Fall Corrective Sequencing

Working pigment on Fitzpatrick IV–VI through the September window.

THE WINDOW

Why this is your highest-stakes month

Late August through October is the highest-intent consultation period of the year for corrective pigment work. Clients arrive motivated, specific, and ready to spend.

That motivation is also the risk. It pushes toward an aggressive first appointment, and on deeper phototypes an aggressive first appointment is how a three-month plan becomes a nine-month recovery.

STEP ONE

Differentiate before you treat

These three present together constantly and diverge completely in how they should be handled. Getting this wrong at consultation is the single most expensive error in the sequence.

	PIH	Melasma	Photo-induced
Trigger	A prior inflammatory event — acne, ingrown, trauma, a procedure	Hormonal, UV, heat, visible light; often multifactorial	Cumulative UV exposure
Pattern	Matches the shape of the lesion that caused it; well demarcated	Symmetric; centrofacial, malar or mandibular; ill-defined borders	Discrete, in sun-exposed distribution
Course	Self-resolving over months once the trigger is controlled	Chronic and relapsing; managed, not cured	Stable; the most treatment-responsive of the three
Implication	**Control the driver first or you are refilling a bucket with a hole in it**	**Promise control, never clearance; heat and daylight matter as much as sun**	**Responds well, but still slowly in deeper phototypes**

In practice you will most often see mixed presentations — melasma with superimposed PIH is the norm, not the exception. Sequence for the most reactive component present.

STEP TWO

Hold, adjust, or refer

- **Active inflammation or unresolved acne.** Treat the driver first. Corrective work over an active inflammatory process generates the pigment you are being paid to remove.
- **Recent or planned sun exposure.** Meaningful exposure inside your pre- and post-treatment window changes the risk profile entirely. Ask about vacations before you book the series, not after.
- **Prior PIH following any procedure.** The most predictive single answer in your intake. Reduce aggressiveness and extend priming.
- **History of keloid or hypertrophic scarring.** Adjust modality selection accordingly.
- **Recent isotretinoin use.** Observe your standard interval before any resurfacing.
- **Pregnancy or breastfeeding.** Active selection changes; confirm before recommending a home routine.
- **A client expecting clearance in weeks.** Reset the expectation at consultation or decline the series. An unmanaged expectation becomes a refund request in month two.
- **Refer out:** any lesion with irregular borders, evolving color, asymmetry, bleeding, or failure to heal. Suspected medication-induced pigmentation. Anything you cannot confidently identify. Referring is a credential, not a concession.

STEP THREE

The sequencing framework

Governing principle: start below the depth you think you need. On IV–VI, the cost of going one step too deep is months of PIH. The cost of going one step too shallow is one additional session.

PHASE 1 · PRIME AND CALM · 2–4 WEEKS

Purpose: lower baseline inflammation, establish photoprotection compliance, and confirm tolerance before any procedure. Gate to the next phase: barrier intact, no active inflammation, and demonstrated daily SPF use. Do not let a motivated client talk you past this gate.

PHASE 2 · CORRECT · WEEKS 4–9

Treatment on the interval you set, supported by a deliberately simple home routine. No new actives introduced by the client mid-series. Reassess at every visit rather than committing to a fixed protocol at week one.

PHASE 3 · CONSOLIDATE · WEEKS 10–13

Extend intervals, hold photoprotection, transition to maintenance. This phase converts a season of improvement into a retained client and a durable result.

STEP FOUR

Rebound signals — step back, do not escalate

— Erythema persisting beyond your expected window for that client.

— New pigment appearing within the treated field.

— Stinging reported from products previously tolerated.

— Any darkening after a session. The instinct is to treat through it. The correct move is to reduce intensity, extend the interval, and reinforce photoprotection.

STEP FIVE

The photoprotection conversation clients skip

Visible light contributes measurably to pigmentation in deeper phototypes — which is why a tinted sunscreen containing iron oxides does something a clear mineral or chemical filter does not. Heat is an independent melasma trigger. Build all of this into the counseling:

— Daylight through office and car windows counts. UVA passes through glass.

— Indoor lighting and screen exposure are relevant for melasma-dominant presentations.

— Reapplication matters more than the number on the bottle.

— Heat exposure — cooking, saunas, hot yoga — belongs in the conversation for melasma clients.

STEP SIX

Expectation-setting language

Use these verbatim if they are useful. The consultation script is doing more work for your outcome than the treatment selection is.

“We are going to see improvement in ninety days, not erasure. This came in over years and it clears on the timeline of your skin’s turnover. My job is to get you real change without triggering more pigment on the way — which is why we are going to start slower than you want me to.”

“If someone tells you they can clear this in two weeks, they are either not treating pigment or they are about to cause more of it.”

“The biggest variable in your result is not what I do in this room. It is whether you wear sunscreen every day for the next three months.”
