

PIGMENTATION · LASERS

Pigmentation Lasers: Preparing and Caring for Your Skin

Pico laser for sun spots, freckles and post-inflammatory marks, and why melasma is treated differently. How to prepare, and how to care for treated skin.

A picosecond laser delivers energy in pulses about a trillionth of a second long, so pigment is fragmented mainly by a pressure effect rather than by heat. Dr Sin Yong delivers it as the T2 Frax Radiance protocol on the DEKA TORO platform, after identifying what the pigment is. That diagnosis matters more than the device: sun spots and melasma look alike and are treated almost oppositely. This guide covers preparation, the treatment day, caring for the skin as it heals, and the signs that need a call.

What it is

The platform's picosecond emission is at 785 nm, alongside 532 nm and 1064 nm nanosecond emissions. Wavelength follows where the pigment sits: 532 nm is absorbed strongly by melanin and does not travel far, so it is directed at superficial marks; 1064 nm penetrates further and is absorbed less by epidermal melanin, the more conservative choice in darker skin. Three modes are used: spot treatment of a discrete mark, low-energy toning across the face, and fractional delivery for texture.

A pico laser breaks up pigment that is already there. It does nothing about the reason the skin made it, which is why melasma, driven by hormones, heat and light, is managed over time rather than removed, and why aggressive settings can make it darker.

- Suits discrete sun spots and freckles most closely, and some post-inflammatory marks once the cause is controlled.
- Does not treat laxity, redness from vessels or active acne, and does not shrink pores.
- In melasma it is at most a conservative adjunct within a plan built on photoprotection and topical care.

Who it suits and who should wait

Most patients in Singapore have Fitzpatrick III to V skin, which carries more melanin to absorb stray energy and darkens readily after injury, so settings are chosen for the skin in front of the doctor, not applied from a preset. Anything changing in size, shape or colour, bleeding or unlike the other marks is examined first and may be referred to a dermatologist before any laser is considered.

- Wait if you have a recent tan, active infection, dermatitis or irritation from strong actives in the area.
- Photosensitising medication and a tendency to keloid scarring change the plan; declare both.
- Elective laser is generally postponed in pregnancy, and melasma in particular often settles on its own afterwards.
- If the honest answer is that laser is not the right tool, you will be told so; topicals or no treatment are real options.

Before your appointment

Dr Sin Yong takes the history, examines the skin in appropriate light, with a dermatoscope where needed, and works out what the pigment is. A plan is written with the mode, the wavelength and the review, consent is taken with time to decide, and you are not expected to be treated on the day.

- Avoid deliberate tanning and strong sun exposure in the weeks before your visit.
- Declare all medications, especially photosensitising drugs and oral contraceptives, and any history of blood clots if tablets for melasma are being considered.
- Pause strong skincare actives that irritate the skin, and bring a list of what you currently use.
- Say if you are pregnant, breastfeeding or planning pregnancy.
- Bring photographs of earlier pigmentation, past laser records and previous prescriptions.

On the day

Topical anaesthetic is applied where the area or setting calls for it, and the laser is delivered in spot, toning or fractional mode. Most people describe a rapid snapping sensation, though tolerance varies. Written aftercare is given for the mode used, because the skin behaves differently after each.

- Arrive with clean skin and bring a hat for the journey home; treated skin should not meet direct sun.

The first days

After toning, redness and warmth settle quickly. Treated spots may darken and form a fine crust that flakes away on its own; it should not be picked. Fractional treatment can leave pinpoint redness, mild swelling and a rough feel while the skin renews. Healing is checked at review before anything further is planned; toning is not run on an open-ended schedule, because frequent repeated toning of one area has been linked to pale, mottled spots.

Sun protection afterwards is part of the treatment, not an add-on. For melasma, heat matters as much as ultraviolet light: hot yoga, a steamy commute and a hot kitchen are triggers in their own right, and a sunscreen that covers UVB and UVA but not visible light leaves a gap, which is why tinted formulations containing iron oxides are commonly used.

- Apply and reapply sunscreen from the first day, including indoors near windows.

- Cleanse gently, keep the skin moisturised and leave crusts to fall off on their own.
- Avoid saunas, hot environments and strenuous heat-generating exercise while the skin settles.
- Hold strong actives until the clinic says they can restart.

Questions to ask

Asking for pico laser by name is reasonable; what it is asked to do is the part worth checking.

- What is my pigment, and how do you know it is not melasma?
- Which wavelength and mode will be used, and why for my skin type?
- What happens if the pigment gets darker afterwards?
- How will you decide whether and when to treat again?

When to contact the clinic

- Crusts that become thick, yellow or oozing.
- Blisters on treated skin.
- Pain, swelling or warmth that is increasing instead of settling.
- Dark marks appearing in the weeks after treatment: these should be reviewed, not treated over.
- Pale or mottled spots developing in a treated area.
- Any patch that is changing, raised or unlike the rest.

WhatsApp +65 8023 7170. For a suspected vascular problem after filler, or any sudden change in vision, seek emergency care immediately and tell them what was injected.

This guide is general information and not a substitute for an assessment. Read the full page: drsinyong.com/pico-laser-singapore/. Medically reviewed by Dr Sin Yong, 7 October 2026.

REFERENCES

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