

# **AAM CME Module #10: Pain Control and Topical Anesthetics in Permanent Cosmetics**

©Linda H. Dixon, MD and American Academy of Micropigmentation 2001-2005

EXAM: Print out and complete this exam      DATE: \_\_\_\_\_

Send completed exam to:

Academy of Micropigmentation

Attn: CME Coordinator-Tiffany

2709 Medical Office Place

Goldsboro, NC 27534-9458

Your exam will be graded. Of the 30 questions, you must answer 70% (21) correctly to receive your certificate of continuing micropigmentation education for 4 units. Questions? Call Dr. Dixon at 808/263-3227.

Name and Signature: \_\_\_\_\_

## **Pain Control**

1. The reaction to pain by the body includes:
  - A. Increased heart rate
  - B. Increased blood pressure
  - C. Delayed healing
  - D. All of the above
  
2. The first topical anesthetic discovered was:
  - A. Novocain®
  - B. Lidocaine
  - C. Cocaine
  - D. Marcaine®
  
3. Allergic reactions to local anesthetics are:
  - A. Rare
  - B. Frequently reactions to epinephrine and not the local anesthetics
  - C. Usually self-limiting
  - D. Can be life-threatening
  - E. Developed with repeated use (contact dermatitis)
  - F. All of the above
  
4. The best question to ask about allergies to local anesthetics is:
  - A. Do you have any problems at the dentist's office?
  - B. Do you have any family members who've died from anesthesia?
  - C. Have you ever used Preparation H?
  - D. Have you ever had an allergic reaction to local anesthetics?
  
5. The price of not providing good pain control for a client includes:

- A. Pigment can be misplaced during the procedure
  - B. Client will have excessive bleeding
  - C. You will harm your practice
  - D. You will be under a lot of stress
  - E. All of the above.
6. The following facts are true about topical anesthetics used for eyeliner:
- A. Alkaline topical anesthetics can cause chemical corneal burns
  - B. EMLA® (pH 9.12) has been reported to cause severe eye damage
  - C. Topical anesthetic eyedrops cause increased permeability of the cornea
  - D. Topical anesthetics with a pH range of 7.4 are the safest for eyelids
  - E. All of the above
7. Special precautions for patients with dry eyes include:
- A. Keep bright lights out of the eyes
  - B. Use eyewash frequently during case
  - C. Advise the client to use artificial tears
  - D. Work as much as possible with the eyelids closed
  - E. All of the above
8. Occlusive dressings should not be used over topical anesthetics on eyelids because:
- A. Excessive heat is produced and anesthetics can melt into the eyes
  - B. Excessive swelling can be produced of eyelids before you start the procedure
  - C. You cannot observe the client's eyes and eyelids
  - D. All of the above
9. Artificial tears should NOT be used BEFORE applying topical anesthetics to the eyelids because:
- A. They get the lashes wet
  - B. They dilute topical anesthetics
  - C. They draw topical anesthetics into the eye
  - D. They can trap topical anesthetics next to the cornea
  - E. All of the above
10. The ideal topical anesthetic for to numb an eyelid before eyeliner is:
- A. Close to the eye's pH of 7.5
  - B. Does not melt or run into the eye
  - C. Works in 10-15 minutes without an occlusive dressing
  - D. Lasts at least 20-30 minutes
  - E. All of the above
11. The problem with topical anesthetics of high concentration include:
- A. They are illegal
  - B. They require a doctor's prescription
  - C. They may be too alkaline and cause corneal damage
  - D. They may be toxic to the eye if they get into the eye accidentally
  - E. All of the above

12. Topical anesthetics should NOT be added to your pigments because:
- A. Pigments can change colors with a change in pH
  - B. You may be considered to be “injecting” medication
  - C. Topical anesthetics are to be applied topically, not with needles
  - D. It may be considered the practice of medicine
  - E. Your insurance won’t cover any complications
  - F. All of the above
13. Topical anesthetics are preferable to injections for permanent makeup because:
- A. People are afraid of shots
  - B. They are painless
  - C. They don’t deposit fluid into the skin
  - D. All of the above
14. Proper labeling of topical anesthetics includes:
- A. Indications
  - B. Instructions for Use
  - C. Warnings
  - D. Ingredients and concentrations of active anesthetics
  - E. All of the above
15. Dr. Sigmund Freud was famous for:
- A. Discovery of the topical anesthetic Cocaine
  - B. Being a Cocaine addict
  - C. Psychoanalysis
  - D. All of the above
16. The “gold standard of local anesthetics is:
- A. Lidocaine synthesized in 1946 in Sweden
  - B. Procaine synthesized in 1905 by Einhorn
  - C. Tetracaine long-acting local anesthetic
  - D. Ropivacaine local anesthetic in 1998
17. The categories of local anesthetics include:
- A. Amide or Ester type local anesthetics
  - B. Benzocaine type local anesthetics
  - C. Irreversible type local anesthetics
  - D. None of the above
18. Toxicity from local anesthetics occurs when:
- A. Too much local anesthetic enters the blood stream
  - B. The rate of absorption exceeds the rate of metabolism
  - C. Your client has liver disease
  - D. All of the above

19. Signs of local anesthetic toxicity are:
- A. Ringing in the ears
  - B. Tongue feels swollen.
  - C. Seizures
  - D. Cardiac arrest
  - E. All of the above
20. The Microdermabrasion machine can speed the onset of a topical anesthetic
- A. True
  - B. False
21. Other methods of pain control include:
- A. Soothing music
  - B. Gentle technique
  - C. Oral antihistamines (Benadryl)
  - D. Nice personality of technician
  - E. All of the above
22. Epinephrine is added to local anesthetics for broken skin to:
- A. Constrict blood vessels and control bleeding
  - B. Control swelling
  - C. Prolong the anesthetic effect
  - D. All of the above
23. Pain control is vital for the successful practice of permanent cosmetics because:
- C. People don't like pain
  - D. Technicians are under less stress
  - E. Procedures are more successful
  - F. Clients will tell their friends their pain was tolerable
  - G. You'll have a more successful practice
  - H. All of the above
24. Pain control can be difficult in the following clients
- A. Clients who abuse alcoholic beverages
  - B. Clients on mood altering medications (Prozac)
  - C. Clients with a history of needing lots of anesthesia at dentist's
  - D. Clients who take prescription pain pills
  - E. All of the above.
25. Other causes of discomfort during permanent cosmetics include:
- A. Stretching the skin
  - B. Pressure on the eye
  - C. Noise of machines
  - D. Burning sensations
  - E. All of the above

26. Medical studies have show pain increases with:
- A. Repetition of painful stimulus
  - B. Larger Needle size
  - C. Both of the above
27. The immediate reaction of skin to a needle stick is called the wheal and flare reaction. This reaction includes the following:
- A. Swelling
  - B. Redness
  - C. All of the above
28. Topical anesthetics are not as effective once the skin is swollen because fluid in the tissues prevents the absorption of topical anesthetics.
- A. True
  - B. False
29. The QuickPass™ technique for pain control in permanent cosmetics includes:
- A. Retracting your needles to 1/2 desired depth
  - B. Making a QuickPass over the desired area
  - C. Applying a topical anesthetic gel with epinephrine and local anesthetic
  - D. Waiting for 3-5 minutes for the anesthetic to take effect
  - E. Control of pain and swelling before continuing the procedure
  - F. All of the above
30. Regarding topical anesthetics used for permanent cosmetics, which of the following are true in the United States and most countries:
- A. No topical anesthetics are approved specifically for use in permanent makeup
  - B. Over-the-counter topical anesthetics are available for treatment of minor cuts, scrapes and abrasions (broken skin only)
  - C. Over-the-counter topical anesthetics are available for treatment pain or discomfort from anorectal disorders (external use, intact skin)
  - D. Prescription topical anesthetics should be limited to use by a physician or those immediately under his/her supervision.
  - E. All of the above

*Anyone who copies this exam in part or in whole and uses it for any other purpose than for an Academy member who is desirous of learning and receiving credit will be prosecuted. This exam is the result of decades of education and is an effort to share information critical to the conduct of our profession of permanent makeup. Specifically prohibited is anyone not a member of the AAM or anyone affiliated with any other organization than the American Academy of Micropigmentation. ©Linda H Dixon MD, President, AAM*