the palms so the glide is smooth.
- 3. Glide upward and outward on the face, toward the temple and the hairline.
- 4. Glide downward on the neck toward the collarbone and outward on the shoulders.

- 5. Use the pads of the fingers or the palms, never the fingertips digging in.
- 6. Keep the pressure light enough that the skin moves with the hand, not under it.
- 7. Make three to five slow passes per area and avoid the eyeball and lid margin.
- 8. Remove the excess product, ask about the pressure, and record the preference.

Salon example

A client, Devika, books a facial for relaxation after a difficult month. She has normal skin with no active lesions, and she asks for a long massage. The esthetician cleanses, looks, and confirms that the skin is intact. She uses a light oil and begins with the neck, gliding downward toward the collarbone, then the shoulders outward. On the face she works upward and outward, using the pads of her fingers and keeping the pressure light. Devika asks for more pressure on the jaw, where she holds tension. The esthetician explains that the face has little padding and offers firmer work on the neck and shoulders instead. Devika agrees and says the neck work is the part she needed. The massage ends after ten minutes, the oil is removed, and a hydrating mask follows. Devika books the same plan for the next month. The esthetician notes the neck work and the light facial pressure, so the next visit does not start with a conversation about strength or fear of a heavy hand. The note also says that the eye area was skipped at the client's request.

CAUTION

Facial pressure is not a test of strength; if the skin stretches or the client holds their breath, the pressure is too firm.

When to skip massage

Active acne is the first reason to skip. Massage over pustules, papules, or cysts can spread inflammation, rupture a lesion, and push material into the surrounding tissue. It can also transfer bacteria from one area to another through the hands and the product. If the client has a few small whiteheads, work around them or skip the massage entirely. If the acne is widespread or cystic, do not massage the face. A gentle cleanse, a cool compress, and a calming mask are safer. The client may have booked for relaxation, but the skin's condition decides what the hands can do.

Rosacea-type redness, broken skin, and sunburn are also reasons to skip. Massage increases blood flow, which can make flushing worse and leave the skin hot and uncomfortable. Broken skin, a scratch, a fresh extraction site, or a healing cold sore should not be rubbed. Sunburned skin is inflamed and dry, and massage can increase the pain and the peeling. If the skin is warm to the touch or the client reports stinging, stop the massage and choose a cooling step instead. A cool compress and a light moisturiser are kinder than a stroke that the skin is not ready for.

Recent treatments change the rules. After a peel, a wax, a laser session, or a strong exfoliation, the surface may be fragile for days. Massage can lift the skin, spread product into a raw area, or increase redness. A client on isotretinoin may have thin, slow-healing skin, and a client on a prescription retinoid may be peeling. In pregnancy, avoid long periods lying flat on the back and keep the service cool and short. If you are unsure whether the skin can take massage, skip it. There is no massage

emergency that requires you to proceed, and a client who is disappointed today is easier to manage than skin that reacts tonight.

When you skip, say so and offer an alternative. 'I am not going to massage today because the skin is active, but I can do a cool compress and a calming mask.' The client should not feel that the service was reduced without a reason. Record the decision and the alternative on the card. If the client insists, explain once that massage over active acne can spread inflammation, then let them choose the safe service. Do not let a request for relaxation override a skin that is inflamed. The next visit, when the skin is calm, can include the massage.

- 1. Look for pustules, papules, cysts, and widespread acne before planning a massage.
- 2. Skip massage over active acne, and work around a single small whitehead or leave it alone.
- 3. Skip massage on rosacea-type redness, broken skin, a scratch, or a healing cold sore.
- 4. Skip massage on sunburned or hot, stinging skin, and use a cool compress instead.
- 5. Skip massage after a peel, wax, laser session, or strong exfoliation until the skin has settled.
- 6. Be cautious with a client on isotretinoin or a prescription retinoid, and keep the service gentle.
- 7. In pregnancy, avoid long lying flat on the back and keep the service cool and short.
- 8. Say why you are skipping, offer a safe alternative, and record the decision.

Salon example

A client, Arjun, comes for a facial before a presentation. He has oily skin and several inflamed papules on his cheeks, some with a red halo. He asks for a massage because he wants to relax. The esthetician looks, explains that massage over the active spots could spread the inflammation and make the redness worse, and offers a gentle cleanse, a cool compress, and a calming mask instead. Arjun is disappointed, because he booked the facial for the relaxation. The esthetician offers a neck and shoulder massage, where the skin is intact, and keeps the face work light and away from the lesions. Arjun accepts, and the neck work gives him the calm he wanted. The esthetician records the active acne, the avoided areas, and the alternative, and suggests a dermatologist if the papules persist. Arjun admits that the neck work was the part he needed, and he books a shorter facial with the same limits for the week after the presentation, when the redness has settled and after a patch test on the jawline, because the skin reacted to a new product earlier in the year.

CAUTION

A request for relaxation does not make an inflamed face safe to massage; move the work to the neck and shoulders instead.

What a facial massage can and cannot claim

A facial massage can help a client relax, soften the look of the skin, and make the face feel less tight. It can spread a product evenly and give the client a sense of being cared for, which is a real part of a salon service. It can also reduce the feeling of tension in the jaw and the neck for a short time. Those

are modest, honest benefits. They do not need to be dressed up as a medical result. A client who leaves feeling calmer and looking rested has received a good massage, even if the skin's underlying condition has not changed.

A facial massage cannot drain toxins. The body does that through the liver and the kidneys, and the lymphatic system does not need a salon stroke to work. A massage can move fluid for a short time, which may reduce puffiness, but the effect is temporary and is not a detox. A massage cannot cure acne, remove pigmentation, erase a scar, or permanently lift the face. It cannot make a dark mark fade in one session. It cannot replace sunscreen, a prescription, or a doctor's care. Saying this protects the client from false hope and protects you from a claim you cannot support.

The script is simple. 'This massage is for relaxation and comfort. It can help the face feel less tight and look rested for a while. It does not remove toxins, cure acne, or change pigmentation.' If the client asks about lifting, say that the effect is temporary and that the skin's support comes from its own structure. If the client asks about detox, say that the body handles that and that the massage is not a medical treatment. Do not use the word detox on the menu, the bill, or the card. Do not promise a result that a photograph a week later would contradict.

Consent matters for massage more than for many services, because touch is personal. Ask before you begin, explain what you will do, and check during the service. A client may not want the neck, the jaw, or the eye area touched. Respect that without asking for a reason. Record the preference and any area you avoided. If the client has a medical condition that affects the skin or the circulation, ask them to check with their doctor before a longer massage. A calm, honest massage with clear limits is a better service than an ambitious one with a claim that cannot be kept.

- 1. Ask for consent before the massage and explain which areas you plan to work on.
- 2. State that the purpose is relaxation and comfort, not a medical treatment.
- 3. Do not claim that massage drains toxins, detoxifies, or cleans the body.
- 4. Do not claim that massage cures acne, removes pigment, or permanently lifts the face.
- 5. Say that any reduction in puffiness or tightness is temporary.
- 6. Check during the service and adjust pressure or skip an area on request.
- 7. Ask a client with a relevant medical condition to check with their doctor before a long massage.
- 8. Record the areas worked, the pressure, and any preference on the card.

Salon example

A client, Sapna, asks for a facial massage because she read that it drains toxins and lifts the face. The esthetician explains that the massage can help her relax and can make the face look rested for a short time, but it does not drain toxins, and it will not permanently lift the skin. Sapna is surprised, because a previous salon promised a sculpted result. The esthetician shows her the plan: a light effleurage on the face, firmer work on the neck and shoulders, and a cooling mask. She asks about consent for the neck and the jaw, and Sapna agrees. After the service, Sapna says her face feels less tight and her neck feels better. The esthetician gives her a card that describes the service honestly and does not use the word detox. Sapna books again for the relaxation, not for a promise. The card describes the service in plain words, and the menu is changed the following week to remove the detox language from every facial, and the estheticians agree to use the same explanation at the chair.

CAUTION

Do not put the word detox on a menu or a card; the body clears waste without a facial, and the claim invites a complaint.

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The Waxing Map and the First 48 Hours



Brow, lip, and chin: direction, hold, and a light touch

The brow is a small area with thin skin, and it is the place where a rushed strip shows most. Work out the direction of hair growth first, because it changes across the brow: the inner hairs often lift upward and outward, the arch hairs may grow outward, and the tail hairs may grow downward. Apply the wax in the direction you find, press the strip firmly, and remove against the growth, close to the skin. Hold the skin taut above the brow with one hand. Do not let the strip touch the eyelid. If the brow is sparse, use a smaller strip or thread the area instead of waxing.

The upper lip has thin skin and a strong nerve supply, so it feels more painful than its size suggests. The hair usually grows downward and outward from the centre. Apply a narrow strip in that direction, hold the skin taut at the corner of the mouth, and remove against the growth with a quick, controlled movement. Press the skin immediately. Do not wax over a cold sore, a broken corner of the mouth, or a patch of peeling skin. If the client has a moustache of fine dark hair, a strip may remove it, but the skin can look red for an hour. Say that before you begin, especially before a photograph.

Chin hair can grow in several directions, especially when it is hormonal. Map the area with a clean finger or a cotton swab before you apply wax, and work in small sections rather than one large strip. Hold the jaw skin taut and ask the client to keep the tongue still if you are working near the lower lip. Do not wax over a cyst, a nodule, or a patch of inflamed skin. If the hair is dense and coarse, trim it first to about half a centimetre. If the client has recurring chin hair and a hormonal condition, the salon can help with temporary removal, but the cause needs a doctor.

After the wax, clean the residue with the product's remover, apply a soothing lotion, and check the area in the mirror with the client. Tell them that redness and small bumps around the follicles are common for a few hours. No makeup on the area for a few hours if the skin is red, no scrub or retinoid that night, and no sun today. If the skin lifts or a blister appears, stop and treat it as a reaction. Record the direction of growth, the products, and any sensitivity. The next visit can then use the same map and avoid the same tender spot.

- 1. Map the direction of hair growth on the brow, lip, and chin before applying wax.
- 2. Check the hair length; about half a centimetre is needed for a clean lift.
- 3. Hold the skin taut with a flat hand, and keep the strip off the eyelid.
- 4. Apply a narrow strip in the direction of growth and press it down firmly.
- 5. Remove against the growth, close to the skin and parallel to it.

- 6. Press the skin immediately after removal and work in small sections.
- 7. Do not wax over a cold sore, broken skin, a cyst, or a patch of peeling skin.
- 8. Clean the residue, soothe the area, and record the map and any reaction.

Salon example

A client, Nandini, wants her brows, upper lip, and chin waxed before a family portrait. Her brow hair grows in three directions, her upper lip is sensitive, and she has two coarse hairs on the chin. The esthetician maps the brow with a cotton swab, uses three small strips on each side, and holds the skin above the brow. She uses a narrow strip on the lip, holds the corner of the mouth, and removes quickly. On the chin she finds the hairs growing downward and uses a small strip, avoiding a small raised bump that she suspects is a blocked follicle. After the wax she cleans the residue, applies a soothing lotion, and shows Nandini the result in the mirror. She gives a card that says no makeup for a few hours, no scrub or retinoid that night, and no sun today. Nandini's skin is pink for an hour and calm by the evening. The esthetician records the three growth directions and the bump, so the next visit starts with the map already made, and Nandini asks for the same three-strip method next time.

CAUTION

The brow and lip are thin-skinned areas; a strip that is too wide or a pull that is too slow will take skin with the hair.

Underarm, leg, and bikini line at salon-modesty level

The underarm is a curved, sensitive area with hair that grows in several directions. Ask the client to raise the arm and rest the hand behind the head, then hold the skin taut at the front of the fold. Work in small strips, following the direction you find, and remove against the growth. Do not apply wax to broken skin, a rash, or a fresh deodorant burn. Clean the area first and powder lightly if it is damp. After the wax, do not apply deodorant for the rest of the day, and tell the client that redness and tenderness are common. If the skin lifts, stop and treat it as a reaction.

The leg is easier, but it is not a single direction. Hair on the shin usually grows downward, the knee hair may swirl, and the ankle hair can grow in several directions. Work in sections, keep the strips small enough to control, and hold the skin below the strip. On the knee, ask the client to bend the leg slightly so the skin is not stretched too tight. On the ankle, use smaller strips and a lighter pull. Do not wax over a varicose vein, a recent scar, or a bruise. If the hair is long, trim it first. The client should leave with a calm leg, not a red map of the salon's hurry.

The bikini line is a service that requires modesty, consent, and a clear boundary. Keep to the line the client has agreed to, explain what you will do before you start, and use proper draping so that only the area being treated is exposed. Ask the client to position themselves, rather than moving the drape yourself beyond what is needed. A salon that offers this service should have trained staff and a private room. Do not photograph the area, do not allow anyone else in the room without consent, and do not

extend the service beyond the agreed line because the client says it is fine in the moment. The consent is for the service described, not for a surprise.

After any body wax, the aftercare is the same set of limits. No sun on the area today, no pool, no sauna, no hot bath, no tight clothing, and no fragranced lotion or deodorant on the treated skin. No retinoid or strong acid that night, and no scrub for forty-eight hours. Keep the area clean and moisturised with a plain product. If the client has an event the next day, say that redness may still be visible. Record the area, the direction, the products, and any lifting. A client who understands the first forty-eight hours is less likely to return with a problem that could have been prevented.

- 1. Explain the area and the boundary before the client undresses, and get consent for that service only.
- 2. Use proper draping and expose only the area being treated.
- 3. For the underarm, ask the client to raise the arm and hold the skin taut at the fold.
- 4. For the leg, work in sections and follow the direction of growth at the shin, knee, and ankle.
- 5. Do not wax over a varicose vein, a recent scar, a bruise, or broken skin.
- 6. Keep the bikini-line service to the agreed line and do not extend it without a new conversation.
- 7. Clean the residue, apply a soothing lotion, and advise no deodorant or tight clothing that day.
- 8. Record the area, the direction, the products, and any lifting or reaction.

Salon example

A client, Anjali, books an underarm, half-leg, and bikini-line wax before a holiday. The esthetician explains the bikini-line boundary before the client changes, shows her the drape, and confirms that only the line will be treated. Anjali agrees. The underarm hair grows in two directions, so the esthetician uses two small strips on each side and holds the fold. The leg is waxed in sections, with a smaller strip at the ankle. At the bikini line, the esthetician keeps to the agreed line, asks Anjali to adjust her own position, and does not move the drape further than needed. After the service she cleans the residue, applies a soothing lotion, and gives a card that says no pool, no sun, no tight clothing, and no deodorant that day. Anjali admits she planned to swim that evening, and the esthetician explains why the pool can irritate freshly waxed skin. Anjali changes her plan. The esthetician records the boundary, the drape, and the advice, and asks her to call if the line becomes hot or swollen, and to avoid the pool for the first day as discussed.

CAUTION

The bikini-line consent covers the line you described, not a wider area; a new boundary needs a new conversation and a new yes.

The first 48 hours: no sun, no pool, no retinoid that night

The first forty-eight hours after a wax are when the skin is most reactive. The follicles are open, the surface is warm, and the barrier is temporarily disturbed. Sun exposure can cause a dark mark on freshly waxed skin, especially on the face and the bikini line. A swimming pool can irritate the skin and

introduce bacteria. A sauna, a steam room, or a hot bath increases blood flow and makes redness worse. Tight clothing rubs the area and can cause folliculitis. Fragranced lotion or deodorant can sting. Tell the client all of this before they leave, and put the most important lines on a card.

Retinoids and strong acids are a separate rule. No retinoid or strong acid on the treated area that night, and no scrub or exfoliating mitt for forty-eight hours. The skin is already exfoliated by the wax, and a second exfoliation can leave it raw. If the client uses a prescription retinoid, remind them to keep it away from the area for the pause their doctor recommends. If the client has a peel booked, it should not be on the same area in the same week. A client who understands the reason is more likely to follow the rule than one who is simply told no.

Normal redness after a wax is even, mild, and fading. Small bumps around the follicles are common and usually settle within a day. A burn is different: it is painful, hot, blistered, or spreading, and it may appear as a dark or raw patch on deeper skin. Folliculitis can appear as small pus-filled bumps a day or two later, sometimes with itching. Irritation from clothing or product is usually a red, itchy patch in the shape of the contact. If the client sends a photograph, look at the pattern and the timing, and do not guess a diagnosis. A burn, a spreading rash, or a painful area needs a doctor.

Give the client a way to reach the salon and a clear reason to use it. 'Call us if the redness spreads, if a blister appears, or if the area is painful tomorrow.' Record the advice and the client's understanding. Follow up the next day for a first-time wax or a client with a reaction history. If a reaction occurs, note the product, the area, and the timing, and do not repeat the same product. The forty-eight hour window is not a marketing line; it is the period in which a small problem can be caught before it becomes a complaint or a scar.

- 1. Tell the client no sun on the area today, and recommend a hat and sunscreen for exposed skin.
- 2. Tell the client no pool, sea swim, sauna, steam, or hot bath on the day of the wax.
- 3. Advise loose clothing and no tight straps or waistbands over the treated area.
- 4. Advise no deodorant, fragranced lotion, or perfume on the area for the rest of the day.
- 5. Advise no retinoid or strong acid on the area that night and no scrub for forty-eight hours.
- 6. Explain that even redness and small follicle bumps are common, and that they should settle.
- 7. Tell the client to call if redness spreads, a blister appears, or pain worsens.
- 8. Record the advice, follow up the next day for a first-time or reactive client, and note any reaction.

Salon example

A first-time wax client, Kunal, has his chest and stomach waxed before a beach trip. The esthetician explains the first forty-eight hours: no sea swim that day, no sun on the chest, no hot shower, no tight T-shirt, and no retinoid or scrub on the area. Kunal says he planned to swim the next morning, and the esthetician explains that the sea and the sun can irritate freshly waxed skin and leave dark marks. He agrees to swim on the second day with a shirt and sunscreen. That evening he sends a photograph of small red bumps around the follicles. The esthetician asks whether the area is hot or painful, and when he says it is only itchy, she advises a cool compress, a plain moisturiser, and no scratching. The bumps settle in a day. She records the reaction and the advice, and at the next wax she uses a soothing lotion and a shorter session, with a patch test on a small area before the full chest, because his skin reacted to a new soap the month before, and the test is calm.

CAUTION

A pool or a sea swim on the day of a wax is not a small indulgence; salt, chlorine, and sun can turn a calm area into a rash or a dark mark.

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The Aftercare Card



The English lines the client takes home

The aftercare card is the part of the service the client uses when you are no longer there. It should be short, readable, and specific to what was done. A card with ten warnings is a card nobody reads. Choose the lines that apply to this service, write them in plain English, and say them out loud as you hand the card over. The client should be able to look at it that evening and know what to avoid and when to call. If the salon serves clients who read Hindi more comfortably, provide a Hindi version or explain each line in Hindi. The card is a safety instruction, not a souvenir.

The core lines are simple. No sun on the treated area today; if you must go out, wear a hat and sunscreen of at least thirty. No sauna, steam, hot bath, or pool today. No retinoid or strong acid on the area tonight. No scrub or face pack for forty-eight hours. Keep makeup off the treated area for a few hours if the skin is red. Use a gentle moisturiser tonight. Do not pick or squeeze the treated area. Call the salon if redness spreads, swells, or does not settle by tomorrow. Each line is one sentence, and each one has a reason the esthetician can explain in a few words.

Not every line belongs on every card. A brow threading client does not need the pool warning unless the service also included a body wax. A facial client does not need the no-deodorant line. A client who had a patch test only needs the result, the date, and the instruction to return. Choose by the service and the skin, not by habit. If the client has a reaction history, add the specific product to avoid and the number to call. If the client is going on holiday, add the sun and pool lines even if the service was small. The card should feel written for this person, not pulled from a stack.

Hand over the card at the end, not at the start when the client is still settling. Read the two most important lines aloud and ask the client to repeat them back. If the client cannot read, explain the lines and mark the card with simple symbols or a short number of steps. Record on the client card that the aftercare was given and which version. A client who has been told, shown, and given the instruction in writing is far less likely to return with a preventable problem. The extra minute is part of the service, not an addition to it.

- 1. Choose the lines that apply to the service and the skin, not the whole list.
- 2. Write or print them in plain English, one sentence per line.
- 3. Read the two most important lines aloud as you hand the card over.
- 4. Ask the client to repeat the lines back, or explain them if reading is difficult.
- 5. Add the salon number and the name of the esthetician.

- 6. Add any product to avoid if the client has a reaction history.
- 7. Record on the client card that the aftercare was given.
- 8. Keep a Hindi version or explain each line in Hindi when needed.

Salon example

A salon prints its aftercare card with eight lines on one side and the salon number on the other. The card is given after every facial and wax, but the esthetician circles the lines that apply. For a facial client with sensitive skin, she circles no sun, no scrub, no retinoid that night, moisturise, and call if redness spreads. She crosses out the pool line because no body wax was done. She reads the no-retinoid line aloud and asks the client what she uses at home. The client mentions a retinol cream, and the esthetician adds a handwritten note: keep it off the face tonight and for two more nights. The client repeats the instruction and puts the card in her bag. Two days later she messages to say the skin is calm and asks whether she can restart the retinol. The esthetician checks the card, confirms the dates, and says yes. The card is filed with the facial notes and the retinol pause is written next to the date, so a different esthetician can answer the same question without guessing.

CAUTION

A card that lists everything warns about nothing; circle the lines that apply and say the most important one aloud.

SPF next morning and every morning after

Sunscreen is the most useful product a client can use after a facial, a wax, or a peel. Ultraviolet light darkens existing pigment and triggers new marks, especially on Fitzpatrick IV to VI skin. It also slows the fading of post-inflammatory marks. The morning after a service is the first test: the skin may still be sensitive, and the client may be in a hurry. Put sunscreen on the card as a morning instruction, not a general suggestion. 'SPF 30 or higher tomorrow morning, and every morning after' is specific enough to follow. If the service was on the body, the same rule applies to exposed skin.

The amount matters as much as the number. For the face and neck, use about two finger lengths of product, or the amount that covers the face comfortably without being rubbed in too thin. Most clients use far less than the label's tested amount, which means the real protection is lower than the number on the bottle. Apply before leaving the house, and reapply every few hours if the client is outdoors or near a window for a long time. Do not forget the ears, the sides of the neck, the hairline, and the upper lip, which are common sites for sun damage and pigment.

A hat and shade do work that sunscreen cannot. A wide brim covers the cheeks and the nose, and a scarf or a cap protects the part line. Window glass blocks some ultraviolet light but not all, so a client who works beside a window still needs sunscreen. Cloud cover does not remove the risk. A client who is outdoors between late morning and early afternoon needs more protection, not less. Say these things in one or two sentences, not a lecture. The card can carry the short version: sunscreen, hat, shade, reapply, and the client can keep that much in mind without a lecture.

Product choice should suit the skin and the budget without making a medical claim. A broad-spectrum sunscreen of at least thirty is enough for most daily use. A tinted product can help with the look of pigmentation, but it is not a treatment. Do not promise that sunscreen will remove a mark; it prevents new damage and protects the fading that the skin does on its own. If the client cannot tolerate a cream, suggest a stick or a gel that the label allows for the face. Patch test a new product if the skin is reactive. Record the recommendation and the client's preference so the next visit does not repeat the same conversation.

- 1. Put sunscreen on the card as a morning instruction, not a general suggestion.
- 2. Recommend a broad-spectrum SPF of at least thirty for daily use.
- 3. Show the client the two-finger length for the face and neck.
- 4. Remind them to cover the ears, hairline, sides of the neck, and upper lip.
- 5. Advise reapplying every few hours outdoors or beside a window.
- 6. Recommend a hat and shade as extra protection, not a replacement.
- 7. Do not promise that sunscreen removes pigmentation; it protects and prevents.
- 8. Record the recommendation and the client's preference on the card.

Salon example

A client, Meenakshi, has a facial with extractions and a mild enzyme. She is Fitzpatrick V and has old dark marks on her cheeks. The esthetician gives her the aftercare card and shows her the sunscreen line. Meenakshi says she uses a moisturiser with SPF fifteen and thinks that is enough. The esthetician explains that the tested amount matters and that fifteen is low for skin that marks easily. She shows her the two-finger length and suggests a broad-spectrum thirty that feels light. Meenakshi is worried about a white cast, so the esthetician suggests a tinted version and patch tests it on her jaw. The test is calm. On the card she writes the product name, the amount, and the instruction to reapply if she is outdoors. Meenakshi uses it for a month and returns with fewer new marks, not because the sunscreen erased the old ones, but because it stopped the new ones. The esthetician notes the product and the amount on the card so the next recommendation is consistent and the client does not have to explain her skin again.

CAUTION

A high number rubbed in too thin is not the protection on the label; show the amount, not only the SPF.

Normal redness versus a burn that needs a doctor

Normal redness after a facial, wax, or threading is usually even, mild, and short. It may last from a few minutes to a couple of hours, and it fades without treatment. The skin may feel warm or slightly tight, and small bumps around the follicles can appear after a wax. On deeper skin, the redness may look darker or purplish rather than pink, so compare the area with the surrounding skin and ask how it feels. If the client is comfortable and the redness is fading, the service went as expected. If the redness is spreading, raised, or painful, it is not normal.

A burn has a different pattern. It may blister, weep, or form a raw patch. It is often painful rather than tender, and the pain may increase over the first few hours. The area may be hot to the touch and may spread beyond the area that was treated. A burn from wax can appear as a strip of missing surface skin; a burn from a product can appear as a red, swollen patch with a sharp edge. On deeper skin, a burn may look darker or ashen rather than bright red. Do not rely on colour alone; ask about pain, heat, and whether the area is getting worse.

First aid is simple and should be calm. Remove any remaining product with lukewarm water. Cool the area with a clean cool compress for short periods, and do not apply ice directly. Do not apply butter, oil, toothpaste, turmeric, or a fragranced cream. Do not pop a blister. If the area is blistered, spreading, or very painful, send the client to a doctor. If the client has swelling of the lips or throat, a widespread rash, or difficulty breathing, call for medical help at once. Those are emergency signs, not a reason to try another product. Record what you used, how long it was on the skin, and what you advised.

After the immediate care, review the service. Was the wax too hot? Was the product left on longer than the label? Did the client use a retinoid that was not declared? Was the skin already compromised? Write the answers on the card and change the salon's routine if needed. Follow up the next day and again after a week. If the client sees a doctor, ask for the outcome and record it, without pressuring them. A burn is a serious event, and the response should be an investigation, not a defence. The goal is to prevent the next one, not to win the conversation about the last one.

- 1. Compare the redness with the surrounding skin and ask whether it is painful or hot.
- 2. Treat even, mild redness that is fading as a normal after-effect.
- 3. Treat spreading redness, swelling, blistering, or increasing pain as a burn or reaction.
- 4. Remove any remaining product with lukewarm water.
- 5. Cool the area with a clean cool compress, and do not apply ice directly.
- 6. Do not apply butter, oil, toothpaste, turmeric, or a fragranced cream, and do not pop a blister.
- 7. Send the client to a doctor for a blister, a spreading rash, or severe pain; call emergency help for breathing trouble.
- 8. Record the product, the time, the advice, and the follow-up, and review the service.

Salon example

A client, Rakesh, has his upper lip waxed before a wedding. The wax was reheated twice, and the esthetician tested it on her wrist but did not wait for the pot to cool fully after the second reheat. Within an hour Rakesh sends a photograph: a raw strip above the lip, with a small blister at one end, and he says it is painful. The esthetician does not tell him to apply a cream. She asks him to cool the area with a clean compress, keep it clean, and see a doctor that day because it is blistered. She records the wax, the reheat, the time, and the advice, and she tells the salon manager. The doctor treats it as a superficial burn and advises no sun and no wax until it heals. The salon changes its rule: after a reheat, the pot must cool and the wrist test must be repeated before any client. The esthetician follows up on day two and day seven, and Rakesh heals without a scar. The manager adds a cooling check to the opening routine and tells both estheticians that a reheat resets the temperature test.

CAUTION

A blister, a raw strip, or pain that increases is not a normal wax reaction; cool it, send the client to a doctor, and record the product and the timing.

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Glossary

Barrier

The outer layer of skin and its oils, which keeps water in and irritants out.

Comedone

A blocked pore; open comedones are dark at the surface, closed ones are skin-coloured bumps.

Cyst

A deep, closed sac under the skin that should not be squeezed in a salon.

Detan

A cosmetic treatment that temporarily reduces the look of surface sun discolouration.

Double-dipping

Returning a used spatula or stick to a shared wax pot, which contaminates it.

Fitzpatrick scale

A scale from I to VI describing how skin responds to ultraviolet light.

Hyperpigmentation

Extra colour in the skin, often appearing as a dark mark after injury or inflammation.

Isotretinoin

An oral prescription medicine for severe acne that makes skin fragile and slow to heal.

Melasma

Patchy brown or grey-brown pigmentation, often on the cheeks, forehead, and upper lip.

Milia

Small, firm white cysts with no opening, which should not be dug out in a salon.

Patch test

A small trial application on the skin to check for a reaction before a full treatment.

Retinoid

A vitamin A derivative used for acne, pigmentation, or ageing; it makes skin more fragile.

Sebum

Oil produced by the skin's sebaceous glands.

SPF

Sun protection factor, a measure of how well a sunscreen blocks ultraviolet B rays.

Taut skin

Skin held firm and flat so wax or thread pulls hair rather than tearing the surface.

Threading

Hair removal using a twisted cotton thread to trap and lift hair.

Tolerance

How much exfoliation, heat, or product a particular skin can take without reacting.

Wrist test

Testing wax temperature on the inner wrist before applying it to a client.

Effleurage

A light gliding massage stroke used on the face and neck, always in a direction the skin can tolerate.

Aftercare card

A short written set of instructions given to the client at the end of a service.

Cold sore

A contagious cluster of small blisters, usually at the lip edge, that must heal before a salon service.

Consent

A clear yes to a named service after the client has heard what will be done and what will be skipped.

Folliculitis

Inflammation of the hair follicles, sometimes with small pus-filled bumps after hair removal.

Post-inflammatory hyperpigmentation

A dark mark left after inflammation or injury, common on Fitzpatrick IV to VI skin.

Record card

The written history of the client, the skin look, the plan, the products, and any refusal.

Taut skin

Skin held flat and firm with a flat hand so that wax or thread lifts hair without tearing the surface.

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