

4-DAY INTENSIVE · PROFESSIONAL CERTIFICATION

Medical Tattooing & Paramedical Micropigmentation

Course booklet & training manual — 3D areola restoration, scar, vitiligo and stretch-mark camouflage, with advanced colour theory and supervised practice.

£3,850 incl. professional kit & pigments

4 days

Theory + live practice

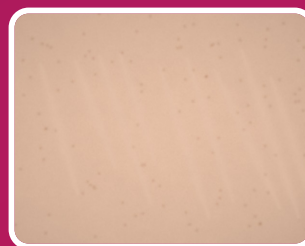
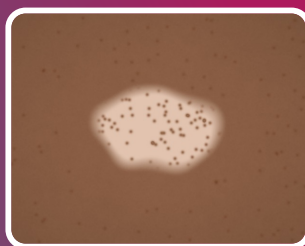
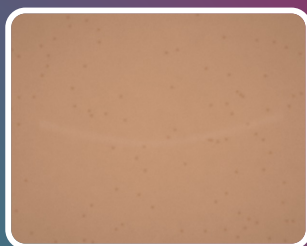
Small groups



Approved by
Arkangel Medical University



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Welcome to Medical Tattooing

Medical (paramedical) tattooing uses micropigmentation to restore what illness, surgery or injury has taken away — an areola after breast reconstruction, even skin tone over a pale scar, colour returned to stable vitiligo patches. It is technical work and deeply human work: many of your clients will be cancer survivors, burn survivors or people who have hidden their skin for years.

This four-day course combines the science (skin, scars, healing, pigment chemistry and colour), the safety (infection control, consultation and the UK legal framework) and the artistry (3D illusion, skin-tone matching and blending), with structured practice every day — first on practice skins, then on supervised live models.

4

intensive days

13

theory modules

10

practice sessions

£3,850

incl. full kit

Who this course is for

- Permanent make-up (PMU) artists and tattooists expanding into paramedical work
- Nurses, doctors and aesthetic practitioners
- Scalp micropigmentation and cosmetic tattoo professionals

Recommended entry: prior PMU / tattoo training or a healthcare background. Complete beginners should first take a foundation micropigmentation course — please speak to admissions.

What you will be able to do

- Assess suitability, contraindications and when to seek medical clearance
- Select and mix skin-tone and areola pigments using colour theory
- Map and tattoo a symmetrical 3D areola & nipple illusion
- Camouflage mature pale scars, stable vitiligo and white stretch marks
- Work safely, document, photograph and manage aftercare

Course fee — £3,850, including your professional kit

Fee covers four days of tuition, this manual, practice skins, supervised live-model practice, assessment and certification, plus your professional medical tattooing kit with pigments (see page 5).



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Arkangel Medical University



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● Course overview

Item	Details
Title	Medical Tattooing & Paramedical Micropigmentation — 4-Day Intensive
Provider	Bodevolution Academy Ltd (Bode Academy), London & Oxford
Approval	Approved by Arkangel Medical University · Endorsed by CPD Direct
Duration	4 days, 9:00–17:30 (approx. 30 guided learning hours) + post-course case studies
Format	Theory, live demonstrations, practice skins and supervised live models
Group size	Small groups for close supervision on live models
Fee	£3,850 including professional kit and pigments
Certification	Bode Academy Certificate in Medical Tattooing & Paramedical Micropigmentation on passing theory, practical and case-study portfolio
Bring	Photo ID, notebook, hair tie; wear closed shoes. Models are arranged by the academy unless agreed otherwise

● Learning outcomes

1. Explain the scope, benefits and limits of medical tattooing, and recognise work that must be referred.
2. Describe skin structure, wound healing and scar types, and judge when tissue is ready to tattoo.
3. Apply infection-control, sharps and waste procedures and meet UK registration and record-keeping duties.
4. Run a full consultation, obtain informed consent and identify contraindications.
5. Use colour theory, the Fitzpatrick scale and undertone analysis to select, mix and test pigments.
6. Choose needle configurations, machine settings and techniques for each skin and indication.
7. Design and perform a realistic, symmetrical 3D areola & nipple illusion.
8. Camouflage suitable scars, stable vitiligo and mature stretch marks with layered, blended skin tones.
9. Provide aftercare, recognise complications and document with standardised photography.

Your professional kit (included)

- Professional rotary pen machine with power supply
- Assorted sterile single-use needle cartridges (RL, nano, flat, magnum)
- Skin-tone camouflage pigment set (light to deep shades)
- Areola & nipple pigment shades
- Warm and cool modifiers / correctors
- Silicone practice skins incl. 3D breast practice pad
- Callipers, ruler, measuring tape & areola templates
- Surgical skin markers and pre-draw pencils
- Ink cups, rings, barrier film & starter PPE
- Aftercare samples, this manual & record forms

Brands and exact contents may vary with supply. All pigments supplied are intended to meet current UK/EU requirements for tattoo and PMU inks.

• 4-day timetable

DAY 1 — Foundations, safety & skin

Modules 1–4 · Practice 1–2

09:00–09:30	Welcome, introductions, course goals, kit hand-out
09:30–11:00	M1 Introduction to medical tattooing · M2 Skin anatomy, wound healing & scar types
11:15–12:45	M3 Health, safety, infection control & UK law · M4 Consultation, consent & contraindications
13:30–15:00	M6 Machines, needles & settings — Practice 1: machine set-up & hand-speed drills
15:15–17:15	Practice 2: stipple, gradient & whip-shade drills on practice skin
17:15–17:30	Recap quiz & Q&A

DAY 2 — Colour science lab

Module 5 · Practice 3–5

09:00–10:45	M5 Colour wheel, hue/value/chroma, undertones, Fitzpatrick I–VI, pigment chemistry
11:00–12:45	Practice 3: skin-tone matching lab — mixing & swatching against real skin
13:30–15:00	Practice 4: colour-correction & modifier exercises; test-patch protocol
15:15–17:15	Practice 5: blended camouflage panel on practice skin (light → deep)
17:15–17:30	Colour quiz & review of healed-result photos

DAY 3 — 3D areola & nipple restoration

Module 7 · Practice 6–8

09:00–10:30	Breast surgery types, reconstruction, radiotherapy skin, timing & clearance
10:45–12:30	Measuring & symmetry mapping; light, shadow & 3D drawing — Practice 6: paper & marker designs
13:15–14:00	Trainer live demonstration on model
14:00–15:30	Practice 7: full 3D areola on silicone breast pad
15:45–17:30	Practice 8: supervised live model (areola, or areola enhancement)

DAY 4 — Camouflage, aftercare & assessment

Modules 8–13 · Practice 9–10

09:00–10:30	M8 Scar camouflage · M9 Vitiligo · M10 Stretch marks — suitability & technique
10:45–11:15	Trainer demonstration; Practice 9: scar/striae camouflage on textured skin
11:15–13:00	Practice 10: supervised live model — camouflage test patch or treatment
13:45–15:00	M11 Aftercare & complications · M12 Photography & records · M13 Ethics & business
15:00–16:30	Written theory assessment & practical sign-off
16:30–17:30	Portfolio briefing, feedback, graduation & certificates of attendance

Timings are a guide; trainers may adjust the order to suit model availability.

MODULE 01

Introduction to medical tattooing

What it is, who it helps, and where the boundaries lie

Medical tattooing — also called paramedical tattooing, medical micropigmentation or dermapigmentation — implants pigment into the upper dermis to **restore or camouflage** rather than to decorate. It sits between permanent make-up and clinical care: practitioners often work alongside breast-care nurses, plastic surgeons, dermatologists and burns teams.

● Core treatments covered on this course

Treatment	Typical clients	Goal
3D areola & nipple restoration	After mastectomy and reconstruction; after breast reduction/uplift; congenital asymmetry	Create a realistic, symmetrical areola and a 3D nipple illusion
Areola enhancement	Pale, faded or uneven natural areolae; surgical scars at the areola edge	Restore colour, definition and symmetry
Scar camouflage	Mature, flat, pale (hypopigmented) scars — surgical, injury, some burns	Blend the scar into surrounding skin tone
Vitiligo & hypopigmentation	Stable vitiligo, post-inflammatory or post-laser hypopigmentation	Reduce contrast of depigmented patches
Stretch-mark camouflage	Mature, white/silver striae (striae alba)	Soften visibility by matching surrounding tone

● Where the boundaries lie

In scope

- Mature, stable, flat or near-flat tissue
- Clients with realistic expectations
- Medical clearance obtained where needed
- Your training, insurance and registration cover the work

Out of scope — refer

- Red, raised, itchy or immature scars; keloids
- Active or spreading vitiligo; undiagnosed lesions or moles
- Red/purple stretch marks (striae rubra)
- Any treatment you are not trained or insured for

NOTE

Medical tattooing camouflages; it does not erase. Results are judged at conversational distance in normal light. Say this clearly at consultation — it is the single biggest driver of client satisfaction.

● The emotional side

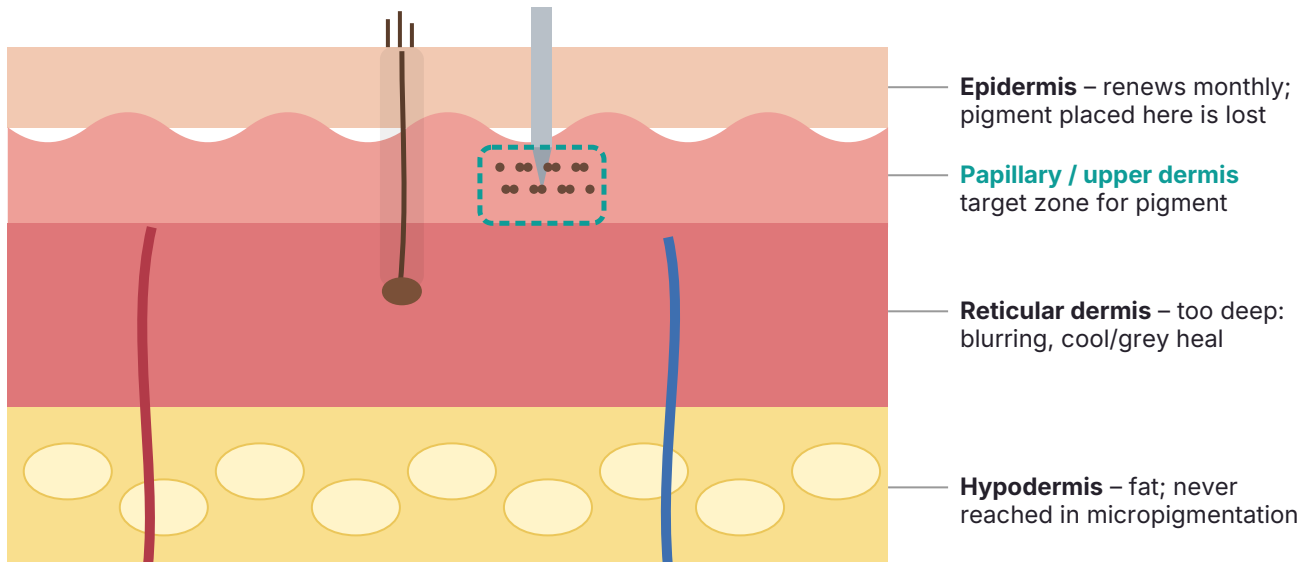
Many clients are survivors of cancer or trauma. Allow extra consultation time, offer a chaperone, explain each step before touching, and let clients see the drawing in a mirror before you begin. Language matters: say "reconstructed breast", "scar" and "treatment area" rather than "damage" or "defect".

MODULE 02

Skin anatomy, healing & scars

Where pigment lives — and why tissue readiness decides results

● The layers of the skin



Pigment must sit in the **upper dermis**, below the constantly renewing epidermis but above the deeper reticular dermis. Too shallow and it sheds out within weeks; too deep and it spreads ("blowout"), heals cool or grey, and is hard to correct. Correct depth varies by body area, age, skin thickness and especially by **scar tissue**, which is denser and less elastic than normal skin.

★ PRO TIP

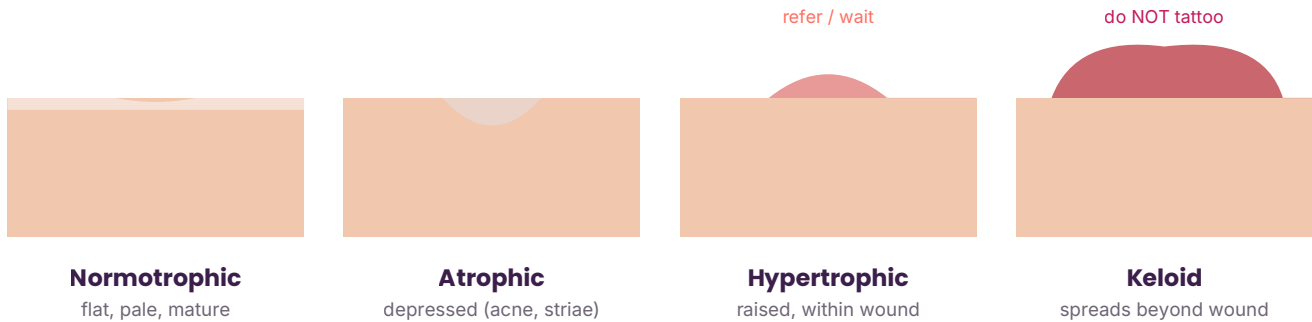
Feel, don't force: stretch the skin firmly, keep needle-depth consistent, and watch for a clean, even deposit with minimal bleeding. Excess bleeding or a "popping" sensation suggests you are too deep.

● Wound healing — the four phases



Scars continue remodelling for many months; collagen is reorganised, redness fades and the scar flattens and pales. Tattooing an immature scar risks poor retention, unpredictable colour and possible worsening of the scar.

● Scar types



Scar	Appearance	Suitable?
Normotrophic (mature)	Flat, pale, smooth, not tender	Usually suitable once mature
Atrophic	Depressed, e.g. acne or striae	Sometimes — colour helps, depth won't change; may combine with collagen-induction by a qualified practitioner
Hypertrophic	Raised, red, within original wound	Not until settled — refer for medical management
Keloid	Raised, extends beyond wound, may itch	Never tattoo — trauma can trigger growth
Burn / graft	Variable texture, thin or tight skin	Only with consultant clearance and experience; test patch first

● Is the scar ready? Checklist

- Generally at least **12 months** old (many practitioners prefer 12–18 months); confirm with the treating clinician where relevant
- Silvery-white or pale, not pink, red or purple; blanching test shows no active redness
- Flat or nearly flat, smooth, not tender, itchy or shiny-tight
- No history of keloid formation; no ongoing medical treatment to the area

MODULE 03

Health, safety & UK law

Protecting clients, yourself and your business

● Registration and licensing in the UK (as at October 2026)

Area	Current position
Local authority registration	In England outside London, tattooists and premises must register with the local council under the skin-piercing provisions of the Local Government (Miscellaneous Provisions) Act 1982 and local byelaws. Micropigmentation and medical tattooing fall within this.
London	Most London boroughs require a special treatment licence for premises offering treatments such as micropigmentation.
Scotland, Wales, NI	Separate licensing regimes apply — check with the local authority where you will practise.
England's new cosmetic licensing scheme	The Health and Care Act 2022 gives the government power to license non-surgical cosmetic procedures. The government's response of 7 August 2025 confirmed a red/amber/green risk model; its consultation listed micropigmentation among lower-risk "green" procedures. The scheme is not yet in force and further consultation is expected — monitor GOV.UK.
Pigments (UK REACH)	The EU restricted hazardous substances in tattoo and PMU inks from January 2022. In Great Britain, HSE (as the UK REACH Agency) has recommended a similar restriction; check its current status and buy only from suppliers who can provide compliance documents and batch numbers.
Insurance	Hold treatment-specific insurance before treating any client; confirm your insurer accepts this certificate and each indication (areola, scar, vitiligo, striae).
Data protection	Client records and photographs are special-category health data under UK GDPR — store securely, with explicit consent for photography and any marketing use.

▲ SAFETY

Always check the current rules with your local council before opening. Regulations are changing; Bode Academy will notify graduates of significant updates, but compliance remains each practitioner's responsibility.

● Infection prevention & control

Before

- Hepatitis B vaccination recommended for practitioners
- Clean, uncluttered, washable work surfaces; barrier film on machine, cords and bottles
- Hand hygiene; single-use nitrile gloves, changed whenever contaminated
- Sterile, single-use cartridges opened in front of the client
- Decant pigment into single-use cups — never return to the bottle

During & after

- Skin antisepsis before drawing and before tattooing
- Sharps straight into a sharps bin; never recap
- Clinical waste segregated and collected by a licensed contractor
- Disinfect surfaces between clients; launder towels hot
- Record pigment names, batch numbers and expiry for every treatment
- Sharps-injury procedure displayed and known

● **Anaesthetics**

Many reconstructed breasts have reduced sensation, but scars and vitiligo areas usually do not. Only use topical products you are legally permitted to supply, follow the manufacturer's instructions and maximum area, ask about allergies, and never use prescription-only anaesthetics without an appropriate prescriber.

MODULE 04

Consultation & contraindications

The most important 30 minutes of every treatment

● The consultation, step by step

1. **Listen:** the client's story, goals and what "success" means to them.
2. **Medical history:** full health questionnaire, medications, allergies, previous tattoos and reactions.
3. **Assess the skin:** scar maturity, texture, colour, Fitzpatrick type and undertone, in daylight-balanced light.
4. **Explain:** number of sessions, healing, colour shifts, longevity, fading, cost and limitations.
5. **Clearance:** request written clearance from GP/consultant where indicated (see table).
6. **Test patch:** allergy patch and/or colour test in a discreet area; review healed (typically 4–8 weeks).
7. **Consent & photos:** written informed consent, photo consent, standardised "before" photographs.

● Contraindications

Do not treat (absolute)	Treat only with written medical clearance / postpone
Keloid scars or history of keloid formation in the area	Recent surgery — wait until healing complete (often 4–6 months after final reconstruction; ask the surgical team)
Active infection, open wounds, broken or inflamed skin	Radiotherapy to the area — tissue is fragile; wait as advised by oncology (often 6–12 months or more)
Pregnancy and breastfeeding	Active chemotherapy or immunosuppression
Known allergy to pigment ingredients	Diabetes (especially poorly controlled), slow healing
Undiagnosed moles, lesions or changing skin in the area	Anticoagulant or antiplatelet medication; bleeding disorders
Active / spreading vitiligo; red striae; immature scars	Autoimmune skin conditions, e.g. psoriasis, lupus (Koebner risk)
Under 18 years of age	Heart conditions, epilepsy, blood-borne viruses (adjust protocol; informed consent)
Client under the influence of alcohol or drugs	Isotretinoin within the last 6–12 months; recent laser or peels to the area

▲ SAFETY

If in doubt, don't. A two-month delay for a doctor's letter costs nothing compared with a complication on fragile reconstructed skin.

● Managing expectations

Typical courses

- Areola: 2 sessions, 6–8 weeks apart; top-ups every 1–3 years
- Scar / striae camouflage: 2–4+ sessions, 6–8 weeks apart
- Vitiligo: test patch, then 2–4 sessions

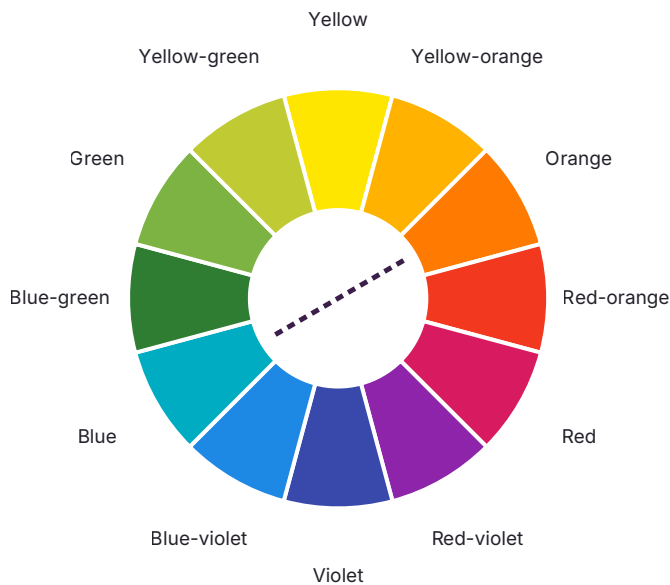
Tell every client

- Colour looks darker and stronger immediately after, then softens
- Camouflaged skin will not tan; surrounding skin will
- Results fade and need maintenance; laser removal of skin tones is difficult

MODULE 05

Colour theory & pigment science

The skill that separates invisible camouflage from an obvious patch



dashed line: orange and blue are opposites — they neutralise

● The colour wheel

Primary colours (red, yellow, blue) mix to make **secondaries** (orange, green, violet); primaries plus neighbouring secondaries make **tertiaries**.

Complementary colours sit opposite each other. Mixed together they cancel to brown/grey; placed side by side they intensify each other. This is how we neutralise unwanted tones:

- Too **grey / blue** → add warm orange
- Too **pink / red** → add a touch of green or olive
- Too **orange** → add blue-based or ash
- Too **yellow** → add violet

● The three dimensions of colour

Dimension	Meaning	In skin-tone work
Hue	The colour family — red, yellow, olive...	Match the client's undertone family first
Value	Lightness or darkness	Most camouflage failures are a value mismatch — check by squinting or a greyscale phone photo
Chroma (saturation)	Intensity or purity	Skin is low-chroma; over-saturated pigment reads as "painted"

● Undertones

Cool

pink, red or bluish; veins look blue/purple; silver jewellery suits

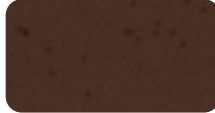
Warm

yellow, golden or peachy; veins look green; gold jewellery suits

Neutral / olive

mix of both, or a greenish-grey cast common in Fitzpatrick III–IV

● The Fitzpatrick scale (I–VI)

					
I	II	III	IV	V	VI
Very fair; always burns	Fair; burns easily	Medium; sometimes burns	Olive / light brown	Brown; rarely burns	Deep brown–black

Type	Pigment strategy
I	Light, slightly warm bases; avoid strong red
II	Light-medium bases; neutral to warm
III	Medium bases; check undertone carefully
IV	Warm golden bases; counter grey with orange/yellow
V	Rich warm bases; higher hyperpigmentation risk
VI	Deep warm bases; test patch essential; scar & PIH risk

● Why colours change as they heal

Healed pigment is seen **through** a translucent epidermis, which filters it — healed colour usually looks softer and slightly cooler than in the cup. Other factors: depth, the client's own melanin and blood flow, scar density, sun exposure, smoking and the pigment's chemistry. Carbon-black and blue-based pigments placed too deep can heal grey or blue.

● Pigment chemistry essentials

Colourant	Colour Index (CI)	Notes for medical work
Iron oxides (inorganic)	CI 77491 red · 77492 yellow · 77499 black	Stable, low reactivity, backbone of skin-tone and areola shades; can darken with laser
Titanium dioxide (inorganic white)	CI 77891	Adds opacity to light skin tones; heavy use can heal chalky or grey and is hard to remove — use sparingly
Organic pigments	e.g. Pigment Red, Yellow, Orange families	Bright and stable chroma; used in modifiers and areola pinks; check allergy history
Carbon black	CI 77266	Very strong; avoid in camouflage — can heal grey/blue

● Mixing formulas — starting points

Always adjust against the client's skin and confirm with a healed test patch. Ratios are drops (base : modifier).



Fair warm skin: light skin-tone base 4 : 1 warm yellow modifier



Medium olive: medium base 5 : 1 olive/golden modifier — avoid pink



Deep warm skin: deep base 4 : 1 orange modifier to prevent ashy heal



Areola (light skin): rose-beige base 3 : 1 warm brown for depth



Areola (deep skin): warm brown base 3 : 1 deep brown; keep highlight warm

● Colour matching — the professional method

1. Hydrate and gently cleanse the area; assess in daylight-balanced light (around 5,500–6,500 K) and natural daylight if possible.
2. Identify value first, then hue/undertone, then chroma.
3. Swatch 3–5 candidate mixes on clean skin next to the area; blot and compare at arm's length.
4. Photograph swatches in colour and greyscale; record exact recipes.
5. Tattoo a small test area, review healed after 4–8 weeks, then refine.

★ PRO TIP

Mix a single, generous batch per session and label it. Re-mixing mid-treatment almost always produces a visible change in tone.

MODULE 06

Equipment, needles & techniques

Matching the tool to the tissue

● Machines

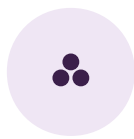
Rotary pen machines with interchangeable cartridges are standard for medical work: quiet, light, consistent, and compatible with membrane cartridges that prevent backflow. Learn your machine's **stroke length** (shorter for soft stippling, longer for packing), **speed/voltage** and how hand speed changes the amount of pigment deposited.

● Needle configurations



1RL

fine detail, nipple edge outlines, Montgomery glands small shading, texture



3RL

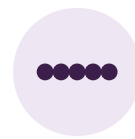


5RL



Nano 1RL

ultra-fine stipple



5 Flat

even blocks of tone



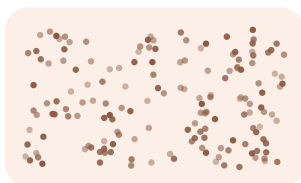
7 Mag / CM

soft blending, scars

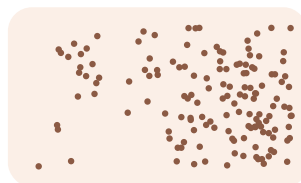
Setting	Gentle / thin / scar tissue	Normal skin
Stroke	Short (around 2.5–3.5 mm)	Medium (around 3.5–4 mm)
Speed	Moderate; let the needle work	Moderate to fast
Hand speed	Slower passes, fewer repeats	Steady, consistent
Passes	Minimal — layer over sessions	As needed for saturation

Figures are starting points only — follow your machine manufacturer's guidance and adjust to the tissue response.

● Implantation techniques



Pointillism / stipple



Gradient stipple



Whip / pendulum shade



Solid packing (rare)

- **Pointillism / stippling** — individual dots; builds natural, skin-like texture and soft edges. The workhorse of camouflage and areola work.
- **Gradient stippling** — varying dot density to create shading and 3D form.
- **Whip / pendulum shading** — flicking motion for soft transitions at areola edges and scar borders.
- **Solid packing** — rarely used in medical work; produces a flat, "painted" look and more trauma.

★ PRO TIP

Feather every border. Hard edges are the first thing the eye notices — always finish 2–4 mm beyond the scar or patch edge with diminishing dot density.

MODULE 07

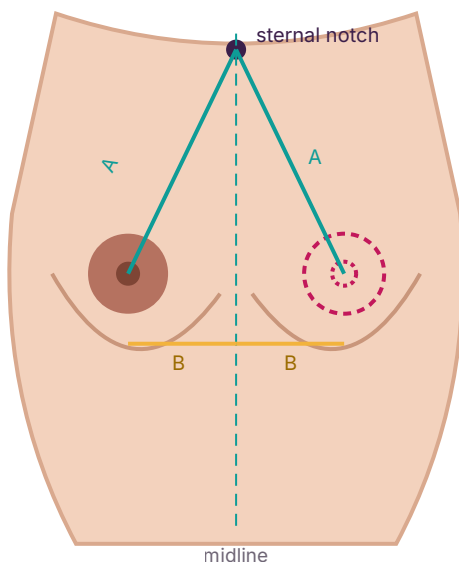
3D areola & nipple restoration

Design, symmetry, colour layering and the illusion of projection

Understanding your client's surgery

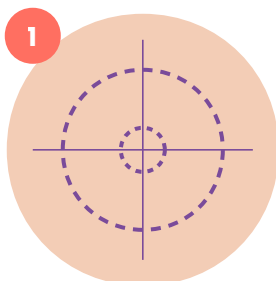
Surgery	Considerations
Implant-based reconstruction	Skin may be thin and tight; avoid excessive passes; check for rippling
Autologous flap (e.g. DIEP, LD)	Skin island may differ in colour/texture; scars around the flap perimeter
Nipple reconstruction (surgical)	Tattoo colour onto the projected nipple; wait until fully healed
Nipple-sparing / reduction / uplift	Usually enhancement of existing areola and scar blending at the edge
Radiotherapy	Fragile, less vascular, slower healing — medical clearance and gentle technique

Measurement & symmetry mapping

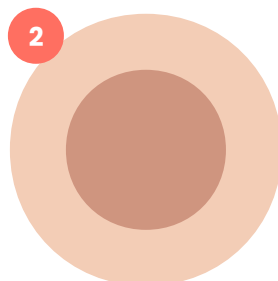


1. Mark the sternal notch and midline with the client **standing**, arms relaxed.
2. Measure sternal notch → natural nipple (A) and midline → nipple (B) on the unaffected side.
3. Transfer measurements to the reconstructed side, then adjust visually — reconstructed breasts often sit differently, so the eye has the final say.
4. Match diameter to the natural areola. For bilateral cases, agree size with the client; adult areolae commonly range roughly 3–5 cm.
5. Check in the mirror, standing and seated; photograph the drawing and get the client's approval before tattooing.

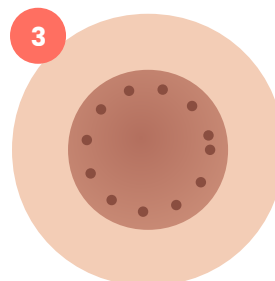
Building the 3D illusion



Map & draw



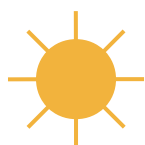
Base tone



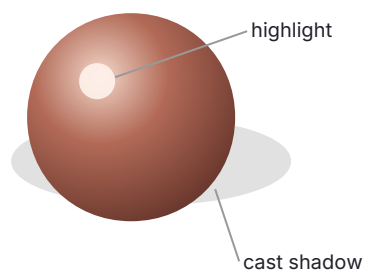
Depth & glands



Shadow & highlight



light: 10–11 o'clock



- Choose one **light source** (typically upper-left, 10–11 o'clock) and keep it consistent.
- **Base tone** in soft stipple with an irregular, feathered outer edge.
- Add **depth**: deeper tone near the nipple base and a few Montgomery gland dots.
- **Nipple**: darker shade, cast shadow opposite the light source, small highlight on the lit side.
- For bilateral work, mirror the light direction on both sides.

★ PRO TIP

Highlights are delicate — a light, warm shade or untreated skin often works better than heavy white, which can heal grey.

MODULE 08

Scar camouflage

Blending pale, mature scars into surrounding skin

Ideal candidates

- Mature, flat, smooth, pale (hypopigmented) scars
- Stable skin tone around the scar; client understands seasonal tanning effects
- Realistic goal: "less noticeable", not "gone"

Treatment steps

1. Consult, assess, photograph; test patch
2. Mix 2–3 tones: a mid-match base plus a lighter and darker shade for texture
3. Stipple the base with a soft, feathered border
4. Add irregular dots of lighter/darker shades to mimic natural skin texture
5. Wipe, assess at distance; stop before overworking
6. Review at 6–8 weeks; layer to refine

▲ SAFETY

Scar tissue takes pigment unpredictably — work lighter and slower than on normal skin and plan for multiple sessions.

MODULE 09

Vitiligo & hypopigmentation

Careful selection and honest advice

- Treat only **stable** vitiligo — no new patches or spread for at least 12 months — ideally with dermatologist agreement.
- Explain the **Koebner phenomenon**: skin trauma (including tattooing) can trigger new patches in some people.
- Always perform a test patch and review healed before committing to a larger area.
- Most successful on small, well-defined areas: lips, hands, face and areola edges. Large areas on deeper skin can be very difficult to match.
- Vitiligo can repigment naturally or with treatment, leaving tattooed areas darker than the surroundings — discuss this.

MODULE 10

Stretch-mark camouflage

Striae alba only

Suitable

White or silvery, flat or slightly depressed, mature striae (striae alba), typically well over a year old.

Not suitable

Red, pink or purple striae (striae rubra), striae during pregnancy or rapid weight change, or skin with ongoing steroid use.

Technique mirrors scar camouflage: fine needles, multiple tones, very gentle stippling within each mark only, feathered at the ends. Expect 2–4 sessions. Some clients combine with collagen-induction therapy delivered by a suitably qualified practitioner.

MODULE 11

Aftercare & complications

What normal looks like — and when to act

Time	Normal	Client instructions
Day 0–2	Mild redness, swelling, tenderness; colour looks dark	Keep clean and dry; apply recommended dressing/barrier as advised; wash hands before touching
Day 3–10	Light flaking or thin scabbing; itching	Don't pick or scratch; thin layer of aftercare balm; loose clothing; no swimming, sauna, gym sweat or sun
Week 2–4	Colour looks patchy or faded ("ghosting")	Normal — colour re-emerges as skin settles; SPF 50 once healed
Week 6–8	Healed result visible	Review appointment, photos, plan top-up

Complications

Problem	Signs	Action
Infection	Increasing pain, heat, spreading redness, pus, fever	Advise urgent GP/NHS 111 assessment; document; report per policy
Allergic reaction	Itching, raised rash, swelling in pigmented area (may be delayed)	Stop treatment; medical referral; record pigment batch
Granuloma / sarcoid reaction	Firm bumps in tattoo, sometimes months/years later	Medical referral (dermatology)
Pigment migration / blowout	Blurred edges, halo of colour	Too deep or overworked — review technique; correction is difficult
Colour shift	Healed too grey, pink, orange or light	Analyse with colour theory; correct at review after full healing
Poor retention	Patchy, faded areas	Common in scar tissue — layer at review
Scar worsening / keloid	Raised, thickening tissue	Stop; refer; never re-treat

NOTE

Give written aftercare and your contact details to every client, and make a follow-up call 48–72 hours after treatment.

MODULE 12

Photography & records

Before/after images that are honest, consistent and consented

- Same camera, distance, angle and lighting every time — mark floor position
- Plain, neutral background; remove jewellery
- Include a colour/greyscale card in the frame for colour accuracy
- Capture: before, drawing/map, immediately after, healed (6–8 weeks)
- No filters or editing — misleading images breach advertising rules (ASA/CAP)
- Separate consent for clinical records vs. marketing; crop out identifying features
- Store securely; record pigments, batches, needles, settings and session notes
- Keep records for the period recommended by your insurer

MODULE 13

Ethics & building your practice

- **Referral network:** build relationships with breast-care nurses, plastic surgeons, dermatologists and support charities — professional, evidence-based introductions work best.
- **Pricing:** reflect your time, consultation and review appointments; many artists offer reduced fees for cancer survivors.
- **Advertising:** only use your own, consented, unedited images; never make medical claims or promise outcomes.
- **Continuing development:** log CPD hours, attend masterclasses and keep a healed-results portfolio.

● Practice sessions workbook

Each session is signed off by your trainer. Keep this workbook with your portfolio.

PRACTICE 1 Machine set-up & hand-speed drills

Day 1 · 60 min

Aim: Set up a clean station and control depth and speed.

1. Prepare station: barrier film, cups, cartridges, waste
2. Fit cartridge, set stroke/speed, check needle exposure
3. Draw 10 rows of evenly spaced dots on practice skin at three hand speeds
4. Compare deposits; discuss with trainer

Signed off when: Station is aseptic; dots are even in size and depth.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 2 Stipple, gradient & whip shading

Day 1 · 120 min

Aim: Master the three core implantation techniques.

1. Fill four 3 × 3 cm squares: even stipple, light→dark gradient, whip shade, feathered border
2. Repeat with 1RL, 3RL and a small magnum
3. Photograph and self-assess

Signed off when: Smooth gradients with no hard edges or overworked patches.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 3 Skin-tone matching lab

Day 2 · 105 min

Aim: Mix accurate skin tones for at least four different skin types.

1. Assess a partner's skin under daylight lamp: Fitzpatrick, undertone, value
2. Mix three candidate swatches; record recipes
3. Compare on skin, in colour and greyscale photos
4. Repeat on three other partners/photos

Signed off when: Chosen swatch matches value and undertone at arm's length.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 4 Colour correction & test patches

Day 2 · 90 min

Aim: Neutralise unwanted tones using complementary colours.

1. Correct four 'healed problem' cards: grey, pink, orange, too-light
2. Write the correction formula for each
3. Perform a mock test-patch consultation and record

Signed off when: Formulas are correct and justified using colour theory.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 5 Blended camouflage panel

Day 2 · 120 min

Aim: Camouflage a simulated pale scar on light, medium and deep practice skins.

1. Mix base, light and dark tones for each skin
2. Stipple and feather each 'scar'
3. Assess at 1 metre

Signed off when: Scar contrast clearly reduced with natural texture and invisible borders.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 6 Areola design & mapping

Day 3 · 60 min

Aim: Design symmetrical 3D areolae on paper and a partner (marker only).

1. Draw three areola/nipple designs with a consistent light source
2. Map measurements on a clothed partner/mannequin
3. Get trainer approval of symmetry

Signed off when: Accurate, symmetrical design with believable light and shadow.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 7 3D areola on silicone breast pad

Day 3 · 90 min

Aim: Tattoo a complete 3D areola & nipple.

1. Map, outline lightly, base tone
2. Depth, Montgomery glands, nipple shadow and highlight
3. Feather edge; photograph

Signed off when: Realistic 3D effect at 1 metre; soft irregular border.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 8 Supervised live model — areola

Day 3 · 105 min

Aim: Treat a consented model under direct supervision.

1. Consultation, consent, photos
2. Mapping approved by client and trainer
3. Treatment, aftercare advice, records

Signed off when: Safe, hygienic, client-centred treatment meeting design brief.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 9 Scar & stretch-mark camouflage on textured skin

Day 4 · 30 min

Aim: Adapt technique to atrophic texture.

1. Match tone, stipple within striae only
2. Feather ends, assess

Signed off when: Even coverage within marks without spreading onto normal skin.

Trainer initials: _____ Date: _____ Score: ____ / 10

PRACTICE 10 Supervised live model — camouflage

Day 4 · 105 min

Aim: Perform a camouflage test patch or treatment on a suitable model.

1. Assess suitability and scar maturity
2. Swatch, select and record mix
3. Treat, photograph, aftercare, book review

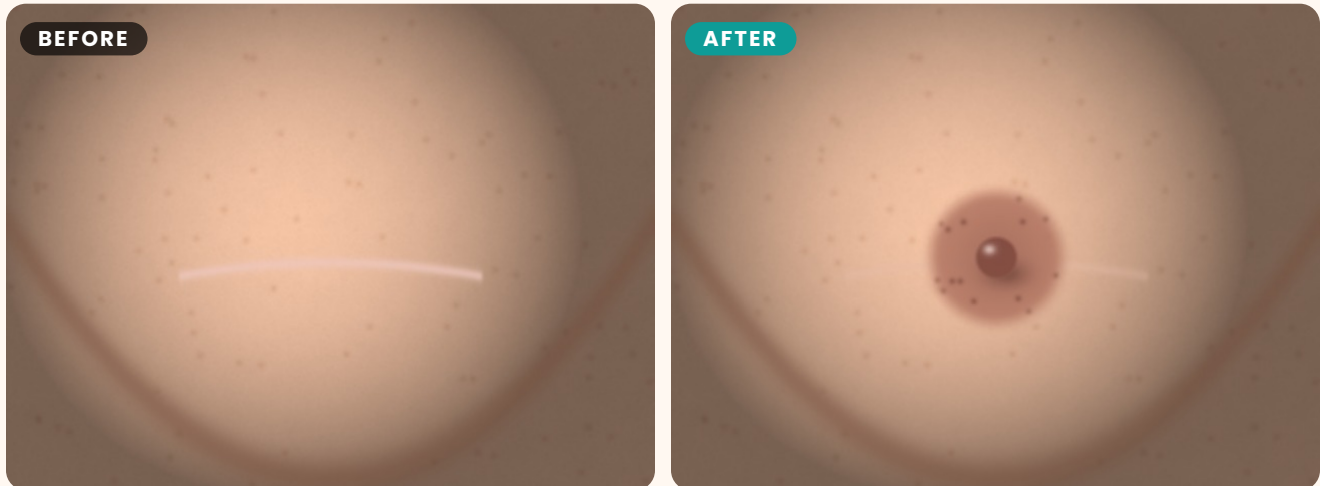
Signed off when: Appropriate case selection, accurate match, safe technique.

Trainer initials: _____ Date: _____ Score: ____ / 10

• Before & after gallery

Illustrative computer simulations prepared for teaching — they show the type of improvement aimed for, not guaranteed outcomes. Replace with your own consented, unedited client photographs for marketing use.

3D areola & nipple restoration — after reconstruction



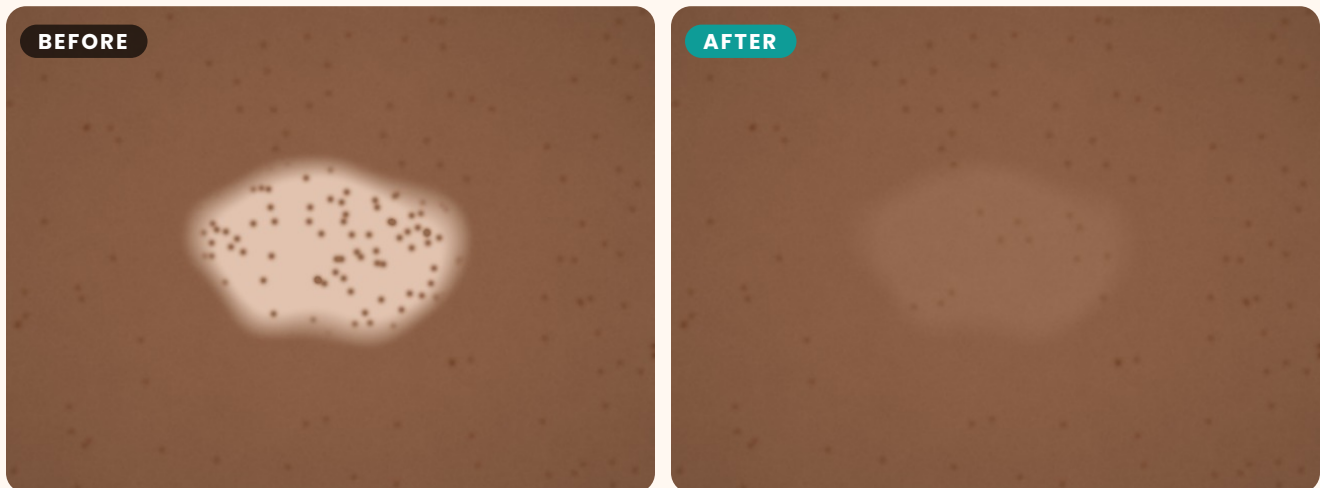
Reconstructed breast with horizontal scar (before); 3D areola with nipple shadow, highlight and Montgomery glands, scar softened (healed, 2 sessions).

Scar camouflage — mature surgical scar, Fitzpatrick III



Pale, flat scar with suture marks (before); skin-tone stipple in three shades, feathered borders (healed, 3 sessions).

Hypopigmentation / stable vitiligo — Fitzpatrick V



Well-defined depigmented patch, stable for 2 years (before); warm deep skin-tone blend after test patch (healed, 3 sessions).

Stretch-mark camouflage — striae alba, Fitzpatrick II



Mature silvery striae (before); fine-needle stipple within each mark (healed, 2 sessions).

● **Your case-study portfolio**

Attach standardised photographs of your post-course case studies here.

Case study 1: _____ **Date:** _____

BEFORE photo	HEALED photo (6–8 weeks)
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Case study 2: _____ **Date:** _____

BEFORE photo	HEALED photo (6–8 weeks)
--------------	--------------------------

Case study 3: _____ **Date:** _____

BEFORE photo	HEALED photo (6–8 weeks)
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● Assessment & certification

Component	Requirement
Attendance	All 4 days
Theory	Written assessment, pass mark 80%
Practical	Practice sessions 1–10 signed off; safe, hygienic technique on live models
Portfolio	Documented case studies with consent, records and before/healed photos, submitted within 12 weeks for final certification
Certificate	Bode Academy Certificate in Medical Tattooing & Paramedical Micropigmentation — approved by Arkangel Medical University, endorsed by CPD Direct

● Knowledge check

- How long should a scar typically have matured before camouflage is considered?**
a) 4 weeks b) 3 months c) at least 12 months d) never
- Which scar type must never be tattooed?**
a) Normotrophic b) Atrophic c) Keloid d) Surgical
- A camouflage has healed too pink. Which modifier family corrects it?**
a) Violet b) Green/olive c) Blue d) White
- Where should pigment be deposited?**
a) Epidermis b) Upper dermis c) Reticular dermis d) Hypodermis
- What is the Koebner phenomenon?**
a) Pigment fading b) New lesions triggered by skin trauma c) Allergy d) Blowout
- Which dimension of colour is most often wrong in failed camouflage?**
a) Hue b) Value c) Chroma d) Temperature
- Which stretch marks are suitable for camouflage?**
a) Red b) Purple c) White/silver mature d) Any
- What must you record for every treatment?**
a) Pigment name, batch & expiry b) Only price c) Nothing d) Client's star sign
- When mapping an areola, the client should be...**
a) Lying flat b) Standing, arms relaxed c) Arms raised d) Any position
- Why use titanium dioxide sparingly?**
a) It's expensive b) It can heal chalky/grey and is hard to remove c) It's illegal d) It's red

Answers: 1c · 2c · 3b · 4b · 5b · 6b · 7c · 8a · 9b · 10b

Client details

Name:

Date of birth:

Address:

Phone / email:

GP / consultant:

Treatment requested

☐ Areola/nipple ☐ Areola enhancement ☐ Scar ☐ Vitiligo ☐ Stretch marks ☐ Other

Medical history (tick & detail)

☐ Pregnant/breastfeeding ☐ Diabetes ☐ Heart condition ☐ Epilepsy ☐ Bleeding disorder ☐
 Anticoagulants ☐ Autoimmune / skin disease ☐ Keloid history ☐ Allergies ☐ Chemotherapy ☐
 Radiotherapy ☐ Recent surgery ☐ Isotretinoin ☐ Blood-borne virus ☐ Other medication

Details:

Surgery / radiotherapy dates:

Medical clearance obtained: Y / N From:

Fitzpatrick type: Undertone: Scar age / description:

Test patch date: Pigments & batch: Result:

Consent

I confirm my answers are true and complete. The procedure, number of sessions, risks (including infection, allergy, colour change, fading and the possibility that results may not meet expectations), aftercare and alternatives have been explained, and I have had the chance to ask questions. I consent to treatment and to clinical photographs for my records. ☐ I also consent to anonymised use of photographs for training/marketing.

Client signature: Date:

Practitioner signature: Date:

Date	Area	Pigments / mix / batch	Needle & settings	Notes	Next review

Your aftercare — please keep this card

- Keep the area clean and dry for the first 24 hours; wash hands before touching.
- Apply a thin layer of the recommended aftercare balm as instructed.
- Do not pick, scratch or rub flakes — let them fall away naturally.
- Avoid swimming, saunas, hot tubs, sunbeds, sun and heavy exercise for 10–14 days.
- Wear loose, soft clothing over the area; a soft bra for areola treatments.
- Colour will look darker at first, then patchy, then settle — this is normal.
- Use SPF 50 on the healed area to protect your result.
- **Contact us — and seek medical advice — if you notice increasing pain, heat, spreading redness, discharge or fever.**

Your practitioner: _____ Phone: _____ Review date: _____

● References & further reading

Books

- Serup J., Ercegovic M., Bennoun I., Hvas D. (eds.) *Cosmetic and Medical Tattoos: Technique and Application*. Current Problems in Dermatology, vol. 56. Karger, 2023.
- Society of Permanent Cosmetic Professionals (SPCP). *Areola and Nipple Repigmentation for the Permanent Cosmetic Professional*.
- SPCP. *The Art of Camouflage: The Hidden Facts*.

Standards, regulation & guidance

- UK National Occupational Standards SKABA7 & SKABA8 — micropigmentation and advanced micropigmentation techniques (ukstandards.org.uk).
- Department of Health and Social Care. *The licensing of non-surgical cosmetic procedures in England: consultation response*, 7 August 2025.
- House of Commons Library. *The regulation of non-surgical cosmetic procedures in England*, CBP-10331, 2025.
- Health and Safety Executive (UK REACH Agency). Restriction dossier and opinion on substances in tattoo inks and permanent make-up.
- Chartered Institute of Environmental Health et al. *Tattooing and Body Piercing Guidance Toolkit*.
- Local Government (Miscellaneous Provisions) Act 1982; London Local Authorities Act 1991 (special treatment licensing).

Courses reviewed in preparing this curriculum

Benchmarked against publicly published UK and international medical tattooing curricula — including scar camouflage, 3D areola and colour-theory programmes from established paramedical academies — to ensure Bode Academy's course meets or exceeds typical industry content. No third-party course material is reproduced.

NOTE

Laws and guidance referred to in this manual reflect the position as at October 2026. Always confirm current requirements before practising.

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