Ink Erasures

What happens when you want to say bye-bye to body art?

June 1, 2009 By Anne M. Raso

Today, tattoos are part of mainstream culture. But what happens when the thrill is gone and you no longer want to wear your heart on your “sleeve”? (Sleeve is slang for a tattoo or series of tattoos that covers most of the arm.) For African Americans, removing—and even getting—a tattoo comes with a specific set of concerns: What ink colors will show up best on your complexion but will also be the easiest to erase?

When tattoos are removed from black skin, the method of removal is critical. Why? Because the biggest issue is how to avoid scarring the skin. Most know this scarring as keloiding.

Although there is a small possibility of developing a keloid, or raised scar, from getting a tattoo or body piercing, especially for dark-skinned people, “The bigger risk [for keloiding] is if the person wants to have that tattoo removed and there is a family history of keloids—that is when there is a greater risk,” says Mitchell Chasin, MD, one of northern New Jersey’s premier dermatologists with a large African-American clientele.

Specifically, the risk is about 20 percent more in someone who has darker skin, Chasin explains, but doctors don’t totally understand why that is. “The hereditary basis is there…[and] doctors can postulate about why they occur, but there is no clear-cut answer to that question.” One theory is that keloids result from the body’s inability to turn off the healing process that repairs skin, causing extra collagen to form on the outer periphery of a scar.

Currently, keloids cannot be prevented. And while they are not contagious, they are unsightly. The scars often rise above the rest of the skin, expanding in fingerlike formations. In severe cases, they might appear as dome-shaped pink or red bubbles. Also, they can be painful. The scar tissue might burn and itch, and, depending on where it’s located, it might cause muscles, tendons, ligaments or skin to tighten in a way that prevents normal movement (called a contracture). Keloids affect both sexes equally.

Despite these tattoo removal realities, if you’re still determined to get inked, Chasin recommends you do your research.

He suggests that people with a family history of keloids and people who scar easily from a simple

scratch or stitches should speak to a dermatologist about the possibility of developing keloids from getting or removing a tattoo. (Of course, it's best to do this before getting the tattoo.)

"If someone with a minor kind of trauma develops any kind of a raised scar," Chasin warns, "that is an absolute tip-off that they might develop keloids and should not get a tattoo."

Scarring that is caused from stitches, however, is often a special case. "A lot of it has to do with how a wound is closed," Chasin says. "If you have a cut and there is a lot of tension on the edges of the cut—based on how it's closed—there is a much higher chance of having a keloid form. Very often, if people are keloid-prone, we close cuts in different layers. We close the wound from underneath as well as on the top to take tension off the edges; that decreases the risk of keloid scarring."

The most common places for keloids to form are the upper arms, the upper back and the chest. Chasin recommends anyone with a history of keloids avoid those areas if they decide to get a tat.

Another important factor to consider before getting inked is the tattoo color. Chasin explains: "If someone is planning on getting a tattoo and they are dark-skinned, the safest color would be black. Why? Because the amount of trauma to have a black tattoo removed is generally less than with some of the other colors." This is because safely erasing a black ink tat from darker skin requires a specific wavelength of light and certain type of laser technology.

"The key is tailoring the treatment specifically to the complexion of the individual and to the color of the tattoo. If you use the wrong laser or if you don't use the ideal wavelength, you are going to traumatize the skin more than you should. And the more trauma you do to the skin, the higher the risk of a keloid forming," says Chasin.

Lasering is Chasin's preferred way to remove tattoos. The doc stresses that it is better than elective or cosmetic surgery in minimizing the risk of keloiding.

Chasin's state-of-the-art laser tattoo removal machines look like something from a James Bond film. They might seem intimidating, but they're essential tools of the trade used by doctors in the business of successful ink erasures. Practitioners who have multiple, high-tech tattoo removal lasers are better suited to customize treatments based on a patient's skin type and tattoo color.

Keith R. can attest to the importance of using the proper laser. A twentysomething African-American man with no personal or family history of developing keloids, Keith sought treatment from Chasin after he'd had a tattoo removed. A gynecologist had done the work, erasing a large black tattoo: the name of Keith's former girlfriend. The doc performed the procedure with the wrong type of laser, explains Chasin. As a result, Keith was left with severe keloid scarring on his left forearm.

"He was seen by a gynecologist who had a carbon dioxide laser, which he utilized for other purposes, such as wart removal. That's what caused Keith to develop keloids," Chasin says. At the

initial consultation, Keith was distraught. The area of skin where the keloid had developed was red, raised, itchy and painful. In response, Chasin administered steroid injections and Vbeam laser treatments, which Keith continued.

“The keloids are less raised and less red, but they are still there,” Chasin says. “The steroid injections will likely reduce the mass of the keloid matter, but it won’t [ever] be entirely gone.”

Realistic about the limitations of the treatment, Chasin knows Keith is unhappy about the appearance of the affected area. “The bottom line is that you’ll make it better, but once it’s a keloid, it will always be a keloid. It is very rare that you can treat a keloid and take it away. You will always have a scar there.”

Currently, there are three primary treatments for keloids. The most common (and effective) is injecting keloids with a steroid solution while they are in their early stages. Some doctors even advise injecting a site right after surgery to prevent keloids. The second method is to use lasers, such as the Vbeam and Medlite, to decrease inflammation. (Doctors believe inflammation is a factor in the development of keloids.) The third method is to surgically remove the keloid. But the problem with surgery is that keloids return 50 percent of the time, Chasin says.

Finally, although it’s not one of the three primary treatments, recently physicians have prescribed Aldara (imiquimod) cream to prevent keloids from initially forming after surgery or returning after they have been surgically removed. Imiquimod stimulates the body’s production of interferon, a protein that helps fight viruses, bacteria and other invaders. Recent studies indicate that interferon injections show promise in decreasing the size of keloids. Doctors don’t know yet, though, if the effect is lasting. (In some instances keloids may become smaller, flatter and less apparent on their own after a few years, even without treatment.)

If you have keloids, as an additional precaution, doctors recommend limiting sun exposure and liberally applying sunscreen. This is because during the first year after a keloid is initially formed, sunlight can turn the outer edges of the scarred skin darker than the skin surrounding it—and that darker color may be permanent. To prevent discoloration from sun exposure, doctors advise keeping a Band-Aid or patch over a keloid.

As we age, however, the risk of developing keloids decreases (particularly true after age 30). “Keloiding in the elderly is unusual,” Chasin notes. So maybe the best time to get inked is during retirement—at least you’ll have plenty of time to think about the design.

INKWELL: DOES TATTOOING REALLY POSE A RISK FOR HIV?

Tattoos done in prisons are associated with higher HIV rates. But can getting inked outside the pen leave a permanent mark on your health?

By Stephanie Wolf

Yes, says Amy Lansky, PhD, an epidemiologist with the Centers for Disease Control and

Prevention’s Division of HIV/AIDS Prevention. “Any percutaneous [performed through the skin] exposure, including tattooing, has the potential for transferring infectious blood.”

So, whether you’re a tenderfoot (a body art newbie) or a veteran illustrated man or woman, take these universal precautions before heading to the tattoo parlor:

- **Don’t try this at home.** Improvised devices, such as sewing needles or paper clips, may be hollow-bore, meaning they’ll transfer more blood than a tattoo needle and increase risk. It’s healthier to seek out a professional—and you’ll probably be happier with the results too.
- **Go to a licensed facility.** States enforce standards to control the spread of infection. If your shop can’t show a license, it’s likely not up to code. For a state-by-state list of regulations, visit: aaatattoodirectory.com/tattoo_regulations or contact your health department—it also keeps track of complaints filed against local artists.
- **Take a tour.** Make sure the tattoo parlor is pristine; a shoddy shop could indicate other unclean habits. Observe whether potential tattooists wash their hands, disinfect their workstations and safely dispose of all equipment.
- **Check the works.** Your artist should use disposable single-use gloves, needles, razors, tubes and inks. If you see instruments soaking in sterilizing fluid, they’ve been used on someone else and could carry HIV or other blood-borne infections (such as hepatitis B or C). You wouldn’t share a needle at the doc, so don’t do it here.
- **Trust your gut.** Tattoos are meant to beautify your body, not endanger your health. If you are in a situation that feels unsafe, walk out. A tat ain’t worth all that.

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