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Psychological distress and loss of confidence have frequently gone unnoticed in the area of disfigurement. However, this is now changing and awareness of the distress that victims of disfigurement can experience has been heightened by the Disability Discrimination Act 1995 and the work of The Disability Rights Commission.

McGregor (1974) noted that people employ different strategies to cope with disfigurement, such as a tendency to withdraw or avoid social encounters. However, more recently, the educational and social needs of these individuals have been studied as have the benefits of educating the family and carers in a more rounded approach to dealing with disfigurement. For example, the ability of children with disfigurements to adjust to their circumstances has been found to be positively influenced by a supportive family environment (Blakeny et al, 1990).

The psychosocial problems encountered by those individuals who are perceived as ‘different’ because of their disfigurement are now being addressed in a number of ways, including skin camouflage.

Many people who have scarring, whether it is congenital, dermatological, or as a result of trauma, find it difficult to discuss or request improvements of a cosmetic nature. Because they have survived a trauma or illness, people who have been disfigured are often concerned that they will be perceived as appearing ungrateful if they are worried about their appearance, almost as if to look normal is more than they should expect.

However, skin camouflage practitioners should not feel that the patients are being frivolous in this search for physical ‘normality’. Indeed, it should be seen as a commendable trait and one that ought to be encouraged as any process initiated by the patient has a greater chance of success than one that is imposed. Anyone who wants to learn a camouflage technique and use it on a daily basis should certainly not be considered shallow. Rather, they should be viewed as a person who, in all probability, overcome huge physical and emotional hurdles before considering skin camouflage.

Historically, healthcare professionals working in postoperative care have perhaps not been fully aware of the improvements in skin camouflage techniques. The main aim of surgeons, of course, has always been to save lives and extend life expectancy, however, there is also a place for improving patients’ quality of life with regards their self-esteem.

Fortunately, assistance in dealing with scarring and disfigurement has evolved over the years and there are now qualified skin camouflage practitioners specialising solely in camouflage techniques and primary care nurses who assist with this area as part of their practice duties.

The area of skin camouflage is overseen by the Skin Camouflage Network (SCN) and the British Association of Skin Camouflage (BASC), which upholds professional standards.
and provides training. The Red Cross also offers training in this field and the University of Hertfordshire provide a skin camouflage course (this runs on 1–2 April, 17–18 June and 9–10 September, 2008).

To date this is the sole higher educational establishment offering a stand-alone qualification in this skin camouflage, although Leeds Metropolitan University runs a module in clinical therapies as part of a wider foundation degree entitled Advanced Practices in Beauty Therapy.

The aims and objectives of skin camouflage
Remedial skin camouflage practitioners aim to help as many patients as possible achieve improvements to their disfigurement and thus improve their confidence. This helps patients lead a ‘normal’ life and interact socially without feeling self-conscious and awkward. The aim is for patients to become self-sufficient in the application of the camouflage products, and to achieve this in a very short time. This is done by individual patient/practitioner tutoring sessions.

The products used in skin camouflage are mixed to match the tone, texture and colour of the skin of each individual who is referred or self-referred. The end result is realistic and discreet, and avoids the ‘pan’ (heavy and obvious) make up look. The completed treatment has to cover the disfigurement in order that the eye is no longer drawn to that area. Anyone can cover a scar with make-up, but the skill of skin camouflage is to achieve a natural ‘look’ that will enable the person to feel more confident.

Skin camouflage
Skin camouflage products are usually presented in a palette of colours that enable the practitioner to view the range of colour tones. No more than three colours are mixed from a vast range of over 200. This is due to the fact that the process would otherwise be too complicated for the patient.

The cover creams are available in cream or liquid format and are suitable to cover any size of disfigurement anywhere on the body. All products are available for the patient in various sizes. They are light and non greasy making them suitable for men, women and children. The cover creams are set with either a fixing spray or fixing powder (in various colours), dependent upon the location and the method the patient finds the easiest. This process sets the cover creams and the application becomes fully waterproof.

The shelf life of these products averages between three to eight years. All the products are extremely concentrated and coverage averages 10 times that of ordinary foundation. Depending on the brand, there is very little or no fragrance (Table 1).

The process of referral to aftercare
In cases where the patient has been referred, possibly by a GP, the skin camouflage practitioner will be in receipt of the patient’s medical notes before the appointment.

In cases of self-referral, information both physical and psychological, is obtained from the patient during a consultation process before any treatment is recommended. It is vital to have information on the patient’s condition, including:

- What point is the patient at in terms of surgery, e.g. are surgical procedures ongoing? Further skin camouflage appointments would be necessary as skin colours and textures may change
- What other practitioners are involved with the patient? A report is often necessary to update other healthcare professionals, e.g. clinical psychologists, dermatologists
- Advance notice of prosthetic fittings allows the skin camouflage practitioner to arrange an immediate appointment

Table 1

<table>
<thead>
<tr>
<th>Features of skin camouflage products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easy to blend</td>
</tr>
<tr>
<td>• Some are fragrance free – suitable for very sensitive skin</td>
</tr>
<tr>
<td>• Waterproof – good for sports, swimming, holidays, outside activities</td>
</tr>
<tr>
<td>• Smudge proof</td>
</tr>
<tr>
<td>• Long-lasting</td>
</tr>
<tr>
<td>• Opaque – better coverage</td>
</tr>
<tr>
<td>• Natural looking</td>
</tr>
<tr>
<td>• Compatible with make-up</td>
</tr>
</tbody>
</table>

Products can help to cover, conceal and mask any type of disfigurement but they have no healing properties.
Skin camouflage products are not suitable when the skin is inflamed, open, scaling, crusting or blistered. Bacterial infections are also contra-indicated and results are not satisfactory with skin that has indentations and pitting.

It is essential to know if the patient’s condition ever changes in any way, e.g. at certain times of the year such as winter and summer. Also, the practitioner should ascertain if there are any skin colour changes, such as if the patient becomes hot through sport, or if they flush through embarrassment.

In general, patients who have been disfigured experience low self-esteem. Macgregor (1990) notes that facially disfigured people often experience reactions from others including ‘naked stares, startled reactions, “double-takes”, whispering, remarks, furtive looks, curiosity, personal questions, advice, and manifestation of pity or aversion’. This can have a debilitating effect on their self-image.

For this reason, prior knowledge can lead to early implementation of the camouflage materials, which in itself is a huge advantage as advance information enables the skin camouflage practitioner to form some view as to the types of cover needed. Some cover creams give a light coverage, while others are more suited for heavily pigmented conditions, such as port wine stains, tattoos.

The types of disfigurement are so numerous that it would be impossible to address each of them specifically in this article, however, a list is shown in Table 2.

The consultation is used to confirm the skin camouflage practitioner’s views on the appropriate treatment, but essentially the medical information provided in advance speeds up this process, not least because advance knowledge helps to identify if a patient will need a ‘helper’ who will also have to be trained to help them apply the camouflage. Most patients will be able to be trained to use the camouflage products by themselves, however, those who are very young or infirm, or whose disfigurement is not easy to reach, will need a friend or relative to aid them.

Prior knowledge of the patient’s skin condition also assists the skin camouflage practitioner in the choice of possible products that could be used.

The first third of the appointment should be taken up by confirming the information in the medical notes and discussing with the patient what can be achieved. Then the skin camouflage practitioner can commence practical tutoring and, importantly, begin to educate the patient in how to apply the camouflage themselves.

### Application

The skin practitioner mixes the cover creams to match the skin surrounding the disfigurement and explains the application and blending of the colours. The percentage of each product is carefully estimated and tried out on the patient’s skin before the final prescription is decided upon.

Application techniques (Table 3) are varied to match the practical ability of the patient. The patient has to be confident that the technique is within their skill range and will produce an acceptable level of cover. The patient should be provided with full and clear information on applications and aftercare.

Aftercare is particularly important because scarring, skin colour and skin texture can change with the healing process, age, exposure to different weather conditions, or as a consequence of prescribed medication. Also, further surgery can radically alter the camouflage prescription and application technique.

### Table 2

**Summary of conditions that can benefit from skin camouflage**

<table>
<thead>
<tr>
<th>Congenital</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthmarks, e.g. port wine stains, strawberry marks, café au lait, Cleft lip and palate</td>
<td>Dog bites</td>
</tr>
<tr>
<td>Skin damage from cosmetic products</td>
<td>Skin damage from chemical products</td>
</tr>
<tr>
<td>Skin damage from sunburn</td>
<td>Skin lesions</td>
</tr>
<tr>
<td>Skin grafting</td>
<td>Burns/scalding</td>
</tr>
<tr>
<td>Bruising</td>
<td>Surgery scars</td>
</tr>
<tr>
<td>Injury-related scars</td>
<td>Car and motorbike accidents</td>
</tr>
<tr>
<td>Childhood injuries</td>
<td>Prosthetic devices – nose, ears, etc</td>
</tr>
<tr>
<td>Prosthetic devices – nose, ears, etc</td>
<td>Self-harm</td>
</tr>
</tbody>
</table>

**Dermatological**

<table>
<thead>
<tr>
<th>Hyper-pigmentation</th>
<th>Vitiligo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosacea</td>
<td>Acne</td>
</tr>
<tr>
<td>Dermatitis</td>
<td>Telangiectasia</td>
</tr>
<tr>
<td>Skin cancer</td>
<td>Discolouration from skin conditions</td>
</tr>
<tr>
<td>Granuloma annulare</td>
<td>Discoid lupus</td>
</tr>
<tr>
<td>Necrobiosis lipoidica</td>
<td></td>
</tr>
</tbody>
</table>

Skin camouflage products are not suitable when the skin is inflamed, open, scaling, crusting or blistered. Bacterial infections are also contra-indicated and results are not satisfactory with skin that has indentations and pitting.

### Table 3

**Application techniques**

<table>
<thead>
<tr>
<th>Lip brushes</th>
<th>Natural sponges</th>
<th>Fingers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various sizes and angles. Good for scars and prosthetic joins</td>
<td>Small sponges with a range of perforations, which create an uneven mottled look</td>
<td>A choice of techniques. Helps to warm the creams so that they are malleable</td>
</tr>
</tbody>
</table>

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Therefore, it needs to be stressed to the patient that re-assessment should take place at regular intervals in order to maintain the necessary levels of cover.

Change in lifestyle
Everyday activities that are taken for granted by most people become possible for individuals who have been disfigured but who have been treated with skin camouflage. Swimming, a potentially embarrassing hobby for many people with disfigurements, is a prime example as the products used to cover disfigurement are completely waterproof.

Cleansers are supplied that can be used when the patient wishes to remove the skin camouflage products. Unlike everyday cosmetic products, skin camouflage can stay in place for up to a week and can be worn in showers, therefore, hygiene is not compromised.

New employment and social possibilities can also open up as the patient becomes more confident. It may also be possible for patients to radically alter their dress to include different types and styles associated with jobs and social situations, for example, short sleeves and open-necked garments. Women may be able to replace trousers with skirts and dresses.

Patient management
Following the clinical tutoring session, each patient should be given samples of the product so that continuity of treatment is not lost while the patient is awaiting receipt of the individual prescription. It may take up to three days for a prescription to be dispatched or obtained by private purchase. There are only four medical suppliers across the UK that are prescription-based:

- Veil (www.veilcover.com)
- Covermark (www.covermark.com)
- Dermacolor (www.charlesfox.co.uk)
- Keromask (www.lomamead.com).

NHS patients will find that hospital pharmacies have products in stock, however, they may not necessarily have the complete range. Products can also be purchased direct from the suppliers or from high street chemists.

Future developments
Tackling the problems associated with disfigurement should be the subject of discussion, especially in schools, where bullying often occurs because of the lack of education and understanding as well as peer group pressure. This manifests itself in exclusion from social groups and is an area that teachers and children could be made more aware of.

As well as the continuing development of the skin camouflage practitioner, other healthcare professionals should be encouraged to become more aware of the help that is available for individuals with a disfigurement.

Conclusion
The relative ease of the referral system and the short time it takes to achieve results for patients with skin camouflage is the most exciting and rewarding aspect of this service. Healthcare professionals need to be aware of the psychological, social and emotional improvements that can be gained, as well as the visible physical improvements.

Skin camouflage is an area of clinical practice that can provide real job satisfaction as much can be done to improve the self-confidence of the patient.

Key Points

- Skin camouflage is available in both the private and NHS sectors and is suitable for men, women and children.
- Disfigurement can have congenital, traumatic and dermatological causes.
- Treatment offers either a short or long-term solution to patients, depending upon their emotional needs and circumstances.
- Skin camouflage products can be purchased privately or are available on prescription.

References
