

SARAH VAUGHTER
WWW.OWNDOC.COM



DERMANEEDLING INSTRUCTIONS



Latest version:

<http://dermaroller.owndoc.com/dermaroller-instructions.pdf>



DERMANEEDLING INSTRUCTIONS



SARAH VAUGHTER
WWW.OWNDOC.COM

CONTENTS

GENERAL SAFETY RULES	4
ROLLING/STAMPING FREQUENCY	6
NEEDLING INSTRUMENT, NEEDLE LENGTH AND PRODUCT GUIDE	7
Acne scars	8
Enlarged pores	9
Wrinkles	10
Uneven skin texture and skin tone with no scars	11
Stretch marks	11
Long surgical scars or other long scars (<i>tummy tuck, cesarean etc.</i>)	12
Short surgical scars or other short scars (<i>liposuction, vaccination etc.</i>)	12
Many scars on a large area of the body	12
Scars on the wrist	13
Lost elasticity / sun damaged skin	13
Serious burn scars	13
Thinning hair	14
Melasma	14
Cellulite	14
Dilated veins	15
Pigmentations	15
Hypopigmentation	16
Keloid and hypertrophic scars	18
HOW LONG DOES A DERMANEEDLING INSTRUMENT LAST	20
ANESTHETICS	21
TEMPORARY EFFECTS AND PERMANENT RESULTS	22
MICRONEEDLING PRE-CARE	23
Vitamin C treatment	24
Making a 5% vitamin C solution	25
DERMANEEDLING INSTRUCTIONS	26
Dermarolling technique	26
How many rolling motions?	29
Avoiding “scratches” by lifting the roller	30
Dermastamp	31
One-liner dermaroller	31
SINGLE NEEDLING INDIVIDUAL SCARS AND WRINKLES	32
Single-needling instructions	32
Sparse needling: Acne/chickenpox scars or individual wrinkles	33
DERMANEEDLING AFTER-CARE	35
HOW TO CLEAN DERMAROLLER AND DERMASTAMP	37
Disinfection with alcohol or Chloramine-T	37
Dermastamp & dermaroller blood removal	38
“Single use” warnings by manufacturers of dermaneedling instruments	38
Diluting Chloramine-T	39
Chloramine-T solution expiry	39
OTHER USES OF THE INFADOLAN OINTMENT	40
FAQ	41



GENERAL SAFETY RULES

Always inspect the needle instrument before every use (*ideally use a 12× magnifying glass*):

-  The needles should be straight and of the same, correct length.
-  The needle tips should be sharp and unbent.



**DO NOT SHARE YOUR ROLLER WITH ANYONE!
DO NOT ROLL YOUR EYELIDS!**

-
- Do not use a dermaneedling instrument on infected or diseased skin such as severe active acne, herpes, blood clotting problems, poor healing, eczema, psoriasis, fungal infection, wounds, moles etc.

 - You must disinfect your skin and your dermaroller every time you roll, except when rolling with needles shorter than 0.3 mm, in that case you don't have to disinfect the skin and you should at least thoroughly clean the roller – but better is to sterilize it.

 - ***Buy an alcohol-based disinfectant in the pharmacy for skin disinfection. [Read here where to buy such alcohol.](#)*** It is usually a mixture with around 50 to 75 % Ethanol, sometimes with other alcohols. You can also disinfect your skin with Betadine. Do not use Betadine when pregnant or breastfeeding. Wipe the Betadine off before you roll.

 - Do not store the roller close to possible sources of contamination. When a toilet is flushed, many micro-droplets from the bowl get into the air. Keep the roller in a closed container.

 - A dermaroller can be used on all areas of skin, except for the eyelids. Be extra careful around the eyes. The skin around the eyes is very thin, so do not apply too much pressure. Read more on our forum about [dermarolling around the eyes](#).

 - After the dermaneedling with needles longer than 0.5 mm try to avoid the sun as much as you can for a day or two and use a sun screen lotion with high protective factor.

 - After dermaneedling with 1.0 or longer needles, wait one day with applying makeup.

 - During pregnancy, do not use Infadolan or any other creams or ointments containing vitamin A on extensive skin areas, after dermarolling.

 - **When taking Accutane:** You should wait with dermarolling and single-needling for at least six months after taking the last dose of Accutane. Then, always do a small test patch first to see how it heals.
-

I BEFORE YOU START A NEEDLING PROCEDURE ON A LARGE SKIN AREA, ESPECIALLY ON THE FACE OR WHEN USING LONGER NEEDLES, ALWAYS DO A TEST PATCH FIRST TO SEE WHETHER THERE WILL BE ANY EXCESSIVE LONG-TERM REDNESS OR ANY OTHER UNDESIRED REACTIONS. SUCH REACTIONS DO NOT NECESSARILY MEAN THAT YOU SHOULD NOT NEEDLE, BUT THEY WILL GIVE YOU AN IDEA ABOUT WHAT TO EXPECT.



ROLLING / STAMPING FREQUENCY

- 0.2 or 0.25 mm long needles can be used every second day on the same skin area.
 - 0.5 mm long needles can be used once or twice or three times a week on the same skin area.
 - 1.0 mm can be used every 10 to 14 days on the same skin area.
 - 1.5 mm can only be used once every three to four weeks on the same skin area.
 - 2.0 mm can only be used once every five weeks on the same skin area, and only if you have the knowledge to judge which part of the skin is thick enough to safely use this needle length.
-

These are general, conservative guidelines. Males generally have thicker skin and can roll a bit more frequently. Some parts of the body such as the back and buttocks have thicker skin than other areas, and there you can shorten the interval somewhat. You can roll with short-needled dermarollers in between the sessions with long-needled dermarollers.

We are well aware that other people recommend much shorter intervals. We think this is based on clinics' desire for fast results (*with disregard for long-term negative effects*) and vendors' desire for higher profits, since the devices will blunt faster.

If you have various, large skin areas to roll, you can roll for example the arms on the first week of every month, the legs on the second week of every month, the stomach on the third week of every month, and the chest on the fourth week of every month.



NEEDLING INSTRUMENT, NEEDLE LENGTH AND PRODUCT GUIDE

The microneedling tool or the needle size recommended here for individual skin conditions are not the only ones that can be effective for these conditions. The following advice is to help you make a choice based on our experience but it doesn't mean other sizes will not work. When you have gained experience with dermarolling, you can decide yourself if you prefer a **dermastamp** or a **dermaroller** and which size works best for you.

The skin consists of the epidermis and the dermis. Its thickness varies, depending on the location on the body and this also varies with the individual. The epidermis is about 0.1 to 0.2 mm thick. The dermis is around 1 to 2 mm thick. Right underneath the skin, there is mainly fat.

→ PLEASE SEARCH OUR DERMANEEDLING FORUM
FOR MORE DETAILS ON VARIOUS SUBJECTS:
<http://forums.owndoc.com/dermarolling-microneedling/>

DERMINATOR[®]
digital skin remodeling



Our fully digital DERMINATOR[®] device replaces all dermaneedling tools of all needle lengths: Dermarollers, dermastamps and single needles.

If you were planning on buying several **dermarollers** and **dermastamps** or plan to treat longer than one year, it is cheaper to buy a DERMINATOR instead, especially because it has a high resale value, since it is designed to be used by clinics and to be indestructible.

Visit <http://derminator.owndoc.com/> for the details of this unique machine.

ACNE SCARS

A **1.5 or a 2 mm** dermastamp with 12, 35 needles and / or the **DERMINATOR** with 9 needle cartridge or single needle. You do not have to stamp all scars in one session. You can stamp one cheek, do it very thoroughly, let it heal and stamp the other etc.

A regular **1.5 mm dermaroller** is also very effective, especially if your scars are on a rather large area or somewhere on your body. Use a dermastamp in addition to it. It is more targeted. You can use both in the same session.



A regular 1.5 mm dermaroller is also very effective, especially if your scars are on a rather large area or somewhere on your body. Use a dermastamp in addition to it. It is more targeted. You can use both in the same session.

If you have the rolling type of acne scars or your scars have not responded to microneedling after one year, add our **suction pump** method to loosen the tethering. [Details on using and maintaining the suction pump.](#)

For **post-acne pigmentation / spots** or to help preventing acne formation, use a regular 0.5 mm dermaroller.

For **shallow scars**, use a 1 mm dermastamp with 35 needles or /and a 1 mm dermaroller or a 1.5 mm large dermastamp with 80 needles. The fewer needles a dermastamp has, the easier and deeper they penetrate due to “fakir effect”.

SCARS ON THE NOSE

All invasive skin treatments on the nose are risky because this area reacts and heals unpredictable and it can end up worse. You can try a 1 mm dermastamp but never perform any aggressive stamping here. Start slowly and try one small area first.

ENLARGED PORES

Dermarolling works very effectively on acne scars but pores are not scars. Pores are ducts in the skin and their size is genetically determined.

There is currently no method that can reliably and permanently make pores smaller. Very few of our customers managed to make their pores smaller through microneedling.

You can try a regular 0.2 mm or a 0.5 dermaroller to thicken the epidermis or a 0.5 mm dermastamp. A thickened epidermis could make pores look smaller because the pore size is the smallest on the skin's surface and as you go deeper into the skin, the pore channel widens.

WRINKLES

Wrinkles between the eyebrows (“11’s”) – the *Derminator*’s single needle is absolutely the best tool for it. Alternatively, us a 1.5 mm dermastamp with 12 needles.

Wrinkles around the eyes can be treated with a 0.5 mm or a 1 mm dermastamp or a 0.5, 1 or a 1.5 mm dermaroller. A narrow roller (*3-liner*) is easier to maneuver here but a regular roller is also a possible choice.

The wrinkles around the lips can be treated with a 1.5 mm or a 2 mm dermastamp with 35 needles. Alternatively a narrow 1.5 mm or a narrow 2 mm dermaroller or a one liner roller. This area is very sensitive.

For the general rejuvenation of the entire face use a regular 0.5 mm or 1 mm or 1.5 mm dermaroller. Alternatively a 1.5 mm large dermastamp with 80 needles.

For the neck, a regular 1 mm dermaroller, but avoid the Adams’ apple.

NASOLABIAL FOLD

The deepening of skin folds is caused by:

- loosening of ligament attachments that attach the skin to the underlying tissues and to the bone
 - loss of skin elasticity
 - loss of fat
 - gravitational forces
-

Microneedling can improve skin elasticity and trigger collagen but it cannot solve the other causes so there can be no miraculous results expected for the nasolabial fold.

Stamp the fold densely every three weeks with a 1.5 mm dermastamp. You can add rolling the entire face with a 1 mm regular dermaroller for an overall tightening of the skin.

UNEVEN SKIN TEXTURE AND SKIN TONE WITH NO SCARS

A 0.5 mm regular dermaroller.

STRETCH MARKS

Stretch marks are not just marks; they are in fact very deep scars in the skin.

Generally, use a regular 1.5 mm or a 2 mm dermaroller in combination with a more intensive and targeted tool such as the Derminator's single needle or a 1.5 mm or a 2 mm dermastamp with 12 or 35 needles.

You can also use a regular roller plus a 1.5 or a 2 mm one liner roller.

The skin on the upper arms is thin and needling sometimes caused bruising. Use a 1 mm dermastamp or a 1 mm or a 1.5 mm dermaroller.

 **LONG SURGICAL SCARS
OR OTHER LONG SCARS**
(tummy tuck, cesarean etc.)

A 1.5 mm or a 2 mm dermastamp with 35 needles or/and a 1.5 or a 2 mm one liner dermaroller.

 **SHORT SURGICAL SCARS
OR OTHER SHORT SCARS**
(liposuction, vaccination etc.)

A 1.5 mm or a 2 mm dermastamp with 12 needles.

 **MANY SCARS
ON A LARGE AREA
OF THE BODY**

A regular 1.5 mm or a 2 mm dermaroller, preferably in combination with a dermastamp.

SCARS ON THE WRIST

This area has thin skin, use a 1 mm dermaroller or a [*1mm dermastamp*](#).

LOST ELASTICITY / SUN DAMAGED SKIN

From our experience, the best results for crêpey/sagging skin is the combination of a short-needled dermaroller (*to speed up the turnover of the skin*) and a long-needled dermaroller (*to trigger the formation of new collagen and elastin*). We recommend using a regular 0.5 mm dermaroller (*roll up to three times a week*) and a regular 1.5 mm dermaroller (*roll very densely every three weeks*). This should also help with age/sun spots. Do not expect miracles though. The biggest problem of aging skin is that the subcutaneous fat that makes the skin nicely plumped up is disappearing. Dermarolling cannot trigger fat production; it can only affect the skin and slightly thicken and tighten it.

A regular 1 mm roller (*roll every 10–14 days*) is also useful.



If you have visible veins at the back of your hands, do not push the 1.5 mm dermaroller too much in or buy a shorter size. Our [INFADOLAN](#) ointment is excellent for the daily application on the back of the hands. Apply just a little.

SERIOUS BURN SCARS

A 2 mm dermastamp (*for smaller scars*) or a 2 mm narrow or a 2 mm regular dermaroller for larger areas.

THINNING HAIR

Use a regular 0.2 mm dermaroller for product penetration. Often in combination with Minoxidil. Dermarolling greatly enhances the penetration of skin- or hair products so do not apply too much Minoxidil in the beginning, especially not high percentages to avoid (*possible, albeit rare*) dangerous side effects. If everything goes well, you can slowly increase the application and treated skin surface.

You can use a regular 0.5 mm or 1 mm dermaroller to enhance the blood flow to the hair follicles.

MELASMA

The honest answer is, Melasma can both improve and worsen after dermarolling because Melasma is a very unpredictable condition. Any skin procedure or any “intervention” onto the skin (*very cold, very hot, strong wind, certain creams, massage etc.*) can theoretically make Melasma worse because the skin may react to it by producing more pigment. Everybody reacts differently and what worsens Melasma in one person can improve it or do nothing for the other. You should avoid sun exposure as much as possible.

What can be very useful is a 0.2 mm dermaroller to enhance the absorption of Hydroquinone or other lightening products to deep skin layers but you should only do it for three months and then a one month break.

You can try rolling with a 0.5 mm or a 1 mm roller (*it reaches the dermis part of the skin where dermal Melasma resides*) in combination with skin lightening products (*three months on, one month off and so on*) but do it first on a small area for at least three weeks to see how your skin reacts.

CELLULITE

Microneedling has a *limited effect on cellulite*.

A 0.2 mm or a 0.5 mm dermaroller the **penetration enhancement** of anti-cellulite creams.
A 1.5 mm or a 2 mm dermaroller to **thicken the skin**.

For various rare skin conditions, please search our *[dermarolling forum](#)*.

DILATED VEINS

In our experience, dermarolling did not improve this skin condition.

PIGMENTATIONS

If you have red skin due to dilated veins, dermarolling will not help. Try a vascular laser for this.

Standard pigmentation is caused by the overproduction or uneven distribution of the pigment **Melanin**. Melanin is normally present in the skin and it is our natural protection against Ultraviolet radiation from the sun. The darker the skin, the more Melanin it contains. Sun exposure triggers Melanin production but the skin also sometimes produces Melanin as a reaction to certain stimuli, such as long-term inflammation (*typical for acne for example*) or certain types of skin injury (*burns for example*). Often, the reason for the excessive or uneven distribution of Melanin is unknown, such as in Melasma or Chloasma.

The response of pigmentation to dermarolling depends on how deep the pigmentation is. The shallower, the easier to address it. Dermarolling speeds up the turnover of the skin and that improves pigmentations. In general, relatively shallow dermarolling done more frequently is effective for “ordinary” pigmentation.

Use either a 0.5 mm dermaroller (*up to three times a week*) or a 1 mm dermaroller (*once a week*).

We have customers who improved pigmentation in six months even with a 0.2 mm dermaroller (*roll up to every second day*).

For sun damaged, pigmented skin on forearms or legs, give the skin a good scrub with a pumice stone prior to dermarolling. Roll when the pumice scrub has healed.

Application of skin lightening products right after dermarolling will greatly increase the likelihood for improvement of sun/age spots, melasma and brownish pigmentations. Apply for three months, then take a one-month break, etc.

HYPOPIGMENTATION

Skin pigment (*Melanin*) is produced by melanocyte cells. They are at the bottom of the epidermis, which thickness is 0.1–0.3 mm. When they produce too much Melanin in a certain area, you get hyperpigmentation. And when they do not produce enough or are destroyed or damaged, you get hypopigmentation.

Scar tissue differs from normal skin and one of the differences is that it has no, or badly functioning pigmentation processes.

Dermarolling often triggers the activity of melanocytes (*pigment producing cells*) or “wakes up” existing dormant melanocytes. In some cases the color turns completely back to normal (*especially if there is hypopigmentation but no scar tissue, such as in Vitiligo for example*) and in some cases the color improves but the scars remain still lighter than the surrounding skin.

If you have **hypopigmented patches**, stamp them every 10–14 days with a 1 mm dermastamp.

If you have a **hypopigmented, hardened scar or if it is on an area with thick skin** (*such as the knees*), use a 1.5 mm dermastamp.

Stamp the hypopigmented patches and also stamp slightly outside of its borders to enable the migration of melanocytes from the surrounding normal skin into the hypo-pigmented areas.

○ **LARGE HYPOPIGMENTED AREAS**

Roll up to three times a week with a regular 0.5 mm dermaroller. Roll over the hypopigmentation and roll further to normally pigmented skin to hopefully “harvest” some melanocytes and then roll back over the hypopigmentation. Ideally, combine rolling with stamping of the most hypopigmented patches.

When the skin is healed from microneedling, expose your hypopigmentation to the sun because Melanin is produced as a reaction to UV (*provided there are melanocyte cells in the area to produce it*).

KELOID AND HYPERTROPHIC SCARS

Use our [*silicone sheets*](#) to prevent and treat hypertrophic or keloid scars.



Effective (*proven in many medical studies*) for the management of both existing and new hypertrophic or keloid scars on closed wounds (*or after dermaneedling*) or to prevent the formation of hypertrophic or keloid scarring.

- 1.** Wash hands before use.
- 2.** Gently clean the scar and the surrounding skin with a mild soap and rinse in clean, warm water. Thoroughly dry the scar and surrounding skin with a clean cloth or tissue.
- 3.** Take the silicone sheet from its protective cover and if required, cut off a piece that will fit over the scar, leaving a little extra to overlap the skin that surrounds the scar.
- 4.** Remove the protective release film from the silicone sheet.
- 5.** Apply the silicone sheet to the scar, without stretching or with only minor stretching (*otherwise it may detach eventually*), adhesive side down. If necessary, a light bandage or adhesive tape may be used to help keep the silicone sheet in place.

-
- 6.** Wash both sides of the silicone gel sheet, the scar and the surrounding skin at least twice daily (*more often in case of excessive perspiration*) with mild soap and rinse in clean, warm water. Dry thoroughly. Do not use paper-based products to dry the sheet as fibers may stick to it. Do not use irritating soap since this can lead to skin sensitivity.

When care is taken, in many cases the silicone sheet can be reused for 2 to 4 weeks. When the silicone sheet begins to deteriorate or cleaning is difficult, it should be replaced.

-
- 7.** The silicone sheet should be applied at least 12 hours / day. The optimum is at least 20 hours / day. Ideally, the sheet is applied all the time, except during cleaning.

-
- 8.** For better skin acclimatization, begin with applying the sheet for 4 hours / day for the first 2 days, 8 hours / day for the next 2 days and increase usage time by 2 hours per day until the optimum 24 hours / day therapy time is obtained.

-
- 9.** Try to avoid ointments on the scar during use because they may lead to reduced pressure on the scar and it is the constant pressure and constant occlusive moisturizing that achieves the anti-keloid / hypertrophic scar effect. When using ointments, apply a thin layer, and only on the scar itself, not the surrounding skin.

-
- 10.** A treatment duration between 2 and 4 months gives best results.

-
- 11.** When a rash occurs, reduce daily therapy time. If the rash persists, discontinue use and consult a physician.



**DO NOT USE ON OPEN WOUNDS
OR WHEN ALLERGIC TO SILICONE.**



HOW LONG DOES A DERMANEEDLING INSTRUMENT LAST

The needles will become blunt after a certain time. Apart from needle quality, this depends on how often you roll, how large the rolled skin areas are, how many times you roll over the skin, how tough and thick your skin is and how strongly you push the needles in. A roller can be used many times and lasts quite a few months, but for serious work on larger areas of skin you'd have to count with around two rollers a year. Rollers with shorter needles that are used much more last shorter. This question is impossible to answer really, because male skin is thicker than female skin. On top of that, scar tissue is harder than ordinary skin, facial skin is soft and thin, etc. A very rough estimation for a 1.5 mm roller is **two rollers per year**.

- When you feel that the needles don't penetrate as easily as they did when the instrument was new, it's time to replace it. **This goes for all needling devices or needle cartridges.** With an electric device, you will start notice increased pain and increased pinpoint bleeding.



ANESTHETICS

If needling is too painful for you, you can numb your skin. You have these options:

- Numb the area with ice-packs prior to needling. It greatly reduces pain. Keep ice packs clean by washing them with hot water and soap.
- Use a topical anesthetic such as EMLA. Apply quite some cream, cover with plastic foil and leave it for 45 to 120 minutes. Wipe it off just before rolling. It will numb your skin for about 30 minutes. Use according to instructions. Numbing cream is unnecessary when using our Derminator machine.



DO NOT USE TOPICAL ANESTHETICS ON LARGE SKIN AREAS AND NEVER USE A DERMAROLLER ON SKIN THAT STILL HAS NUMBING CREAM ON IT.

WIPE THE NUMBING CREAM OFF BEFORE DERMAROLLING.

DO NOT USE TOPICAL ANESTHETICS WHEN PREGNANT OR BREASTFEEDING.

Rolling the face is generally more painful than rolling elsewhere. You can use a numbing cream and / or roll just a small portion of the face in one go. One day, roll just the forehead, another day just the cheek etc. It's best to roll smaller skin areas in one go, but roll them thoroughly.



TEMPORARY EFFECTS AND PERMANENT RESULTS

When using a dermaroller with needles longer than 1 mm, you may experience some pinpoint bleeding when rolling. This is normal and harmless. Clean the area with disinfecting alcohol. Apart from the occasional pinpoint bleeding, you will not bleed after rolling, neither will your face swell up for days. Some minor swelling and redness for a day or two could occur.

The rolled area will be red (*like sunburn*) for an hour or two.

The rolled area might start “peeling” a little after some days. Don’t pick at the loose skin.

The full cycle of collagen production is a very slow, multistage process which can’t be rushed. Don’t expect quick miracles. It can take up to ten months to get substantial results. It is essential to stick to the schedule and don’t give up after a few rollings. Because progress will be slow but certain, make pictures of your skin before and during microneedling treatment and judge your progress from those.

It is not true that the more frequently you roll the better results you obtain. The skin has to be regenerated after each roll and the initially triggered new collagen will be eventually turned into even a different type of collagen. Good results often start to appear only after approximately ten months. After that, with every passing month, if you keep rolling, the results will improve. So if you want substantial, permanent results, you need to roll at least for about 15 to 20 months.

We received many emails saying that it took a long time to achieve improvement (*of various skin conditions*) but the improvement finally arrived after all. Some say they started to see significant improvement only after one and half year or even two years of dermarolling and/or microneedling. Some of them say they wanted to give up after one year but decided not to and it was worth it. Do not give up too soon! Other customers got results after only a couple of months and they used the same size needle instrument, the same frequency of rolling or needling and the same products as those who had to roll for over a year to see improvement. How quickly results become visible depends on the individual.



Visit our site for [Dermarolling before and after pictures of our customers.](#) →



MICRONEEDLING PRE-CARE

Buy a medium hard brush. You can also use a new toothbrush (*including an electric one*) if your areas are not large. Do not wet the brush or the skin. Dry-brush the skin to make the skin easier to roll, to increase the penetrability of the skin to skin care products and to increase blood flow.

Dry brushing by itself brings some improvement to certain scars and stretch marks and makes the skin very smooth and glowing.

Two to four weeks before starting a dermarolling session, dry-brush the skin two or three times a week until it gets red. **Do not brush the breasts or face too hard!** Don't brush around the eyes.

For optimal absorption, apply vitamin C serum (*preparation instructions below*) immediately after brushing. It may prick a little because it is acidic, but it should not burn. If it burns too much, add more water to your vitamin C serum or apply it later after dry brushing.

After brushing, wash the brush with dish-washing liquid in near-boiling water or put it in the dishwasher. Store the brush in a place where it can dry quickly.

If your facial skin is sensitive, do not dry brush. Instead, exfoliate your face or body in the shower with a fine salt (*mixed with soap or almond oil if you wish*). If the salt is irritating or rough on your skin, use baking soda or ground coffee.

VITAMIN C TREATMENT

Vitamin A and C are essential for collagen production and sun damage prevention and reversal. However, you can't obtain high skin concentrations of vitamin C by taking it orally, this is why you need to apply it to the skin directly.

However, additional oral intake of vitamin C is highly recommended. The oral vitamin C can be made much less acidic whilst retaining its beneficial properties by mixing it with baking soda (*Sodium bicarbonate*). But the skin serum has to be acidic (*low pH*) to be absorbed, so **don't mix it with baking soda or use so-called "buffered" vitamin C!**

Pre-treat your skin with vitamin C four days before rolling/ needling to achieve maximum skin concentration.



To make your own vitamin C serum - which is extremely beneficial to the skin, you need:

- **Water.** Boil the water to expel dissolved oxygen before you dissolve the vitamin C when the water has cooled off so that you can put a finger in it.
- **L-Ascorbic acid (*powdered crystals of vitamin C*)** can be bought in our web store. Do NOT use vitamin C tablets of any kind. Only 100 % pure crystals of L-Ascorbic acid should be used.
- **A sealable container.** It must be possible to close airtight because vitamin C oxidizes easily. It is degraded by air, light and heat. It will last at least a month in a nearly full, sealed container in the fridge. Even without heeding the advised precautions it should last two weeks. We sell small brown glass flasks, perfect to keep vitamin C serum fresh.

MAKING A 5% VITAMIN C SOLUTION

Put half of a flat teaspoon of vitamin C into the small brown bottle we sell and add ten flat teaspoons of hot water.

With “flat” it is meant that the vitamin C should not be heaped onto the spoon but lying flat, just like the water in the teaspoon. If you wish to prepare a larger quantity to be stored in a larger container, use 19 teaspoons of water and 1 flat spoon of vitamin C. Alternatively, you can use table spoons instead of teaspoons, or any other method to reliably add one part of vitamin C to 19 parts of water. Shake until the crystals have dissolved. The warmer the water, the faster this goes. This 5% vitamin C solution still has the consistency of water and tastes slightly acidic. There is no need to worry that warm water will degrade the vitamin C. Vitamin C is degraded by food enzymes at lukewarm temperature ranges, and regardless, the water will cool off while you spoon it into the container. It is best to use very hot water, because the warmer the water has been heated, the less dissolved oxygen it contains and oxygen degrades vitamin C much more than hot water does. Vitamin C dissolves poorly in cold water.

Applying vitamin C every second or third day is sufficient. Vitamin C remains in the skin for several days, gradually diminishing in concentration. Vitamin C is not fat-soluble so before you apply it you must remove oils from your skin, otherwise the vitamin C will not be able to penetrate your skin through the oily layer.

Apply vitamin C in the evening since it is sensitive to sunlight.
Use your hand or a cotton pad to apply it and wash it off the next morning.

- *Recommendation:* Wash your skin with oil-free cleanser or soap, apply vitamin C serum, wait for half an hour or so and then apply the Infadolan ointment.
- Prepare small quantities of vitamin C serum at a time, to ensure it is always fresh and un-oxidized. You should make a new batch approximately once every 20 days.
- If the vitamin C serum is too irritating to your skin, add more water. If your skin shows no irritation you can add more vitamin C powder to your container.



IF YOU DECIDE TO APPLY VITAMIN C SERUM TO FRESHLY ROLLED, “OPEN” SKIN, TRY WITH A MUCH MORE DILUTED SOLUTION FIRST (AND/OR DO A SMALL TEST PATCH FIRST) BECAUSE SOME PEOPLE CAN EXPERIENCE A BURNING REACTION. GRADUALLY INCREASE THE STRENGTH UNTIL YOU KNOW YOUR SKIN CAN HANDLE IT.



DERMANEEDLING INSTRUCTIONS

- Wipe the rolling environment (*e.g. table*) with alcohol.

- To soften the skin to make it easier for the needles to penetrate and preserve needle sharpness the longest, have a hot bath or long hot shower just before rolling. You can also just steam your face when only rolling the face.

- Wash the to-be-needed area with soap.

- Wipe the skin and your hands with *disinfecting alcohol or Betadine*. Do not use Betadine if pregnant or breastfeeding and **do not use it to disinfect needling instruments with**. Alcohol will evaporate in a few minutes. You do not have to disinfect the skin with alcohol if you roll with needles shorter than 0.5 mm, but clean the skin before you roll.

- If you like, apply an ice-pack or numbing cream. Remove the numbing cream with alcohol before rolling. When you use ice-packs, clean them with alcohol before applying.

- When rolling, stretch the skin by pulling it with your other hand – it will make needle penetration much easier.



DERMAROLLING TECHNIQUE

- **Rolling in a star pattern is not recommended any more.**

- We, like every other dermaroller vendor, used to advise to roll in a star pattern. However, we determined that that is not the optimal technique because if you roll in a star pattern, the center of the pattern gets a much greater prick density than the periphery. **A perfectly uniform prick density can only be achieved when you roll at straight angles, such as only horizontally, or only vertically, or both.**

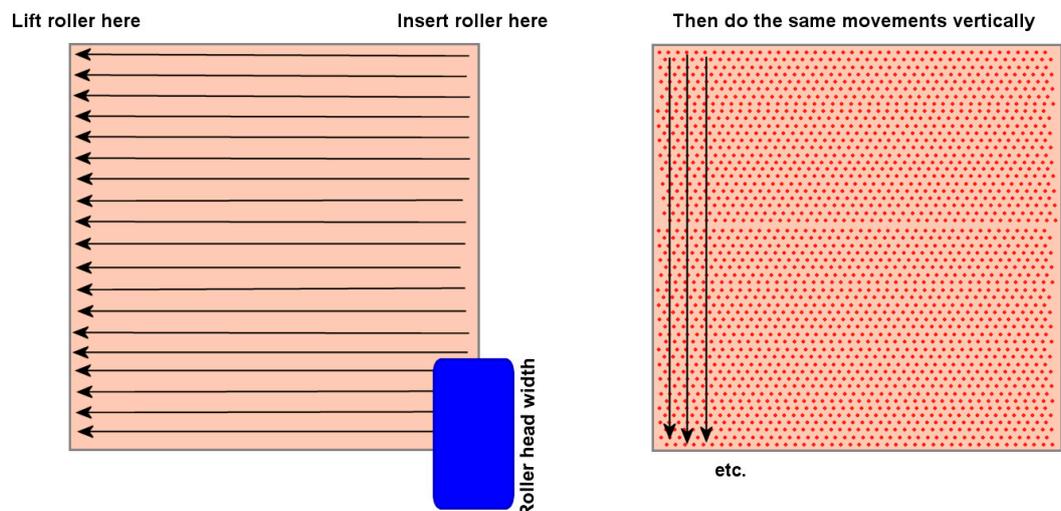
- **Rolling back-and-forth without lifting the roller is not recommended anymore.** →

DERMAROLLING TECHNIQUE

- We discovered that the way nearly everybody rolls is responsible for the infamous “scratches” effect, caused by an extreme prick density distributed over narrow “bands”, as shown on page 11. If you do not lift the roller after each rolling movement but keep the roller head’s needles inside the skin, then the roller will resist sideways movements because there are always needles in the skin, producing a “railway” effect of a train on a track. Then when you move a few times back & forth, you’ll hit the same pricks again and again, causing a locally too high prick density or larger-diameter pricks in the skin. Both are undesirable effects.

Video of the proper dermarolling technique. Please note that she is not moving the roller a few mm sideways in her example. Sideways movement after each roll is the ideal technique to roll larger skin areas. More videos can be seen on our YouTube channel <http://youtube.com/c/owndoc>.

- The only correct way to roll, achieving a perfectly distributed prick density is to roll horizontally, and after every roll, lift the roller and position it a few millimeters from the previous starting point, repeating the rolling movement and so on, until the entire skin area has been treated. If you want to increase the prick density in case of narrow strips of skin, e.g. on the face, repeat this process under a ninety degree angle as shown on the next



DERMAROLLING TECHNIQUE

- Only roll in two directions that have a right angle between each other, horizontally and vertically. Use medium pressure. Do not roll closer to the eye than on the periorbital bone, the bone around the eye socket.

- Try to spread the pricks evenly. You could first only roll the entire skin area horizontally, when you've covered all skin that you want to treat, you roll vertically. Lift the dermaroller slightly after each forward movement ("roll"). This ensures that you will not hit the same prick channel, as otherwise the needles of the roller head will be like a train on a railway track, not able to move sideways. If you move the roller head a few mm to the side every new roll, you'll have achieved a high prick density. All that matters is to achieve a sufficient prick density, without hitting the same prick channels more than once. We offer a suggestion on one way to achieve that – it is up to you to modify the technique on skin areas where that is hard to do.

- **After-use disinfection:** Alcohols do not not dissolve proteins (*as found in blood and skin*) so you'll need to use a detergent. Wash the dermaroller or dermastamp in warm water and a couple of drops of dishwashing liquid, taking care not to touch the needles. You can move it vigorously in a soft plastic food container with warm soap water but take care not to damage the needles. You can also use a large plastic box made of thermoplastic material. Do not use a dishwasher or boiling water because it will damage the instrument. This washing merely cleans the roller, it does not disinfect it.

- Then rinse it with clean (*tap*) water, and then soak it for an hour in 60 % to 80 % Ethanol or Methanol alcohol (*where to buy*) or a 1 % Chloramine-T solution. You can also use a solution with Isopropyl alcohol as long as it contains no more than 40 % Isopropyl. The needles won't damage if you put them gently in a glass. Then use the needling instrument on a tissue to dry the needles.

If you used Chloramine-T instead of alcohol, first rinse the instrument with clean water, or a white corrosive residue will remain.

Then put it back into its container but keep the lid off until it is 100 % air-dried. You can clean its container with hot water and dishwashing detergent. Do not use a used cloth or sponge to clean the instrument's container to avoid contamination with bacteria. Do not store the instrument near a source of contamination, such as a WC.

HOW MANY ROLLING MOTIONS?

We need to achieve a prick density of 200 pricks per cm^2 .

A full-width roller has 192 needles.

Its diameter is a little less than 20 mm, so its circumference is 60 mm.

The roller head width is 20 mm.

This gives a surface area of $2 \times 6 = 12 \text{ cm}^2$.

The number of pricks per cm^2 is therefore $192 : 12 = 16$ pricks per cm^2 .

When we roll both horizontally and vertically, this is doubled to 32 pricks per cm^2 .

This is “not enough” by a factor of $200 : 32 = 6.25$.

This means that every time you make a rolling movement, you have to position the roller head $20 / 6.25 =$ around 3 mm further to the left / right of its previous starting position, when using the technique explained on the previous page.

If the skin area to treat is too small to position the roller sideways with every new rolling motion, (*e.g. if you are rolling the wrinkles under your eyes*), you have to pass the roller approx. twelve times over the treated area, and you can use any combination of horizontal / vertical rolling.

❖ AVOIDING “SCRATCHES” BY LIFTING THE ROLLER

The easiest but not the best way of rolling the skin is simply up-down-up-down etc. However, if you roll several times over the skin in such a way, you may notice the emergence of “scratches” like those on the right:



↑
IDEAL METHOD
Roller repositioned after
each movement.

↑
SUB-OPTIMAL METHOD
Roller kept on the skin after
each movement.

They occur because when you never lift the roller head from the skin, its needles will always pierce the skin in approximately the same spots. These marks are harmless and will disappear over time, but you will want to avoid them on your face for example. A more even distribution of pricks is achieved by the more tedious method of lifting the roller head after every movement. This will yield optimal regeneration results without “scratches”.

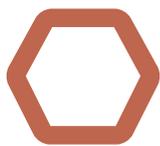
DERMASTAMP

Stamp the same scar 6–8 times. You should get about 250 pricks per cm² (1 500 pricks per square inch). Our dermastamp has 35 needles. If you heal well, you can stamp slightly more densely the next time, especially if you have seriously deep scars. You have to experiment.

ONE-LINER DERMAROLLER

Roll back and forth or roll one direction only if you prefer. Lift the roller after each roll to ensure you do not hit the same channels but new ones each time. Roll just the scars. It is not a problem if you hit the surrounding skin while rolling the scars but you should actively target the scars. The skin should get very red. The skin might swell and you may get pinpoint bleeding. On thin or sensitive skin, you achieve this with just a few rolls back and forth. On thick, tough skin it will take many rolls.

That is why it is impossible to say in general how many rolls back and forth are optimal. Start with just a few rolls back and forth. If it heals OK, do more the next time. If you apply A-Ret right after rolling (*recommended with stubborn scars and stretch marks or wrinkles*) your skin will get even more red and it will sting. It may stay red for to several days.



SINGLE NEEDLING INDIVIDUAL SCARS AND WRINKLES

The Derminator's *single needle cartridge* is very suitable for the intensive treatment of individual acne scars, stretchmarks, surgical and other scars or wrinkles. This way you can make a high number of pricks per surface area, prick from different angles and successfully “break” (*needle-abrade*) the hardened scar tissue and/or induce lots of new collagen to gradually fill the scar or the wrinkle. Needling the skin will induce new collagen.

You can re-use the needle cartridge. When the needle gets blunt or if it shows any signs of being worn out, you should replace it. To disinfect it, wash it with warm (*not boiling hot, it will blunt the needle*) water and soap and put it horizontally in 60 % to 80 % Ethanol or Methanol alcohol or Chloramine-T.



SINGLE-NEEDLING INSTRUCTIONS

Dense needling for stretchmarks and scars

You need many more pricks than with acne scars, depending on how wide and long the scar is. This is why the *Derminator* is ideal for single-needling. The idea is to get many more pricks in, per surface area, than a dermaroller can – and also deeper. The purpose is to break old scar tissue and remove damaged collagen. This dense needling is called “**needle abrasion**”.

Don't forget to needle the edges of the scar – go a little outside of the borders of the scar.

You can try to needle-abrade even raised scars but do a test first because the results with raised scars are more unpredictable. This technique should only be used on already scarred skin, and then the effect will be beneficial. It is a slow process but you can work on your scars whenever you have the time.

Make very many pricks per square cm / nch – just be sure not to prick the same skin more than once a month. Don't forget to stretch the skin!



NEVER NEEDLE KELOID SCARS!
EXAMPLES OF KELOID SCARS CAN BE SEEN [here](#).

SPARSE NEEDLING: ACNE / CHICKENPOX SCARS OR INDIVIDUAL WRINKLES

With the *Derminator* on the low setting, make 10 to 20 pricks into the scar/wrinkle with the *single needle cartridge*, depending on the size of the scar / wrinkle even more. The pricks should be each in a slightly different place in the scar/wrinkle, and be made under different angles. The approximate pricking depth should be 2 mm.

You may see pinpoint bleeding and it will hurt. If you stretch the skin with your other hand, the needle will go even deeper. Repeat the procedure every month. Do not use too many pricks per cm².

The principle behind this needling procedure is to induce new collagen to fill the scar.



NEVER NEEDLE ACTIVE (INFECTED) ACNE!

- Pre-treat the skin as explained in “**MICRONEEDLING PRE-CARE**”.
- Once a month, roll the entire skin area (*scars plus surrounding skin*) with a 1.5 mm dermaroller to stimulate the surrounding tissue.
- Some people have a very rare condition that causes even tiny skin injuries to heal in the form of a scar. You should first test on one single scar only and see how it heals. The healing time varies per individual and depends on the skin type- and area, it can vary between five and ten days. If it heals well you can do the rest of the scars or wrinkles and be rougher with them with the needle.
- If your test needling heals well, you can start thoroughly pricking several scars or wrinkles a day. The pricks should be rather dense and between 1 and 2 mm deep. Be much more gentle on sensitive areas with thin skin such as the breasts. Wherever you prick always start off gently, if it heals well you can start being more vigorous.
- Disinfect the skin with alcohol or Betadine. If you have trouble finding the right alcohol, read *this*.
- Do not single-needle the same stretchmark, scar or wrinkle more than once a month. If you prick the skin quite densely and vigorously, do it only once every six to eight weeks.

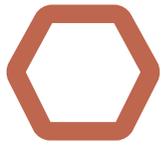
SPARSE NEEDLING: ACNE/CHICKENPOX SCARS OR INDIVIDUAL WRINKLES

- Do not go deeper than occasional pinpoint bleeding. Some people get pinpoint bleeding at a depth of 1 mm. Others at a much deeper depth. Wipe it off with a tissue with some alcohol. After a while you'll get the hang of it.
- Be patient – do not expect that your stretchmarks, scars or wrinkles will fully disappear. They will not disappear but they will become much less visible. Be patient and persevere! A dermaroller, dermastamp or Derminator 9-needle cartridge can't do this because it would make too many pricks in the “good” surrounding skin, damaging it.
- The scar might start peeling – don't pick at it.
- Do not use a tattoo machine – with about 100 strokes per second it goes way too fast and can't be down-regulated to the speed we need. A tattoo machine can easily make the scar worse. Plastic surgeon **Dr. Des Fernandez**, inventor of the dermaroller, said:

“However, we have to realize that if one did the deeper needling at the density of a tattoo, then the skin would be scarified, and sure one would get a lot of collagen (in the form of scar tissue) and not a restoration of the complex elastin and collagen network which we aim to achieve with needling. However, deeper scars need greater penetration with the needle... .. Even if the extra needling is done by hand with a single needle, this is well worthwhile doing”.

Use your dermaroller regularly on the whole area (*scars and surrounding skin*).

In case of white scars or stretch marks, when you will have pricked all your scars at least twice and they have healed, you can gradually expose the scars to the sun. If you're lucky, they might get a bit tanned due to newly formed melanocytes and revascularisation induced by needling.



DERMANEEDLING AFTER-CARE



AFTER ROLLING, SHOWER THE MICRO-NEEDED SKIN (NOT A BATH DUE TO RISK OF INFECTION) AND GENTLY WASH THE ROLLED SKIN WITH WATER ONLY, NO SOAP.

USE LUKEWARM WATER - NOT TOO HOT.

DO NOT DRY WITH A TOWEL, AIR DRY ONLY - AGAIN TO PREVENT INFECTION.

When the skin has dried, apply a very small amount of Infadolan ointment into the rolled area and continue applying for at least 14 days. *(If you use it on your face and you are very prone to acne, use it only for a couple of days).* The skin should be made slightly oily, no need to make it too greasy. Infadolan contains Retinyl Acetate (vitamin A) and Ergocalciferol (vitamin D2) in a special (oil-based, non-alcohol) formulation. These are both very beneficial for the formation of healthy new skin, especially for collagen and elastin formation. Infadolan speeds up skin turnover. Keep the Infadolan tube closed when not used, to prevent air or microbes getting in. Because it is not a cream but an ointment of which the base doesn't get absorbed, much less is needed.

From our experience the best results with stretch marks and surgical scars were achieved when keeping the pricked scars occluded with an oily ointment. Our [*Infadolan ointment*](#) is uniquely and perfectly suited for dermaneedling after-care. [*Read more about why we chose this ointment.*](#) To avoid your clothes getting greasy from the ointment, you can put a plain white paper napkin, handkerchief or towelette on the area and put your clothes over it.

Apply your home-made vitamin C serum (*explained in "MICRONEEDLING PRE-CARE"*) daily for at least a few days before rolling, do not apply immediately after rolling but restart applying vitamin C serum a day or two after rolling (*if the skin is still "raw" wait more days, especially after aggressive single needling*).



DERMANEEDLING AFTER-CARE



Vitamin C is water-soluble and any oils will prevent its penetration into the skin. Therefore you should gently remove any creams (*including the Infadolan*) from your skin with an oil-free cleanser, then apply vitamin C serum and about half an hour later apply Infadolan. Use very little Infadolan, no need to get a greasy skin. Slightly oily is enough because the oil base does not get absorbed (*the vitamins in it however do*).

This is a forum posting about [how to combine our skin care products for the best skin care routine with dermarolling/microneedling.](#)



DO NOT EXPOSE THE SKIN TO EXCESSIVE LEVELS OF UV LIGHT AT LEAST ONE WEEK BEFORE, AND TWO WEEKS AFTER DERMAROLLING WITH NEEDLES FROM 1.0 MM ONWARDS OR SINGLE-NEEDLING.

THIS INCLUDES SUNBATHING AND USING A SOLARIUM.



HOW TO CLEAN DERMAROLLER AND DERMASTAMP



DISINFECTION WITH ALCOHOL OR CHLORAMINE-T

After-use disinfection:

Alcohols do not dissolve proteins (*as found in blood and skin*) so you'll need to use a detergent. Wash the dermaroller or dermastamp in warm water and a couple of drops of dishwashing liquid, taking care not to touch the needles. You can move it vigorously in a soft plastic food container with warm soap water but take care not to damage the needles. You can also use a large plastic box made of thermoplastic material. Do not use a dishwasher or boiling water because it will damage the instrument. This washing merely cleans the roller, it does not disinfect it.

Then rinse it with clean (*tap*) water, and then soak it for an hour in 60 % to 80 % Ethanol or Methanol alcohol (*where to buy*) or a 1 % Chloramine-T solution. You can also use a solution with Isopropyl alcohol as long as it contains no more than 40 % Isopropyl. The needles won't damage if you put them gently in a glass. Then use the needling instrument on a tissue to dry the needles.

If you used Chloramine T instead of alcohol, first rinse the instrument with clean water, or a white corrosive residue will remain.

Then put it back into its container but keep the lid off until it is 100 % air-dried. You can clean its container with hot water and dishwashing detergent. Do not use a used cloth or sponge to clean the instrument's container to avoid contamination with bacteria. Do not store the instrument near a source of contamination, such as a WC.



DO NOT USE MILTON STERILIZING FLUID.
THIS PRODUCT IS NOT INTENDED FOR USE ON METAL
BECAUSE IT AGRESSIVELY CORRODES IT DUE
TO THE PRESENCE OF FREE CHLORINE IN THE PRODUCT.

DERMASTAMP & DERMAROLLER BLOOD REMOVAL

Some types of dermastamp and dermarollers suffer from the problem that blood “creeps up” and remains between the needles and the plastic or between the plastic disks they stick out of.

This blood can be easily removed when immediately cleaned with a **plant sprayer** set to a forceful stream. Take a plant sprayer and set it to spray a small, tight stream of water. Then spray the stamp while holding it needles-side up. This cleans it out completely in a matter of seconds. The same for the dermaroller head. Target the bloody spots.

Consider using a shorter needle size next time so that you don’t bleed, because bleeding is not necessary to achieve good results.



“SINGLE USE” WARNINGS BY MANUFACTURERS OF DERMANEEDLING INSTRUMENTS

Some manufacturers include a warning on their packaging or user guidelines that their instrument is for single-use only.

Their motivation for stating this is to avoid losing a multi-million dollar lawsuit when a clinic infects a client with HIV or Hepatitis, due to improper sterilization after use. Clinics should of course never re-use instruments, but the warning not to re-use is not intended for people who treat themselves at home and who clean and disinfect the instrument properly after use. That warning, when given, has nothing to do with an instrument blunting after the first use or physically not being able to be cleaned and disinfected / sterilized (*resp. alcohol or Chloramine-T*).

It is about corporate survival in case of lawsuits that could result as a consequence of clinic malpractice.

DILUTING CHLORAMINE-T

A roughly 1% solution is made by dissolving 10 grams in a liter of water or slightly more than half an ounce in half a gallon. A Chloramine-T solution lasts one month in the fridge (*mush less when kept outside the fridge*) and can be kept in a closed and clean container made of plastic or glass. Always discard used solution – never reuse it. Use this solution to sterilize your dermarolling instrument with. This only takes one hour. To be very accurate with dilution and time is not necessary because a 1% solution sterilizes actually with just 30 minutes of soaking.

After sterilization, rinse the Chloramine-T residue off the instrument with clean (*tap*) water, or a white corrosive residue will remain.

- Grams to teaspoons: <http://www.convertunits.com/from/grams/to/teaspoons>
 - Liters to ounces: <http://www.convertunits.com/from/liters/to/ounces>
 - Grams to ounces: <http://www.convertunits.com/from/grams/to/ounces>
-

CHLORAMINE-T SOLUTION EXPIRY

Chloramine-T solution should be kept in a cold and dark place in a closed container (*in the fridge, basically*). If all of those those three conditions are not met, you should use it within 24 hours. If they are met, you can keep the solution in the fridge for a month.



OTHER USES OF THE INFADOLAN OINTMENT

The difference between an ointment and a cream is that an ointment contains neither water nor (*Stearyl*) alcohol. This makes an ointment very greasy, and the skin does not absorb it – only the medicinals in the ointment. Neither does it evaporate. The good side of this is that you need very little ointment, so the tube will last long. The bad side is that your skin will be a little oily until you wash it off. Just use a very small amount, much less than you would use with a cream.

Infadolan can be used for more than dermarolling: It is suitable to treat abrasions, cuts, excellent for dry skin anywhere on the body, callous skin, back of hands protection, first-degree burns, dermatitis and prevention of diaper rash. It can be used on babies as well. Infadolan should not get into your eyes.

Several customers reported that Infadolan greatly *diminished the wrinkles around their eyes.*



FAQ

WE CAN NOT GIVE PERSONALIZED TREATMENT ADVICE

Q: *Can I use “skin product” after dermaneedling?*

A: We can not answer that question. “Open” skin absorbs much more than normal skin, so if whatever you put on newly dermaneedled skin has any potentially harmful ingredients, they will be very much more absorbed than they normally would. Refer to the ingredient list if you aren’t sure. If you still aren’t sure, search online for possible side effects of the ingredients or ask the manufacturer. When in doubt, do not use the product directly after dermarolling, or use only very little and see what happens. We do not provide email support for this question because there are an infinite number of skin products and it is not our task or responsibility to do the research and provide information that should be provided by the manufacturer. However, most of such questions are already answered on our dermaneedling forum – use the search function.

Q: *Can I use “skin treatment” in combination with dermaneedling?*

A: Please search our forum for a possible answer to that question. If you do not find an answer, you could ask on the forum but we can not guarantee that we will answer your question, because it is equally the responsibility of the vendor of that particular skin treatment to answer such questions.

Q: *My English is bad and I do not understand your instructions.
Could you explain it so that I understand?*

A: We can not do more than our best, please use an online translation service:

GOOGLE TRANSLATE: <http://translate.google.com/>

BING TRANSLATOR: <http://www.microsofttranslator.com/>

WE CAN NOT ANSWER QUESTIONS ALREADY ANSWER ELSEWHERE

- Q:** *Are your rollers sterilized?
Do they have stainless steel needles?
How long do they last?
How often between rolls?
When will I see results?
What is the difference between your roller and Dr. Roller?*

A: These type of questions are already answered on our sales page, in the product description of our online store or in this guide. 99% of all other questions are already answered on our [dermarolling forum](#) or in the [dermarolling articles](#) on our site. Our website contains the answers to thousands of dermaneedling-related questions, it usually is a matter of searching thoroughly enough and you will find the answers you're looking for. The reason we spent so much time providing answers on our site is to avoid having to spend most of our time answering the same questions every day, again and again, by email.

IF IT IS NOT IN THIS GUIDE, WE USUALLY CAN'T ANSWER THE QUESTION

- Q:** *What is the order of application of Infadolan, Copper peptides, vitamin C?
In your guidelines is no specific order indicated? And I read nothing in your guidelines that I can directly "roll in" the vitamin C, can I do that with your vitamin C product?
I had another product I could do that with?*

A: If we don't specifically mention it in these guidelines, it's either irrelevant or not recommended in our opinion. We put in these guidelines absolutely everything we think is relevant, based on approx 5000 (*five thousand!*) questions posed to us (*well, me*) on our forum and per email. I understand there are infinitely many questions to have about dermaneedling, but I (*Sarah Vaughter*) decided to stop answering them and instead write down everything I think is important in this guide. Of course I'm not perfect. If there are changes in this guide required, I make them, when serious omissions or errors are brought under my attention. If you have more questions than answered here, please search our dermaneedling forum (*which I made read-only due to me having no more time to answer the same questions repeatedly. Besides, the questions became less and less relevant and we want to keep the forum a kind of Q & A database, easy to navigate and search.*) →



We are prohibited by law to give medical advice to specific individuals, answering specific questions. Dermaneedling instruments with a length longer than 0.25 mm are classified as medical instruments. Any type of question that has anything to do with treatment or use of the instruments, any type of advice is therefore “giving medical advice” and thus can not be given. Please thoroughly familiarize yourself with the information given in our instruction manuals before assuming the responsibility to perform medical skin procedures.

The information in this manual is personal opinion only and not intended as medical advice.

Our customer support can be reached at <http://owndoc.com/support>

Sarah Vaughter

SARAH VAUGHTER

WWW.OWNDOC.COM



DERMANEEDLING INSTRUCTIONS



Copyright © Gromako Data & Services Ltd. t/a Vaughter Wellness. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written permission of the publisher. Uploading to Scribd.com or crawling by Scribd.com or similar websites is explicitly prohibited and will be prosecuted.