



# Eyebrow Tattoo Removal

Lo Suk Wah

## Introduction:

Eyebrow tattooing has been available for quite some time and remains very popular. People may choose to remove eyebrow tattoos due to changing preferences, poor results, fading or due to health concerns. The most common method for tattoo removal is laser treatment. However, eyebrow tattoos can be challenging to remove completely due to proximity to the eyes and the risk of damage to surrounding skin.

Using lasers in the periocular area requires several safety precautions, with eye protection being of utmost importance. This often involves the use of laser safety goggles or metal corneal eye shields, depending on the treatment being performed.

Patients should be counseled that hair may temporarily turn white after treatment, but brow tint can be used to camouflage this temporary response.

With the rise of cosmetic tattoos in the periocular area, physicians should be knowledgeable of the common challenges associated with treatment, including eye safety, hair safety, pain control, and laser and parameter selection.

Laser	StarWalker QX
Wavelength	1064 nm
Handpiece	R28d
Fluence	1.8 – 6 J/cm <sup>2</sup>
Mode	MaQx-1
Frequency	3 – 6 Hz
Passes	1 – 2 passes
Spot size	3–4 mm
Sessions	First four sessions with 2- week intervals, last two sessions with a 3-week interval



Ms. Lo Suk Wah is qualified in Professional and Vocational Education from the Education University of Hong Kong. From 1996 to 2003, she worked as a therapist at Modern Beauty. Following this, from 2003 to 2010, Ms. Lo worked as a laser therapist at Ceasar Beauty, where she began working on pigmented lesions and has been working with lasers ever since. Continuing her journey, from 2011 to 2018, she held the position of laser treatment consultant at Classic Beauty. Since 2018, she has been serving as the Manager of Cell Regeneration Salon.

## CLINICAL CASE:

A 46-year-old female patient with skin type IV sought removal of her eyebrow tattoo. The parameters utilized included Q-switched 1064 nm, 6 mm spot size, 3–6 Hz in MaQX-1 mode. The starting fluence was 1.8 J/cm<sup>2</sup> and was progressively increased, reaching 6 J/cm<sup>2</sup> by the final session. The initial four sessions were spaced two weeks apart, followed by the last two sessions with a three-week interval. Anesthesia cream (16%) was administered at each session to alleviate discomfort. Slight erythema was noted after each session. Follow-up was conducted one month after the final session, during which it was reported that whitening of the eyebrow hair had persisted for 10 days.

Before



After last session



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