Virtual Nutrition Team (VNT) Guidance

your questions answered

Response to PINNT member's question on microblading tattoos





Response to PINNT member's question on microblading tattoos

"A home parenteral nutrition (HPN) patient with high risk fistulating Crohn's and on home parenteral nutrition (HPN) would like advice on microblading (a type of cosmetic semi-permanent tattooing) and tattooing. Microblading is generally recommended post chemo is it that high risk for me?"

An additional comment states "the main desire was for tattooed eyebrows?"

We had a good response to this interesting question and some very useful and sensible comments to pass on to the patient and PINNT members.

The VNT responses:

- "Tattoos are tempting fate, so why not use temporary ones if street cred is important" from a young at heart VNT member triggering her to lament her advancing years!"
- "We have seen coagulase negative staphylococcus catheter related blood stream infection in three HPN patients within a month of a tattoo. One of the three patients has Crohn's.
 We suggest that any HPN patient considering a tattoo

- washes in Hibiscrub® for a few weeks pre-tattoo to see if this can reduce the risk. Not had any skin lesions at tattoo sites".
- Another very experienced VNT member said "I generally agree with all that's been said especially if the patient is on immunosuppression for Crohn's. Can we be reassured that the operator can apply a strictly sterile environment equivalent to an operating theatre?" He went on to reminisce "It's very high risk but young people often do take risks"
- Our paediatric respondent has not seen this problem but would err on the side of caution.



Before receiving the follow up comment about using microblading for eyebrows and in advance of the circulation of the question to VNT members, the lead member of the VNT sent the following:

"My first thought was that if she is fistulating, then granulomatous activity must be high. I have seen Crohn's patients develop skin lesions called Pathergy. These arise from skin trauma such as venepuncture and can be quite a nuisance. If a patient is in a highly active stage of Crohns, this could theoretically occur after tattooing of any kind. I don't know of any relationship between tattooing and erythema nodosum or pyoderma gangrenosum but if I were the patient, I wouldn't want to tempt providence. The risk of skin infections due to suppressed immunity from the disease or treatments would lead me to advise against such an unnecessary practice".

However, we should perhaps take note of the specifics of this question; namely that it is microblading, not formal tattooing, and for the eyebrows only. Perusal of the web reveals that this practice has come via Asia to the USA and now the UK as an unregulated semi permanent/temporary method of creating false eyebrows for up to a year. It is also known as eyebrow embroidery, feathering or etching. It is performed by using a small blade to insert pigment superficially into the epidermis, hence its non permanent status. Whilst this might deal with some personal body image problems, if there is a permanent residue, this may impact on body image and confidence later in life. Since our patient group is one which has all sorts of reasons for feeling they have adverse body image, it seems sensible to suggest that anything which impacts on an individual's psychological well being over a longer period should perhaps be cautioned against. If the psychological benefits from body image are enhanced by microbladed eyebrow feathering, then we should perhaps not discourage the practice.

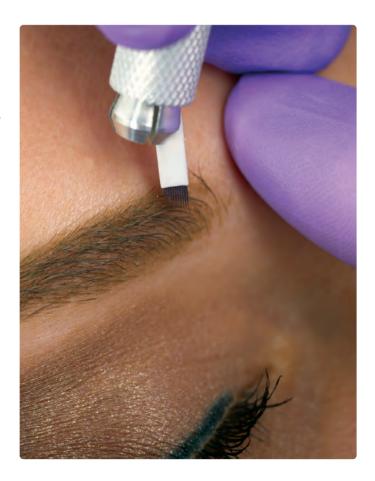
Since there is a very viable and time honoured method of enhancing eyebrow appearances in the form of makeup, the consensus amongst VNT members is that microblading should be avoided if possible, but of course, it is the patient's choice in the end. On the other hand, traditional tattooing would appear to pose an increased risk in our patients so we would advise against it.

I hope these comments are of use to the patient and PINNT members as a whole.

Dr Barry Jones, PINNT – VNT lead

For further details on the VNT and its members visit:

http://pinnt.com/About-Us/Virtual-Nutrition-Team-VNT.aspx





Virtual Nutrition Team (VNT) Guidance

your questions answered

Price £5.00 Free to PINNT members

Disclaimer: PINNT and the VNT have made every reasonable effort to ensure that the content of this newsletter is accurate, but accepts no responsibility for any errors or omissions. The views expressed are not necessarily those of PINNT or the VNT and no reference to any product or service is intended as a recommendation or endorsement. You should always seek advice from your own team of healthcare professionals in relation to your specific needs/treatment.

©PINNT. No part of this VNT leaflet can be reproduced without the written consent of PINNT and the VNT.

www.pinnt.com

