

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
DIRECTORATE OF SURGICAL SERVICES**

**Micropigmentation
(Medical Tattooing) UHL Guideline**

Date Originated: November 2012

Last Reviewed: Nov 2023

Next Review Date: Nov 2026

Trust Ref: C4/2008

Originator: Matthew Pilley, Specialist In
Clinical Prosthetics
Claire Porter, Advanced Nurse
Practitioner/Lead Nurse Burns &
Plastics
Plastic Surgery, MSK/SS

Contents

1. Criteria for Referrals
2. Protocol for Micropigmentation
3. Standard of Competency
4. Monitoring the Standard
5. Standards for Micropigmentation
6. Micropigmentation audit tool
7. Appendix 1 – UHL Plastic Surgery (Micropigmentation Service) Standard Operating Procedure (LocSSIP)

MICROPIGMENTATION CLINIC

CRITERIA FOR REFERRALS

Referrals will be accepted:

Internally from Breast Surgeons, Breast ANP's, Breast Specialist Nurses, BPDC Nurses, Reconstructive Scientists, Plastic Surgeons, Associate Surgeons and Registrars. Externally from ANP's and GP's from primary care, Burns Surgeons from the Midlands Operating Delivery Network (MBODN), and nationally from specialist units.

Patients who have undergone breast reconstructions with nipple reconstruction take priority.

Patients who have undergone facial reconstruction due to trauma, congenital abnormality, malignant disease, or burns will also be accepted for eyebrows, vermilion borders and scar therapy to areas that are assessed as suitable.

PROTOCOL FOR AREOLA MICROPIGMENTATION

Introduction

Micropigmentation is the implantation of small amounts of pigment into the skin to create colour. Although the colour may fade with time the pigments will permanently be present within the skin. The purpose of micropigmentation is to achieve a natural illusion of pigment within the skin and can be a stand alone treatment or an adjunct therapy.

Micropigmentation of the areola/nipple, or scar work, is often the last treatment in the reconstruction pathway. This treatment will enhance the visual appearance of the surgical reconstructions and thus improve the patients' perception of their body image.

Micro-needling is a comparable process for scar therapy without the implantation of pigment, the aim being to soften and relax scar tissue formation.

Please see Appendix 1 - UHL Plastic Surgery (Micro-pigmentation Service) Standard Operating Procedure (LocSSIP)

STANDARD OF COMPETENCY – MICROPIGMENTATION

Name of Practitioner Role

STANDARD STATEMENT

The Practitioner will be competent in performing micropigmentation.

ACTION

What is needed

A qualified practitioner, (ie, Clinical Prosthetist, Reconstructive Scientist or Specialist Nurse with burns, scar and plastics experience) who has undertaken the Finishing Touches or Dermace Training package (theoretical, practical and continual competency monitoring) or Industry equivalent.

1. With sound knowledge of skin anatomy and physiology, breast reconstruction techniques, burns injuries, and scar tissues.
2. Trained and instructed in the use of micropigmentation and pigmentation techniques.
3. With knowledge and skills required to achieve accurate skin to pigment colour matching technique.
4. With knowledge of the rationale and possible complications of the procedure.
5. With sound knowledge and understanding of professional and legal considerations in relation to expanded roles and scope of practice.

WHAT WILL HAPPEN?

The Practitioner will:

1. Complete a training programme of at least two days covering the above material within Industry.
2. Will carry out the areola/other defined micropigmentation procedure as outlined in the LocSSIPs.
3. Will be able to assess own level of competence and provide evidence of this.
4. Will be competent in performing the areola micropigmentation procedure and will have a good understanding of the rationale and possible complications.
5. Will have an understanding of scar tissue and the possible adverse effects of Micropigmentation

OUTCOME

Patients who require micropigmentation will have it performed safely by a competent practitioner.

COMPETENCY STATEMENT

I feel competent in carrying out the micropigmentation procedure. I have completed appropriate training and accept responsibility for my practice:

Evidence of competency seen by:

.....Date

Approved by:

(Person providing training)

..... Date

Review date:

.....Date

Monitoring the Standard of Competency

WHAT SHOULD BE MONITORED?

1. The Practitioner's knowledge of:
 - Anatomy and physiology of the skin
 - Breast reconstructions techniques and outcome
 - Burn Injuries and scarring outcomes
 - Micropigmentation techniques for positive scarring outcomes
 - Micropigmentation equipment and pigments
 - Colour matching techniques
 - Pigment implantation techniques/procedures
 - Rationale for techniques/procedures
 - Potential for complications
 - Professional considerations and legal requirements

2. Did the Practitioner complete an appropriate training programme and a plan of action to develop competence in this procedure?

3. Can the Practitioner assure themselves of their competence and show evidence of the action plan relating to their competence?

4. Is their evidence of competency being maintained?

5. Who is responsible for monitoring the standard of competency?

6. Audit of satisfaction of the patient to be undertaken after treatment completed.

7. Results to be made available to directorate Clinical Governance Manager and Head Nurse.

8. Has the practitioner had an annual current practice update?

STANDARDS FOR MICROPIGMENTATION

Standard Statements:

The micropigmentation procedure will be carried out safely with minimum risk of complications.

Each patient will be involved in decision-making and satisfied with the outcome of her micropigmentation.

Micropigmentation will not be undertaken if the patients safety is compromised.

STRUCTURE

A qualified practitioner who has developed specialist knowledge and skills in micropigmentation techniques.

Appropriate equipment (micropigmentation machine, needles and pigments, skin marker pen, stencil, anaesthetic cream).

An agreed LocSSIP outlining the micropigmentation process.

Patient information leaflet explaining the risk and benefits of micropigmentation and after-care instructions.

Assessment and treatment record forms. Including Safer surgery Checklist (appendix 1 of LocSIPP) and team brief checklist.

PROCESS

The practitioner will:

Develop and maintain up-to-date knowledge & skills in order to enable appropriate and artistic performance of micropigmentation techniques.

Undertake and document a patient assessment, including their expectations whilst acknowledging psychological care needs.

Explain the process to the patient and inform them of the benefits, risks, and factors influencing the outcomes of the process, documented on a UHL consent form 3.

Involve the patients in decisions regarding the size and colour of their new areola/micropigmentation procedure, if they desire to be.

Carry out the procedure according to the agreed LocSSIP.

Explain to the patient how to care for the skin following the procedure and provide an after care patient information leaflet.

Clearly document the outcomes of the procedure.

OUTCOME

Each patient's documentation will indicate the patient's expectations, the process and the outcomes of the micropigmentation procedure.

The patient will feel informed and involved in the decisions regarding the process.
The patient will say that they feel satisfied/pleased with their new micropigmented area and the outcome of their care.

The patient will not develop any complications following the procedure.

MICROPIGMENTATION

Micropigmentation delivers fantastic results in the medical field. Doctors, nurses, surgeons, radiologists and specialists have recognized the value of micropigmentation procedures in areas such as vitiligo, scar camouflage, areola restoration, burn injury scars, hairline enhancement and 'marking the spot' in radiotherapy. Skilled practitioners and state of the art equipment offer the assurance of minimum trauma to their clients and maximum safety throughout.

Micropigmentation is literally the 'finishing touch' to sometimes years of treatment.

After micropigmentation, patients can draw a line under all the surgery they have endured and enjoy a better quality of life without the constant visual reminders.

It can be described as a physical treatment that provides psychological care for patients' and their perception of their own body image

Areola Restoration

Micropigmentation is often the final procedure necessary to recreate the new breast, giving women and men renewed self-esteem and confidence in their appearance. Areola restoration using this technique achieves a natural appearing nipple areola complex resulting in aesthetic, psychological and emotional benefits for the patient. The demand for this service is rapidly growing, and is an integral part of their journey through breast reconstruction.

Cleft Lip Reconstruction

The appearance of a cleft lip can be dramatically improved with micropigmentation. By creating a balanced shape and camouflaging scars, the lip is given definition and fullness. This technique can also be used for patients with facial burns.

Scar Camouflage

Generally a year after a scar has healed, pigments can be used to match the scar to the colour of the surrounding skin in a blending effect. Occasionally the action of micropigmentation can help to stimulate the area and soften scar tissue.

Burns

Once burnt skin has healed, or a year after any skin graft work, micropigmentation can be used to camouflage or blend colour to existing skin tones.

Radiotherapy

When people visit the radiotherapy department they are often in a state of anxiety. By offering an alternative for marking the spot, they can walk away knowing that they will not have a permanent reminder of all they have endured.

Scar Therapy

By the use of dry needling techniques, this may soften or help to re-pigment a scar. This may improve function of scarred area and its visible appearance.

Eyebrows

Patients that have sustained hair loss through burn injury or other trauma to their eyebrows can have the illusion of hair strokes through micropigmentation and restore facial balance.

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

UHL Plastic Surgery (Micro-pigmentation Service) Standard Operating Procedure (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change <input checked="" type="checkbox"/> Trust requirement
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Specialist In Clinical Prosthetics	Matthew Pilley
	ANP/Lead Nurse Burns & Plastics	Claire Porter
SOP Owner:	Head of Service for Plastic Surgery	Mr. M Smith
Sub-group Lead:	Advanced Nurse Practitioner/Lead Nurse Burns & Plastics	Ms. C Porter

Introduction and Background:
<p>Scope: This Standard Operating Procedure (SOP) applies to all staff that perform micro-pigmentation procedures in the UHL Micro-pigmentation Clinic situated in the Burns and Plastics Dressings Outpatient Clinic (BPDC) at the Leicester Royal Infirmary (LRI). This SOP is the Local Safety Standard for Invasive Procedures (LocSSIP) document; this is compliant with the National Safety Standards for Invasive Procedures (NatSSIPs) guidance. Procedures covered include micro-pigmentation of:</p> <ul style="list-style-type: none"> • Nipple Areola Complex • Vermillion Border • Scar revision/micro-needling • Illusion of hair e.g. eyebrows, scalp reconstruction • Skin camouflage <p>Referrals are accepted Internally from;</p> <ul style="list-style-type: none"> • Breast Surgeons • Breast ANP's & Specialist Nurses & BPDC Nurses • Reconstructive Scientists

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

- Reconstructive Plastic Surgeons
- Consultants other specialties
- Associate Specialists/Registrars
- Reconstructive Scientists

And Externally from;

- ANP's and GP's from primary care
- Burns Surgeons from Midlands Burn Operating Delivery Network (MBODN)
- Referrals also accepted nationally from specialist units

This LocSSIP is for adult patients only.

Micro-pigmentation is the implantation of small amounts of pigment with a needle into the skin to create colour. Although the colour may fade with time the pigments will permanently be present within the skin. The purpose of micro-pigmentation is to achieve a natural illusion of pigment within the skin and can be a stand-alone treatment or an adjuvant therapy.

Micro-pigmentation of the areola/nipple, or scar work, is often the last treatment in the reconstruction pathway. This treatment will enhance the visual appearance of the surgical reconstructions and thus improve the patients' perception of their body image.

Micro-needling is a comparable process for scar therapy without the implantation of pigment, the aim being to soften and relax scar tissue formation.

List management and scheduling

Patients are booked in via a written referral from any of the referral pathways above.

Minimum data set will be to request the patient notes. If these are unavailable, a thorough patient history and consultation will be undertaken when the patient attends the department, any electronic notes (i.e. discharge /attendance letters) will also be attempted to obtain.

Micropigmentation Clinic list does not need signing off.

The patient will be added to the clinic list by the clinic co-ordinator under the direction of the micropigmentation team.

The clinic co-ordinator will print off the clinic list the day before. It will be placed with the patient notes for the team to access on the morning of the micropigmentation clinic.

The practitioners in the clinic will communicate with any other staff that need to know about the patient, i.e. the on call doctor and the clinic coordinator

No abbreviations of laterality to be used.

Ensure there is a member of staff available to perform the procedure prior to bringing the patient into hospital if not already there.

If patient does not attend (DNA) the team or administrative staff will try to call the patient and rearrange another appointment, if no answer, a clinic appointment will be sent in the post. If patient further DNA's, patient will be discharged and a letter sent to the GP completed by one of the micropigmentation team.

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Outpatients, List management and scheduling:

Clinicians will discuss with patients the benefits micro-pigmentation can offer and give verbal information regarding their procedure. This may be done in either the Breast/Plastic Surgery Outpatient Department or the Burns & Plastics Dressing Clinic.
Standard complications and morbidity risks that patients should be informed of in the verbal consent process include:

- Pain or discomfort
- Bleeding or bruising
- Scarring
- Wound infection
- Reduction of reconstructed nipple protrusion
- Colour imbalance
- Localised reaction to the pigment

Written consent will not be performed at this stage

Patients will then have a written referral to the Micro-pigmentation Clinic which includes a medical history. The referral needs to include what the micro-pigmentation is for and where on the body. If the patient requires nipple areola complex (N.A.C.) work the referral needs to specify whether the patient has had surgical nipple reconstruction and whether they require unilateral or bilateral nipple areola complex treatments. If the patient has had treatments that may increase the risk of potential complications such as previous radiotherapy treatment or the patient is susceptible to infection post procedure, please include this information in the referral letter. If the patient has recently undergone chemotherapy, they need to have authorisation from their oncologist.

The patient referrals once received will be put on the HISS waiting list for the micro-pigmentation clinic (BPMT). The referrals will then be screened by the practitioners and appointments will be allocated accordingly. Factors such as where the patient lives, whether they require unilateral/bilateral N.A.C work, whether they have previously had surgical nipple reconstruction work done or whether they require complex scar work will be taken into account when allocating appointment slots and how many will be required.

All patients will have a one and a half hour appointment (single slot) with two micropigmentation practitioners. Patients that require complex scar work will normally require a double slot (three hour appointment).

Appointment slots can only be managed by the micro-pigmentation practitioners, no-one else is to book into the BPMT clinic slots, i.e. Choose and Book.

Patient preparation:

We will follow the current guidance within UHL to implement appropriate PPE precautions and mitigate COVID risks.

No fasting or hydration arrangements required.

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Patients will be provided with verbal and written information about the procedure including post procedure care and information on who to contact if any concerns in the form of Patient Information Leaflet also available on YourHealth.

- No pre-procedural investigations or work-up required. Full skin assessment at micropigmentation site is undertaken before any treatment proceeds.
- If patient has multidrug resistance they will be seen in a closed room in the clinic and correct infection prevention procedures followed post procedure (i.e. enhanced cleaning). If patient requires hoist, the nurse will organise for the patient to attend triage or book a room on ward 9.
- Patient's with special requirements, i.e. diabetes or anti-coagulants does not affect the procedure.

The treating clinician will discuss potential options with the patient to achieve shared decision making.

All patients' skin cleaned pre-procedure with antimicrobial solution (**Chloraprep- Chlorhexidine**) using aseptic technique and aprons and sterile gloves.

UHL sharps policy will be followed throughout procedure to ensure prevention of safety incidents.

Any patients with disabilities will be managed by a thorough assessment and reasonable adaptations put in place, i.e. utilising a quiet room, organising a room on ward 9 if hoist if required, provide information to the patient in a way that meets their needs.

Any patients requiring translation / interpretation services will have had an interpreter booked if a planned appointment, if ad hoc appointment a member of staff that speaks the language will be sort after; if no one is available DA Languages will be used.

Wristband's will be printed and ready for use at the beginning of the clinic and applied when patient is brought into the clinic room and identifying details checked. Once the wristband is applied, the clinician will then complete the safer surgery checklist Sign In with the other member of staff who is in the clinic, requesting the patient to confirm their name.

Workforce – staffing requirements:

The minimum safe staffing standards for this service are 2 practitioners for all clinics. This is the minimum necessary to provide a timely high standard of safe care. If, due to staff absence/illness, two micropigmentation practitioners are not available, it is at the discretion of the Micropigmentation practitioner to decide whether clinic proceeds with suitable chaperone/nurse support.

Practitioners must have undergone a formally recognised medical micro-pigmentation training program with Finishing Touches or Dermace and a supervised local induction.

ANTT must be practised for all procedures as per the UHL Aseptic Non-Touch Technique Guidelines. All relevant staff must complete ANTT theory training which is available to staff on the e-UHL website as an e-learning package.

Annual competency statements will be undertaken and completed with reference to the UHL Guidelines for "Medical Micropigmentation".

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Learners or students or new members of the wider team may be present during the clinic with the patients consent in an observatory capacity only.

Ward checklist, and ward to procedure room handover:

N/A

Procedural Verification of Site Marking:

Site marking is done via testing which colours/pigments are to be used as these are painted onto the site of implantation to give patients a visual impression of the intended result. The nature of micropigmentation requires physical assessment of the area immediately before the procedure. Verbal consent gained prior to implantation of pigment regards colour, placement and site.

Team Safety Briefing:

The Safer Surgery Checklist will be completed by the clinician doing the procedure prior to starting with another member of staff in the clinic.
A copy of the Safer Surgery checklist will be filed in the patient's notes including the debrief section at the bottom.

Sign In:

The Sign In will happen in the patient room.
The member of staff doing the micropigmentation clinic (practitioner) or the other member of staff doing the clinic (practitioner) will do the Sign In.
The patient will be encouraged to participate where possible.
Any omissions, discrepancies of uncertainties must be resolved before proceeding.
"Stop Before you Block" not applicable as not performed under anaesthesia (see Appendix B for copy of checklist).

Time Out:

Time Out procedure:

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

The patient will be encouraged to participate where possible.
Any clinician trained in micropigmentation will lead the Time Out.
All team members involved in the procedure will be present and engaged during the Time Out
The Time Out will occur immediately before the procedure starts.
A separate Time Out checklist will be completed if there is a separate or sequential procedure being undertaken on the same patient.
Any omissions, discrepancies or uncertainties must be resolved before starting the procedure.
Antimicrobial prophylaxis not required.

The components of the Time Out checklist are:

- Confirm patient is in a comfortable position
- Skin assessment
- Any concerns about procedure
- Confirm site and side of procedure
- Confirm patient identity checks completed
- Prosthesis identified (if present)

Day of Procedure:

The notes are prepared ready for the beginning of the clinic, including a referral letter.
The room and equipment are all cleaned with Chlor-clean prior to the commencement of the clinic list, in between each case and after the list.

Patient clinic –

One of the practitioners will call the patient through to the clinic room and go through the micropigmentation consultation with the patient and their relative (if present), including a skin assessment, a scar assessment and a psychological assessment. The consultation also includes a thorough medical and drug history, and ascertaining any allergies or other red flags. The other practitioner will prepare the tattooing machine, the pots, the pigments, the sterile field and the aftercare ready promptly for the colour matching process and procedure itself.

Once all the assessment documentation is completed, a UHL consent form 3 must be completed, specifying the risks and benefits of the procedure, by the practitioner and the patient. At this point it may be decided by the practitioners or the patient that a patch test should be done at this appointment time.

Clinical photography is discussed at this time, with consent being gained and documented or otherwise.

Laterality must always be written in full, i.e. 'left' or 'right'. The use of abbreviations must be avoided at all times. It is during the consultation process we may sign post or refer patients to other services, such as the Joint Breast and Plastic Surgery Reconstruction Clinic or Medical or oncological Psychology.

Infection prevention strategies include:

- Aseptic Non-Touch Technique (ANTT)
- Pre-treatment skin prep
- Sterile gloves
- P.P.E.

Relatives may accompany the patient during the procedure with the patients' verbal consent.

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Children may accompany the patient during the procedure if they have reasonable supervision and deemed appropriate by the practitioner.

Performing the procedure:

Prepare the patient for the procedure by offering them a patient theatre gown in order to protect their privacy and dignity. A standing “body shot” photograph may be taken with the patients consent. The patient is then asked to sit on the couch.

Ensure the aseptic field and trolleys has been prepared in accordance with UHL ANTT policy and ensure PPE is readily available for use, including facial masks and safety goggles.

Aseptic Non-Touch Technique (ANTT) must be used during the micro-pigmentation procedure.

Using non sterile gloves, cleanse the skin prior to assessing colour matching with sterile solution (tisept or chlorhexidine) and sterile gauze, then discard gloves. Using non sterile gloves mix and paint the pigments in the pigment pots onto the consented area, cleansing in between each colour application with sterile solution and gauze. Once a colour match has been found suitable and agreed by the practitioners and patient, the sterile colour pot may be placed onto the sterile field. PPE must be discarded at this time, hands washed and full PPE (including eye protection and face mask) must be applied. All pigments and needles must be checked to be in date prior to use. Micro-pigmentation of the skin to take place with single use sterile needles sourced from Finishing Touches or Dermace that fit the class 2 medical grade machine used – Finishing Touches Precision Plus). Once the micro-pigmentation is complete, show the patient the results with the mirror available.

Employees have a duty to follow the arrangements set out within the UHL Sharps Management Policy for the safe use of sharps (See folder for policies in BPDC/UHL insite), therefore, needles must be disposed of by the practitioner immediately after the procedure has finished. Clean the treated area with normal saline and apply yellow soft paraffin or chloramphenicol 1% ointment followed by sterile polyvinylchloride. All treatments performed with an implant present, apply chloramphenicol, all other treatments apply yellow soft paraffin.

Monitoring:

No specific monitoring is performed during procedures unless requested by the Clinician. Throughout the procedure the patient is reassured and reassessed, monitoring for distress/pain or an altered physiological/psychological response to the procedure being undertaken. If the patient is unable to tolerate the procedure, the procedure is abandoned until the next appointment and local topical numbing cream is provided with instructions for use for the next treatment.

Prosthesis Verification:

Any prosthesis will be identified via the Time Out

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Prevention of Retained Foreign Objects:

N/A

Radiography:

N/A

Sign Out:

Sign out must occur before the patient leaves the operative/procedure area. This includes:

- Confirmation of procedure
- Confirmation that counts (instruments, sharps and swabs) are complete
- Discussion of post-procedural care and any concerns
- Equipment problems to include in team debriefing

This will be documented on the safer surgery checklist, Appendix B.

Handover:

N/A done in outpatient setting. Patient will go home afterwards.

Team Debrief:

A team debrief should occur at the end of the procedure when the patient has left the clinic or area.

The clinician who did the procedure should be present and the other trained staff member. The debrief includes :

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- An action log
- A named person for escalating issues

The debrief will be documented as part of the checklist in the patients notes (see Appendix B).

This information will be fed back to the team at monthly team meetings where it will be a reoccurring agenda item. It will also be discussed at the weekly team safety huddle.

Trust Ref C4/2008	Standard Procedure No.
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023
NHS Trust	Revision date: November 2026 2026
LRI	Version:

Post-procedural Aftercare:

During the consultation, after care advice is provided verbally and then further consolidated in a patient information leaflet. This is reiterated after the procedure with any further questions the patient may have answered. The patient's next appointment is booked there and then before they leave. All equipment and surfaces are cleaned with Chlor-clean as per policy.

Patients will be nursed in the room until safe and until they feel well enough to leave the area. Infection, bleeding and pain are the most likely complications. How to manage them is detailed in the Patient Information booklet.

Discharge:

Patients are discharged from the medical micro-pigmentation service when the desired outcome has been achieved. Patients are advised to seek re-referral for colour top up from either their Surgeon or their G.P. at such time they feel they would benefit from further colour administration.

Post procedure documentation –

The procedure must be clearly documented in the micro-pigmentation procedure page stating the procedure undertaken, the colours and needles used their lot and batch numbers, the tolerance of the machine, whether photographic evidence was recorded and whether any topical anaesthetic agent had been used. A letter is then dictated to the referrer and cc'd to the patient and the G.P.

Governance and Audit:

Safety incidents in this area include:

- Sharps injuries

All incidents must be reported on Datix. Incidents will be handled and reported in line with the usual Trust 'Incident and Accident Reporting Policy'.

All clinical incidents will be reviewed at the CMG monthly Quality and Safety board and at the quarterly Plastic Surgery & Breast Surgery Morbidity and Mortality meetings.

Compliance with this SOP will be monitored by audit on an annual basis.

Monthly Safe Surgery Audit and WHOBARs assessment as per Safe Surgery Quality Assurance & Accreditation programme will be submitted.

Training:

Practitioners will be trained in this SOP by one-to-one discussions and signed off by the service lead. Practitioners will be assessed yearly with a standard of competency – see attached (Appendix 1).

Documentation:

Procedure will be documented in patient notes as, "Procedure completed as per Micropigmentation SOP".

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

References to other standards, alerts and procedures:

Policy for Consent to Examination or Treatment, University Hospitals of Leicester:
 Sharps Management Policy, University Hospitals of Leicester:
 Incident and Accident Reporting Policy:
 Aseptic Non-Touch Technique Policy:
 National Safety Standards for Invasive Procedures, NHS England:
 UHL Safer Surgery Policy: B40/2010
 UHL Consent to Treatment or Examination Policy A16/2002

END

Appendix B

Patient ID Label or write name and number

Hospital No.: _____

Name: _____

Address: _____

D.O.B.: _____ Sex: _____

Telephone No. 1: _____

Telephone No. 2: _____



Safer Surgery Checklist

Micropigmentation Clinic

Burns and Plastics Dressings
Outpatient Clinic (BPDC)



TEAM BRIEF		SIGN OUT	
Prior to procedure with all team members		After counts Before patient or team members leave room	
All members of the team have discussed the procedure and addressed any concerns	<input type="checkbox"/>	Procedure correctly performed and recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Swab, equipment and instrument count correct	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGN IN & TIME OUT		Sharps disposed of safely.	
On arrival of patient in procedure room, with all team members present		Number of needles out: _____	
Team have introduced themselves by name and role	<input type="checkbox"/>	Any equipment issues?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Confirm patient's name, DOB and Hospital Number with patient and against procedure list/consent +/- wristband	<input type="checkbox"/>	Key concerns for recovery and post-operative management discussed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Confirm valid written consent/digital consent	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Dressing clingfilm	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Confirm valid verbal consent	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Chlorenphenicol	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Confirm procedure and site with patient	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Vaseline	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Confirm the site and side of procedure	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Next Appointment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Known allergy:	Yes <input type="checkbox"/> No <input type="checkbox"/>	TEAM DEBRIEF	
Patient Information Leaflet Provided	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Any concerns from Team Members throughout the Procedure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment available	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If Yes, please identify with follow up actions:	
Equipment clean	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Anticoagulation/ Antiplatelet concern? If Yes, please check UHL Anticoagulation /Antiplatelet guidance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Number of needles in: _____			
Any concerns about procedure	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Read out by: (PRINT)	
Skin assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Signed: _____ Date: _____	

Micro-pigmentation Service Standard Operating Procedure UHL Plastic Surgery (LocSSIPs)
Approved by CMG 2023

*Based on the WHO Surgical Safety Checklist, URL: <http://www.who.int/patientsafety/safesurgery/en>,
© World Health Organization 2008 All rights reserved:

Trust Ref C4/2008	Standard Procedure No.	
STANDARD OPERATING PROCEDURE (SOP)	Issue date: October 2023	
NHS Trust	Revision date: November 2026 2026	
LRI		Version:

Appendix I