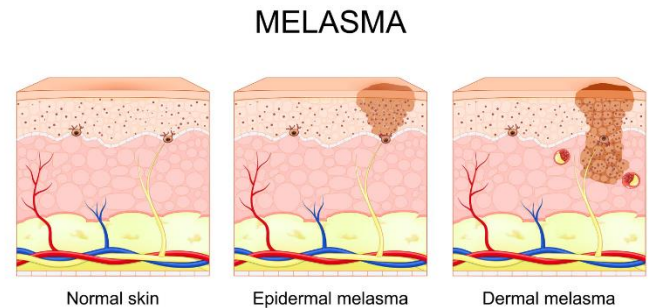


# Melasma

## What Is Melasma?

**Melasma** is a common condition that causes **brown or gray-brown patches** on the skin—most often on the **cheeks, forehead, upper lip, and chin**.

It's not dangerous, but it can be frustrating because it tends to **flare and fade** over time.



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## What Does Melasma Look Like?

Melasma typically appears as:

- Flat, patchy areas of discoloration (not raised)
  - Symmetrical patches on both sides of the face
  - Darkening after sun exposure or heat exposure
- Examples and patterns can be seen in clinical and Wood's lamp comparison images.

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## Why Melasma Happens

Melasma is driven by **overproduction of pigment (melanin)**. Common contributors include:

- **UV exposure** (sunlight)
  - **Visible light** (especially in some skin types)
  - **Heat** (hot yoga, saunas, cooking heat)
  - **Hormonal factors** (pregnancy, oral contraceptives, hormone therapy)
  - Genetic tendency (runs in families)
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## How We Diagnose Melasma

Diagnosis is usually made with a focused history and skin exam. Sometimes we may use a **Wood's lamp** to help evaluate the pigmentation pattern.

(Your treatment plan is based on the full clinical picture, not just one test.)

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## Treatment Options

Melasma treatment works best as a **long-term plan** (think “control,” not “quick cure”).

### 1) Daily prevention (the most important step)

- **Broad-spectrum sunscreen every morning** (and reapply when outdoors)
- Hats/sun-protective behavior
- Heat management when possible

### 2) Prescription topical treatment

Depending on your skin and goals, options may include pigment-correcting creams such as:

- Combination “triple” creams
- Other brightening/anti-pigment agents (often used in cycles)

### 3) In-office options (selected patients)

- Chemical peels (carefully chosen)
- Other procedural options when appropriate

*Note:* Some procedures can worsen pigmentation in certain patients, so we select treatments thoughtfully.

### 4) Maintenance

Once improved, most patients need a maintenance routine to reduce recurrence.

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# Pre-Op Instructions

*(Not surgery—these are “before starting treatment or procedures” tips.)*

## Before your melasma visit

- Bring a list of current skincare products (including “brightening” products)
- Tell us if you are pregnant, breastfeeding, or using hormonal contraception/therapy
- Avoid tanning or sunburn before your appointment

## If you are scheduled for an in-office procedure (peel/laser)

- Avoid sun exposure, self-tanners, and harsh exfoliants beforehand (we’ll give a specific timeline)
  - Tell us about any history of dark marks after irritation (post-inflammatory hyperpigmentation)
  - Inform us of any recent waxing/threading in the treatment area
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# Post-Op Instructions

## After starting prescription topicals

- Use exactly as directed—more is not better
- Expect gradual improvement over **weeks to months**
- Stop and contact us if you develop significant burning, blistering, or severe irritation

## After an in-office procedure

- Be extra strict with sun protection
  - Use gentle cleanser + bland moisturizer until healed
  - Avoid scrubs, retinoids, strong acids, and picking until cleared
  - Call if you have increasing pain, swelling, crusting, or worsening darkening
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# Melasma FAQ

## Is melasma dangerous?

No—melasma is a benign (non-cancerous) pigment condition. It can, however, affect confidence and quality of life.

### **Will melasma go away on its own?**

Sometimes it fades, but it often returns—especially with sun/heat exposure or hormonal triggers.

### **Why did my melasma start during pregnancy or on birth control?**

Hormonal changes can stimulate pigment production and make skin more reactive to sun and heat.

### **Does melasma respond to regular “dark spot” OTC products?**

Some OTC products can help mild pigment issues, but melasma often needs a **medical-grade plan** plus strict sun protection.

### **Is sunscreen really that important?**

Yes—consistent sun protection is the foundation of melasma control. Melasma is strongly influenced by UV exposure.

### **Can procedures make melasma worse?**

They can in some patients—especially if irritation triggers additional pigmentation. That’s why treatment selection and aftercare matter.

### **How long until I see results?**

Many patients see improvement in **6–12 weeks**, with continued gains over several months, depending on severity and consistency.

### **Will I need long-term treatment?**

Often, yes—melasma commonly requires a maintenance plan to prevent recurrence.