

**THE FIELD OF AESTHETIC NURSING**  
**EL CAMPO DE LA ENFERMERÍA ESTÉTICA**  
**A ESPECIALIDADE DE ENFERMAGEM ESTÉTICA**

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**ABSTRACT**

**INTRODUCTION:** In pursuit of maintaining healthy skin and improving aesthetic conditions, nursing has embraced another scope of aesthetic healthcare. In 2016, COFEN regulated the nursing practice in the field of aesthetics and professional training at the postgraduate level. **OBJECTIVE:** To present the regulatory process of the aesthetic nursing specialty; address the development of competencies, and outline the scope of practice for the aesthetic nurse. **METHOD:** A qualitative approach with documentary research using content analysis techniques to describe the development of the aesthetic nursing specialization. The data collection occurred between April and October 2024, involving the analysis of resolutions, opinions, guides, technical protocols, data on registered postgraduate courses, syllabi, articles on entrepreneurship in nursing, and nursing practice in the aesthetic field. **DEVELOPMENT:** The practice of aesthetic nursing is regulated by COFEN and is based on the law of professional practice and nursing ethics. The aesthetic nurse profile is shaped through postgraduate education, which focuses on technical skills, management, and entrepreneurship. The syllabus and practical scope involve identifying aesthetic dysfunctions, performing recommended procedures, and providing holistic care with a focus on quality of life. **FINAL CONSIDERATIONS:** With the immersion of nurses in this field, it is essential to ensure the provision of services with quality and safety for users. It is crucial to guarantee access to postgraduate courses so that professionals can offer aesthetic care with excellence.

**Keywords:** Nursing; Postgraduate; Cosmetic Technique; Aesthetics; Nursing Legislation.

**RESUMEN**

**INTRODUCCIÓN:** En la búsqueda de mantener una piel sana y mejorar las condiciones antiestéticas, la enfermería ha asumido un ámbito más del cuidado de la salud estética. En 2016, el COFEN estandarizó la práctica de enfermería en el área de estética y formación profesional a nivel de posgrado. **OBJETIVO:** Presentar el proceso de regulación de la especialidad en enfermería estética; abordar el desarrollo de habilidades y presentar el alcance de la práctica de la enfermera estética. **MÉTODO:** enfoque cualitativo con encuesta documental, utilizando técnicas de análisis de contenido para describir el desarrollo de la especialización en enfermería estética. La encuesta se realizó entre abril y octubre de 2024, con el análisis de resoluciones, dictámenes, guías y protocolos técnicos, datos de posgrados registrados, contenidos de programas, artículos sobre emprendimiento en enfermería y trabajo en el área de estética. **DESARROLLO:** La práctica de la enfermería estética está regulada por el COFEN y con base en la ley de ejercicio profesional y deontología de enfermería. El perfil del enfermero estético se configura en los estudios de posgrado, con desarrollo técnico, de gestión y de emprendimiento. El contenido programático y alcance práctico se aplican a la identificación de disfunciones estéticas, ejecución de los procedimientos indicados y atención integral con enfoque en la calidad de vida. **CONSIDERACIONES FINALES:** Con la inmersión del enfermero en esta área de actividad, es necesario garantizar la prestación de servicios de calidad y seguros a los usuarios. Es de suma importancia garantizar el acceso a cursos de posgrado para que los profesionales puedan ofrecer un cuidado estético con excelencia.

**Palabras Clave:** Enfermería; Especialización; Técnicas Cosméticas; Estética, Legislación de Enfermería

**RESUMO**

**INTRODUÇÃO:** Em busca da manutenção de uma pele saudável e da melhora de condições inestéticas, a enfermagem se apropriou de mais um escopo de cuidado da saúde estética. Em 2016, o COFEN normatizou a atuação da enfermagem na área da estética e a formação profissional a nível de pós-graduação. **OBJETIVO:** Apresentar o processo de regulamentação da especialidade em enfermagem estética; abordar o desenvolvimento de competências e apresentar o escopo de prática do enfermeiro esteta. **MÉTODO:** abordagem qualitativa com levantamento documental, por técnicas de análise de conteúdo para descrever o desenvolvimento da especialização em enfermagem estética. O levantamento foi realizado entre abril e outubro de 2024, com a análise de resoluções, pareceres, guias e protocolos técnicos, dados sobre as pós-graduações registradas, conteúdos programáticos, artigos sobre empreendedorismo na enfermagem e atuação na área da estética. **DESENVOLVIMENTO:** A atuação em enfermagem estética está regulamentada pelo COFEN e pautada na lei do exercício profissional e deontologia da enfermagem. O perfil do enfermeiro esteta se configura na pós-graduação, com desenvolvimento técnico, de gestão e empreendedorismo. O conteúdo programático e o escopo prático são aplicados à identificação das disfunções estéticas, execução dos procedimentos indicados e atenção integral com foco na qualidade de vida. **CONSIDERAÇÕES FINAIS:** Com a imersão do enfermeiro nessa área de atuação, é necessário garantir oferta de serviços com qualidade e segurança aos usuários. É de extrema relevância a garantia de acesso aos cursos de pós-graduação para que os profissionais sejam capazes de ofertar o cuidado estético com excelência.

**Palavras-chave:** Enfermagem; Especialização; Procedimento Estético; Estética; Legislação de Enfermagem.

## INTRODUCTION

The beauty standard is a cultural, socioeconomic, and temporal construct that influences the self-perception of values such as happiness and personal satisfaction, as well as impacting consumption patterns and power relations <sup>(1-2)</sup>.

Individual aesthetic reference, although a product of the social context, is part of a person's identity, extending beyond physical attributes. The search for aesthetic treatments has intensified in recent years, reflecting a society that increasingly values appearance and well-being. We live in a society that does not accept aging. Eating disorders, body image disturbances, and excessive body modifications are realities that demonstrate the impact on an individual's overall health.

The skin is the largest organ of the human body and plays vital roles in protection against external agents, regulation of body temperature, and sensory perception. Additionally, the appearance of the skin is a visible indicator of health and beauty, influencing self-esteem and social perception.

In nursing, skin care has traditionally focused on the prevention and treatment of injuries, but it has recently incorporated aesthetic practices aimed at maintaining healthy and youthful skin. Aesthetic nursing encompasses a broad range of practices that aim to promote health, beauty, and well-being. These practices include facial treatments, procedures for wound healing, care for aging skin, and

interventions to improve unaesthetic conditions such as acne, wrinkles, and blemishes.

Aesthetic nursing seeks to integrate scientific and technical knowledge with a humanized and individualized approach, respecting the needs and desires of each patient. In this context, nurses have stood out by acting in a qualified manner in aesthetic procedures, an area that requires not only technical skills but also a strong ethical commitment and patient safety <sup>(1-3)</sup>.

In Brazil, the regulation of this practice has sparked debates regarding the competencies of aesthetic health professionals, especially concerning invasive and high-risk procedures. The role of the aesthetic nurse, which often combines nursing knowledge with aesthetic techniques, still generates controversy, making it essential to conduct a careful analysis of the legal, clinical, and educational implications of this practice <sup>(2-9,10-21)</sup>.

This article aims to reflect on the most common procedures in aesthetic nursing, considering both technical aspects and regulations, as well as the challenges faced by professionals in this field.

## OBJETIVES

Discuss the importance of specialized training for the practice of nurses in aesthetics, considering the regulations and safety requirements in professional practice.

Present the ethical and legal implications of aesthetic nursing practice, emphasizing the regulation and supervision of the profession and the main aesthetic procedures performed in aesthetic nursing.

## METHODS

This study adopts a qualitative approach, using a narrative literature review as an investigative strategy. The narrative review was conducted through a critical analysis of primary and secondary sources, including academic articles, specialized books, regulatory standards, and documents from professional entities regarding the practice of aesthetic nursing. The analysis proposes a theoretical approach to the aesthetic procedures performed by nurses, emphasizing clinical implications, current regulations, and the necessary training to ensure a safe and ethical practice. The article seeks to integrate theoretical and practical perspectives from professionals in the field, also discussing the challenges faced by nurses specializing in aesthetics in the current context. The study was conducted between September and October 2024 and was initiated at the request of the Brazilian Nursing Association for the development of a unified document, in conjunction with the dermatological nursing sector, to outline the specialized training process and submission to the Ministry of Education and Culture.

## DEVELOPMENT

Aesthetic nursing care can have a significant impact on individuals' self-esteem and well-being. By improving skin appearance and treating unaesthetic conditions, aesthetic nursing contributes to positive self-perception and patient confidence. Additionally, aesthetic care provides a moment of self-care and relaxation, promoting mental and emotional health.

In recent years, the practice of aesthetic nursing has gained prominence, especially in Brazil, where nurses specializing in aesthetics are responsible for performing a variety of procedures aimed at improving the appearance and well-being of patients.

On March 30, 2016, a workshop was held by the Federal Nursing Council, which highlighted the need to standardize the role of nursing in the field of aesthetics, as well as to regulate the procedures performed and the postgraduate training of professionals. From this workshop, Opinion No. 274/2016 was issued, proposing the creation of a resolution for the sector, with the legality of the regulation being deemed valid <sup>(3)</sup>.

On November 9, 2016, during an ordinary plenary session, COFEN Resolution No. 529 was introduced, stating that nurses specializing in aesthetics must acquire technical-scientific competence and skills to perform aesthetic procedures through extension, qualification, and improvement courses <sup>(4)</sup>.

In April 2017, this resolution was legally challenged six months after its publication through three lawsuits filed by Regional Medical Councils. These lawsuits resulted in the suspension of Resolution No. 529 in April 2017 <sup>(5)</sup>.

In 2018, the Federal Nursing Council regulated the operation of Nursing Offices and Clinics. In these spaces, nurses are authorized to perform activities and competencies regulated by Law No. 7.498, of June 25, 1986, by Decree No. 94.406, of June 8, 1987 <sup>(6)</sup>, and by the resolutions of the Federal Nursing Council. The activities carried out in nursing offices and clinics include low and medium-complexity care such as consultations (low-risk prenatal care, childcare, women's health, adult/elderly health), administration of injectable medications under medical prescription, wound care and treatment, suture removal, urinary catheterization for relief or prolonged use, Pap smear collection, colostomy bag changes, capillary blood glucose measurement, vital signs, and anthropometry, ear piercing, and regulated minimally invasive aesthetic procedures, among others.

In 2019, a judicial agreement was reached for the partial release of the aesthetic nursing resolution, maintaining the restriction of certain procedures in professional practice and abstaining from regulations related to the practice of medical acts as provided for in Law No. 12.842/2013 <sup>(6)</sup>. Following this judicial decision, COFEN (Federal Nursing Council) issued the new Resolution No. 626 of 2020 <sup>(7)</sup>,

once again allowing the practice of aesthetic nursing in Brazil. According to § 1 of the resolution, a qualified nurse, as defined in Article 4 of COFEN Resolution No. 529/2016, is authorized to perform the following procedures in the field of aesthetics:

- Carboxytherapy
- Cosmetics
- Cosmeceuticals
- Dermopigmentation
- Lymphatic drainage
- Electrotherapy/Electrothermophototherapy
- Combined ultrasound and microcurrent therapy
- Micropigmentation
- Cavitation ultrasound
- Vacuum therapy

§2 specifies that the nurse may also perform other aesthetic nursing activities, provided they do not involve medical acts as defined by Law No. 12.842/2013 <sup>(5)</sup>.

Regarding this definition, it is understood that acts restricted to medicine involve procedures exclusive to physicians, meaning those that involve penetration into the body's natural orifices, reaching internal organs. On the other hand, the practice of aesthetic nursing is characterized by minimally invasive procedures (such as intradermal, subcutaneous, and intramuscular injections) and non-invasive procedures (such as topical therapies, use of equipment, and massages). Based on this understanding and with the aim of detailing the competencies of nurses specialized in aesthetics, COFEN published a nationally applicable technical opinion.

The Technical Chamber Opinion No. 001/2022/GTEE/COFEN drafted a new resolution proposal <sup>(4)</sup>, in accordance with the Medical Act Law No. 12.842/2013, including the following text: “It is understood, therefore, that the nurse, properly qualified in aesthetics, according to COFEN Resolution No. 529/2016 <sup>(5,6)</sup> and COFEN Resolution No. 626/2020 <sup>(7)</sup>, may perform the procedures described in the respective PADS: PRP (Platelet-Rich Plasma), intramuscular application of botulinum toxin, endermotherapy, facial harmonization, injectable procedures, application of absorbable PDO threads (Polydioxanone Suspension Threads) for ear remodeling, percutaneous induction of actives, biostimulation using a cannula, and dermal fillers. Furthermore, according to COFEN Resolutions No. 529/2016 and No. 626/2020 <sup>(6,7)</sup>, the nurse is responsible for the indication and prescription of the most appropriate actives for aesthetic procedures according to the clientele, as well as for the acquisition of equipment, materials, and substances necessary for their activities.”

In 2023, the resolution on aesthetic nursing underwent a new revision, with COFEN Resolution No. 715, which modified Article 4 of COFEN Resolution No. 529 <sup>(9,5)</sup>, specifically regarding professional training: “Article 4. The Nurse must hold a *lato sensu* postgraduate degree in aesthetics, in accordance with MEC legislation, and must have a minimum of 100 (one hundred) hours of supervised practical classes” <sup>(9)</sup>. After the judicialization of the first

aesthetic nursing resolution and its subsequent partial release, some procedures remain prohibited for aesthetic nurses, awaiting technical evaluation to assess the practical feasibility of nurses since 2020.

Judicial proceedings resulted in the partial nullification of COFEN Resolution No. 529/2016 <sup>(5)</sup>, which definitively suspended the practice of procedures such as micropuncture (microneedling), laser therapy, laser hair removal, cryolipolysis, sclerotherapy, intradermotherapy/mesotherapy, prescription of nutraceuticals/nutricosmetics, and peels. It was also determined that COFEN should refrain from regulating or establishing aesthetic nursing activities related to the practice of medical acts as defined by Law No. 12.842/2013 <sup>(6)</sup>.

These decisions, although addressing procedures that are not exclusively medical, contradict the very concepts of the Medical Act Law, which defines “invasive procedures” as those that involve penetration into the body’s natural orifices, reaching internal organs. However, the listed procedures are widely known practices among nurses, many of which involve safe and accessible handling, such as the administration of topical and parenteral drugs, minimally invasive and non-invasive techniques, as well as the use of equipment that is often operated by applicators from manufacturing companies without requiring higher education for handling.

The legal victories achieved resulted in the partial suspension of the effects of COFEN

Resolution No. 529/2016 (5), which was fully suspended until 2019, allowing its partial reinstatement and the issuance of a new resolution (7). The ongoing judicial discussions require proof that the activities outlined in Resolution No. 529/2016 do not involve invasive procedures (5).

The nurse, within the context of professional practice, is considered a liberal professional, "with a university or technical degree, independence, and free professional practice, being civilly responsible, as applicable, for errors and technical failures committed" (6). The Nursing Code of Ethics states that "the nursing professional acts in health promotion, prevention, recovery, and rehabilitation, with autonomy and in accordance with ethical and legal principles," emphasizing that "practice must be carried out competently to promote human health in an integral manner, in accordance with the principles of ethics and bioethics" (6).

The Nursing Professional Practice Law ensures nursing consultation as an exclusive activity of the nurse. This practice is widely disseminated in the SUS and is expanding into the private sector. The administration of injectables has been a nursing specialty since the profession was recognized in the 19th century, with the work of Florence Nightingale, considered the patron of nursing. The nurse frequently performs procedures such as intradermal, subcutaneous, intramuscular, and

intravenous injections, from the primary care level to the most complex hospital care.

As stipulated in the Nursing Code of Ethics, it is prohibited to administer medications without understanding the action of the drug and without ensuring the possibility of risks (Art. 30) (6). Thus, nurses are not only executors of medication administration but also co-responsible.

Since aesthetic dysfunctions are not classified as diseases, they require a multidisciplinary approach, especially when they impact the individual's self-image and mental health. Currently, Brazil ranks fourth in the global beauty market, behind only the United States, China, and Japan. Between 2018 and 2022, beauty and personal care services in Brazil grew by 560% compared to previous years (ABIHPEC). The aesthetic market encompasses both the health and beauty sectors, making it one of the most profitable and high-demand economic segments.

In the United States, the registered nurse (RN) can work in the aesthetic field. A licensed nurse can become an autonomous practitioner (NPs) or integrate multidisciplinary teams in clinics or medical spas. Several U.S. states allow registered nurses to perform injectable aesthetic procedures, such as botulinum toxin application, dermal fillers, absorbable threads, microneedling, dermopuncture, sclerosing agent application, and lasers. This job market is highly attractive for nurses, as the profession enjoys credibility in the country and disputes with other

professional categories are practically nonexistent. The logic of the American market also applies to the offer of these services to specialized nurses, as when there is demand and the offer meets quality and legal requirements, there are no restrictions on the commercialization of products and services.

In Canada, the qualification and market for the nurse in the aesthetic field are also expanding. Nurses can be entrepreneurs or provide services in institutions. Just like in the United States and Canada, in the United Kingdom and Australia, there are large societies dedicated to the training, regulation, certification, and defense of the interests of nurses working in aesthetics. In the United States, there is the International Society of Plastic and Aesthetic Nurses (ISPAN); in Canada, the Canadian Society of Nurses of Aesthetic Specialty (CSNAS); in the United Kingdom, the British Association of Cosmetic Nurses (BACN); and in Australia, the Cosmetic Nurses Association (CNA) <sup>(10-12)</sup>.

The competency development triad – Knowledge, Skills, and Attitudes (CHA) – commonly adopted in the corporate context, aims to provide the individual with theoretical and practical knowledge that enables them to make decisions and take actions in response to demands that arise in their professional practice <sup>(13)</sup>. In nursing, competencies focused on social, business, and intra-entrepreneurship stand out. However, the development of these potentials is not always adequately incorporated by nurses. In

this context, “it is necessary to awaken an entrepreneurial culture among university administrators, professors, and nursing students so that universities invest in the development of social inclusion technologies” <sup>(14)</sup>. Thus, the nurse has the possibility of working autonomously in their own services through entrepreneurship <sup>(15)</sup>.

For this awakening to happen, it is essential that nurses receive the necessary tools to enhance this effort because, as the literature highlights, “this emphasizes the importance of training a competent professional who guides and develops the health care process in this complex field that involves social, psychological, physical, and environmental factors, in order to better meet the needs of patients, and the nurse fits this profile” <sup>(16)</sup>.

In addition to technical competencies and skills related to entrepreneurship, the nurse also needs to cultivate management competencies, being able to evaluate and take responsibility for the quality of care provided in the clinical environment, both for their own practice and for that of other professionals under their supervision (RT – Technical Responsible).

The role of the nurse in Aesthetic Nursing has proven to be transformative, allowing the professional to become the protagonist of autonomous care aimed at the well-being and self-esteem of the population. By mastering minimally invasive complex procedures, the aesthetic nurse adopts a holistic and humanized approach, seeks continuous

qualification, updates their practices, conducts nursing consultations, and applies the nursing process, providing greater patient safety, who receives an adequate prescription of care and guidance on the proposed treatment.

With a promising market, the nurse must invest in their professional development, establish partnerships with companies and other professionals, and work with autonomy, dignity, and professional recognition. The profile of the aesthetic nurse is characterized by a *lato sensu* postgraduate degree, with theoretical and practical hours, in addition to subsequent training through extension, qualification, and improvement courses.

Training and improvement courses provide the specialist in aesthetic nursing with the opportunity to expand their knowledge, learning new technologies applicable to clinical practice. These training programs are frequently offered by pharmaceutical laboratories or manufacturers that have the technology for the production and sale of products or equipment aimed at aesthetics and are conducted by specialists from these brands. Professionals with experience in implementing or developing successful protocols often teach improvement courses to share their skills.

The introduction of aesthetic knowledge into the undergraduate nursing curriculum is a reality that provides future nurses with initial contact with this area of practice. The University of Brasília, for example, has offered the discipline of Aesthetic Nursing since 2023, with

two classes already graduated. This elective discipline, with a workload of 30 hours, includes theoretical and practical content aligned with current professional regulations. The syllabus covers topics such as: general aspects of entrepreneurship in nursing; history of aesthetics and cosmetology; ethical and legal foundations in aesthetic nursing; the nursing process in aesthetics; technological and legal aspects related to the role of the nurse in aesthetics; facial analysis – visagism, dysmorphism, and aesthetics; facial anatomy applied to aesthetic nursing; main dysfunctions treated in aesthetics; procedures established in COFEN regulations; the role of aesthetic nursing and its possibilities for practice; and patient safety in the aesthetic nursing care process.

Although the practice of aesthetic nursing is restricted to the specialized professional, the generalist nurse can act in the identification and classification of facial, capillary, and body aesthetic dysfunctions, indicating home care to prevent the worsening of aesthetic conditions, promoting healthy habits, especially those that impact skin health and body mass, and referring the patient to the specialist nurse when necessary. The COREN-GO published the Nursing Protocol in Primary Care in the State of Goiás, including a specific chapter entitled "Nursing Protocol in Aesthetic Care" <sup>(17)</sup>. This chapter presents aesthetics as part of strategies for health promotion and quality of life, addressing the areas of practice of aesthetic nursing in the facial, body, and



capillary spheres, and the related aesthetic dysfunctions. The manual also includes a basic aesthetic evaluation form to indicate home care and referral to a specialist nurse in aesthetic health or other professionals, as well as a flowchart for directing aesthetic care in nursing consultations in primary care <sup>(17)</sup>.

The morphofunctional domain of the skin and its appendages establishes an interface between various fields of knowledge within nursing and other health professions. Specialties such as dermatological nursing, podiatry, stomatherapy, and wound care converge for the deeper understanding of the pathophysiology of the integumentary tissue, which is directly related to aesthetic nursing. In addition to nursing, other health fields such as dermatological medicine, plastic surgery, dermato-functional physiotherapy, estheticians, and cosmetologists also share knowledge about the skin. Many aesthetic specializations are multidisciplinary and are intended for professionals from different fields, such as nursing, dentistry, biomedicine, pharmacy, medicine, biology, and physiotherapy. The practice of these professionals, although common in some procedures, distinguishes what is specific and exclusive to each field. While surgical procedures, the prescription and administration of infiltrative and systemic anesthetic drugs are exclusive to physicians and/or dentists, other professionals specializing in aesthetics can perform injectable procedures

and topical and local anesthetics (such as anesthetic buttons).

Currently, there are 5,739 registered specialist professionals and a wide variety of nomenclatures for postgraduate courses aimed at nurses, precisely 128 nomenclatures related to Aesthetic Nursing, according to COFEN/CORENS system records <sup>(22)</sup>.

### **The specialist in aesthetic nursing can work in <sup>(7-9)</sup>:**

- **Capillary aesthetic dysfunctions: alopecia (telogen effluvium, androgenetic alopecia, alopecia areata):**

These present as alopecia with localized or widespread foci, originating from autoimmune, emotional, hormonal, or physiological factors, which negatively affect self-esteem and quality of life. The evaluation of this condition and the correct identification of its presentation type are important for determining therapy and aesthetic nursing care, which can range from health education guidance to the indication of aesthetic therapeutic resources or even referral to another specialty. Alopecia occurs due to the interruption of the natural hair cycle caused by an inflammatory process affecting the hair bulb (in non-scarring alopecia) or lesions acquired from trauma, burns, infectious, and fibrosing processes (in scarring alopecia). In non-scarring alopecia, there is no follicular destruction, and the condition may be reversible. In clinical aesthetic practice, the most prevalent types of alopecia that can respond

positively to therapy are Telogen Effluvium and Androgenetic Alopecia.

✓ Telogen Effluvium is a common type of alopecia that occurs in both sexes and often resolves spontaneously. It results from the prolongation of the telogen phase of the hair (shedding). It mainly affects women due to medication reactions, post-surgical causes, emotional factors, restrictive diets, significant weight loss, and COVID.

✓ Androgenetic Alopecia affects about half of the male population and also postmenopausal women. It occurs due to changes in the sensitivity of androgen receptors in hair follicles, causing hair weakening in certain regions of the scalp. Areas with more receptors (usually the top of the head) are more prone to hair loss than regions with fewer receptors

✓ Alopecia Areata possibly arises from an autoimmune and genetic trigger, which causes an inflammatory process that disrupts the hair cycle. It generally affects young adults of both sexes and can appear in any hair-bearing region of the body. It is frequently asymptomatic, but in some cases, it may cause inflammatory signs. The foci are well-defined and circumscribed, with an unpredictable remission, often occurring spontaneously.

✓ Other conditions affecting capillary structures and the scalp are less frequent in aesthetic care, as they are classified as diseases, and the priority objective should be treating the causes with systemic medication approaches or even medical follow-up, such as complicated

seborrheic dermatitis, bacterial infections, lichen planus, lupus, trichotillomania, and psoriasis.

• **Facial aesthetic dysfunctions (acne, dyschromias – hyperpigmentation, melasma, chloasma, ephelides – freckles, wrinkles, grooves, ptosis, and flaccidity, scars):**

These conditions can affect an individual's self-esteem, as they appear in the most exposed and visible region of the body. They may be triggered by the physiological aging process or by external and multifactorial conditions. Some scales are applied to assist in aesthetic assessment and the definition of the unaesthetic condition and its severity level, such as the aging level scale (Glogau), the skin phototype scale (Fitzpatrick), and the classification scale of skin types (normal or eudermic, dry or alipic, oily or lipidic, and combination).

✓ Acne – A common dysfunction during adolescence that manifests as comedones, pustules, and nodules on the face, chest, and back. These manifestations can worsen with infectious processes and abscesses requiring drainage. It is associated with hormonal factors, diet, lifestyle habits, and skincare routines. Acne can leave sequelae such as atrophic scars and hyperpigmentation. Treatment involves both the acute phase and long-term sequelae. The approach is multi-therapeutic and multidisciplinary, potentially including lifestyle and dietary adjustments, home care routines, topical and oral substances, and aesthetic procedures such as professional skin cleansing,

laser, LED therapy, chemical peels, and microneedling.

✓ **Dyschromias** – These are alterations in the skin's natural pigmentation, resulting from altered melanin production by melanocytes. This production may be excessive following an inflammatory reaction (hyperchromia), due to a deficiency in melanin production (hypochromia), or even the absence of melanocyte activity (achromia). Among hyperpigmentation disorders are post-inflammatory hyperpigmentation (PIH), melasma, and chloasma. PIH is common after wounds, acne, post-procedures, and insect bites. Melasma is a chronic, multifactorial, and genetic condition that primarily affects individuals with higher phototypes. Chloasma is melasma that develops during pregnancy and may persist after childbirth. Both conditions are triggered by sun exposure, heat sources, and the use of inappropriate products and procedures. The approach to treating dyschromias is broad, ranging from the local or injectable application of brightening agents to the use of recommended homecare products, specific lasers, active ingredient induction therapy, and permanent maintenance routines by the client.

✓ **Ephelides or freckles** – These are flat, brownish congenital spots that can be acquired or intensified over a lifetime due to sun exposure. They do not pose health risks, but some individuals choose to lighten or remove them. Therapeutic options include chemical peels, lasers, and brightening agents.

✓ **Wrinkles, grooves, ptosis, and flaccidity** – These result from the natural aging process, which may be accelerated or exacerbated by lifestyle habits such as sun exposure, weight loss, low water intake, inadequate diet, lack of skincare, or the use of ineffective or inappropriate products. The physiological aging process encompasses a series of events in various facial systems and layers. There is bone resorption, a reduction in adipose pads, loosening of the ligaments that compartmentalize these pads (SMAS), and muscular and tissue laxity. This scenario promotes ptosis in certain facial areas, leading to grooves and depressions such as the nasojugal, nasolabial, and labiomentonian grooves, facial flaccidity and squaring of the lower face, depressions in the malar, zygomatic, and temporal regions. Wrinkles, which are "folds" under the skin caused by the mobility of facial expression muscles, are treated based on their degree of progression—whether they are dynamic or have become static. The therapeutic approach must be individualized according to the needs, using products that inhibit muscle action, restore lost volume, and reposition structures. Treatment options may include dermal fillers, botulinum toxin, biostimulators, collagen-inducing and traction threads, chemical peels, and electrotherapies.

✓ **Scars** – These arise from a chronic inflammatory remodeling process of collagen with scar tissue formation following epidermal and dermal injury. Scars may present as atrophic

or depressed, eutrophic, or hypertrophic. Keloids are hypertrophic scars characterized by excessive collagen formation, leading to exaggerated scar tissue. These may be present on the face or any other body region. Many aesthetic procedures are recommended for improving scar tissue, yet no technique has shown consistently significant results. Indicated treatments include laser, microneedling, dermopuncture, intradermotherapy, and chemical peels.

• **Body Aesthetic Dysfunctions (Lipodystrophy – Localized Fat, Fibroedema Geloid – Cellulite, Flaccidity, Stretch Marks, Unesthetic Hair, Microvessels – Telangiectasias):**

These are multifactorial dysfunctions that can affect self-image and cause harm to mental health. Unesthetic conditions affect all layers of the integument: the hypodermic adipose tissue (lipodystrophy, fibroedema geloid), the papillary and reticular dermal tissue (flaccidity, stretch marks, scars, microvessels), and the epidermis (stretch marks, scars, blemishes, unesthetic hair).

✓ **Lipodystrophy** – The accumulation of lipids in adipocytes in various regions of the body as an energy reserve is a natural condition of the organism. The balance between lipogenesis and lipolysis depends on energy expenditure and gain and is therefore directly influenced by lifestyle and dietary habits. Lipodystrophy or localized fat is the excessive

deposition of lipids in areas more prone to this accumulation, such as the abdominal, gluteal, limb, and neck regions. The therapeutic options are numerous, including non-invasive electrotherapy equipment (ultrasound, radiofrequency, cryofrequency, cryolipolysis), minimally invasive techniques (carboxytherapy, ozone therapy, hydrolipoclasia, mesotherapy), and surgical medical procedures (liposuction).

✓ **Fibroedema Geloid - FEG (Cellulite)** – This is a hypertrophic condition of connective adipose tissue, along with the accumulation of interstitial toxins, which promote congestion in micro and macrocirculation and regional fibrosis<sup>(16)</sup>. It presents severity levels from I to IV, classified as mild, moderate, severe, and advanced, with the last two stages showing reduced local temperature, pain, and the presence of nodules. Therapeutic approaches include non-invasive strategies (ultrasound, radiotherapy) and minimally invasive techniques such as electrolysis with needles, subcision, collagen biostimulators with PLLA (Poly-L-Lactic Acid), intradermotherapy, carboxytherapy, and ozone therapy.

✓ **Flaccidity** – Consists of the loss of tension in dermal tissue caused by the reduction of extracellular matrix components in the dermis that provide tone and elasticity (collagen and elastin). It may also manifest in musculoskeletal tissues (muscle flaccidity) in addition to dermal or tissue flaccidity. The origin is multifactorial (genetic factors, tissue aging) and may worsen with lifestyle habits and conditions of weight

gain or extreme loss (sedentarism, obesity, pregnancy, sun exposure, smoking). Available treatment options depend on the severity level. Extremely flaccid tissues may have little or no response to minimally or non-invasive aesthetic procedures, requiring surgical intervention. Non-invasive procedures used for flaccidity include ultrasound, radiofrequency, and microcurrents. Among minimally invasive options are agents that promote natural collagen production, such as collagen biostimulators and mesotherapy-based agents.

✓ **Stretch Marks** – These develop after dermal tissue undergoes stretching and rupture of collagen and elastin fibers, leading to an inflammatory scarring process. In the initial phase, when blood circulation is still present, stretch marks appear reddish. As blood supply is lost and dermal and epidermal cells become scarce, they turn whitish. Various approaches exist for the treatment of stretch marks, but no complete resolution is available yet. However, the appearance, thickness, and coloration can be improved with combined techniques such as lasers, microneedling, intradermotherapy, chemical peels, and topical acid applications.

✓ **Unesthetic Hair** – Areas with excessive hair growth are often a source of dissatisfaction for both men and women, particularly when associated with folliculitis, hyperpigmentation, discomfort during the growth of thick hair, and an unesthetic appearance in exposed regions, especially for women. Laser hair removal is already a traditional and effective solution

capable of eliminating hair and reducing associated manifestations.

✓ **Microvessels** – Microvessels or telangiectasias develop due to the incompetence of venule valves, promoting blood stasis and reflux, leading to the dilation of small vessels. Some relevant predisposing factors include overweight, vascular insufficiency, pregnancy, contraceptive use, female sex, and prolonged standing positions. Microvessels are approximately 1 mm thick, located in the dermis, and classified according to shape (arachniform, arborized, simple), with colors ranging from reddish to purplish. Treatment may include simple injectable options, manageable by aesthetic professionals, using 50% or 75% glucose, as well as sclerosing medications and medical-use lasers. The Injectable Aesthetic Procedure for Microvessels (PEIM), using glucose as a sclerosing agent, is listed among the aesthetic procedures in postgraduate aesthetic nursing programs.

✓ **Carboxytherapy** – Carboxytherapy utilizes medicinal injectable Carbon Dioxide (CO<sub>2</sub>) gas in the epidermal and dermal planes to stimulate regeneration and neoangiogenesis due to its vasodilatory and anti-hypoxia properties, as well as its draining, collagen-promoting, and lipolytic actions. Common side effects include bruising, regional swelling, emphysema, pain, and bleeding. Contraindications include coagulation disorders, cardiovascular, respiratory, renal, and hepatic insufficiencies.

✓ **Cosmetics** – These are pharmaceutical products intended for hygiene and maintaining skin health. They are topical preparations used to cleanse, perfume, alter appearance, and correct odors while protecting and maintaining the good condition of various body parts. Adverse effects include allergic and anaphylactic reactions, dyschromias, and open lesions. Contraindications include sensitivity to formula components, dermatitis, and active autoimmune diseases.

✓ **Cosmeceuticals** – These are pharmaceutical products for topical use that can alter skin conditions through actions such as sun protection, hydration, antioxidant, anti-inflammatory, exfoliating, and brightening effects. Adverse effects include allergic and anaphylactic reactions, dyschromias, and open lesions. Contraindications include sensitivity to formula components, dermatitis, and active autoimmune diseases.

✓ **Dermopigmentation** – Pigmentation of the epidermis and dermis with a makeup effect or coloration similar to the natural skin tone,

✓ flow, reduce edema, and enhance muscle tone. It includes the use of ultrasound, thermal blankets, high frequency, radiofrequency, microcurrents, photodynamic therapies with LED, and Low-Intensity Laser. Possible complications include burns, hyperpigmentation, and paradoxical adipose hyperplasia. Contraindications include pregnancy, pacemaker use, metal prostheses, heart disease, cancer, and epilepsy.

commonly used in the eye and lip areas. Possible side effects include allergic and anaphylactic reactions to substances used (pigment and local anesthetic), infections, color alteration of the pigment, and herpes activation. Contraindications include sensitivity to pigment and/or anesthetic, dermatitis, history of keloids, and hypertrophic scars.

✓ **Lymphatic Drainage** – A technique applied through manual massage to reduce body edema by stimulating the lymphatic system, increasing the flow of fluids through the lymphatic vessels to the lymph nodes for physiological elimination. Adverse effects: allergic reactions to massage cream, displacement of neoplastic cells, and thrombi. Contraindications include hypersensitivity to cream, history of cancer, history of coagulopathies, infections, and cutaneous dermatitis.

✓ **Electrotherapy/Electrothermophototherapy** – Therapy using electrical currents (electrostimulation), light, and heat to increase regional blood

✓ **Combined Ultrasound and Microcurrent Therapy** – The combination of high-power ultrasound and electrostimulation simultaneously for treating adiposity, improving muscle tone, and reducing edema. The ultrasound emits inaudible sound waves that promote vibrations in the hypodermic tissue cells, leading to the rupture of adipocyte membranes, aiming to promote lipolysis and the physiological metabolism of byproducts. The most commonly

used currents are Russian, Aussie, Galvanic, Stereodynamic, and Diadynamic <sup>(11)</sup>. Adverse effects and contraindications are the same as those for electrotherapy, plus coagulation disorders, cardiovascular, respiratory, renal, hepatic insufficiencies, and epilepsy.

✓ Cavitation Ultrasound – A non-invasive procedure using ultrasonic waves to produce gas bubbles in the dermal tissue that, upon collision, rupture adipocyte membranes, promoting regional lipolysis. Complications include burns, hyperpigmentation, and paradoxical adipose hyperplasia. Contraindications include pregnancy, pacemaker use, metal prostheses, heart disease, cancer, and epilepsy.

✓ Vacuum Therapy – The use of equipment that applies negative pressure (vacuum) and simultaneous sliding on the skin to stimulate circulation, break fibrosis and adhesions, improving localized fat and cellulite regions. Adverse effects: skin eruptions, bruising, edema, and localized pain. Contraindications include coagulation disorders, cardiovascular, respiratory, renal, hepatic insufficiencies, and epilepsy.

✓ PRP (Platelet-Rich Plasma) – A procedure performed by collecting the client's peripheral venous blood, centrifuging it to separate white and red blood cell components, and subsequently applying the plasma to the same patient's skin, indicated for rejuvenation and flaccidity. Adverse effects: contamination and infections, reactions to anticoagulants.

Contraindications: coagulation disorders, cancer, and autoimmune diseases.

✓ Botulinum Toxin – The application of type A botulinum toxin to the muscles responsible for facial expression promotes muscle relaxation and, consequently, prevents dynamic wrinkles and softens static wrinkles caused by the contraction of these muscles under the skin. It can also be used as an intradermal application for hyperhidrosis in areas of excessive sweating such as the armpits, hands, and feet. The most common adverse effects: headache, paresthesia, eyelid ptosis, swelling at the application site, ecchymosis, hematoma, irritation at the application site, and paralysis of nearby muscle groups. Contraindications: hypersensitivity to any of the product's components; irritation and infection at the application site, pre-existing neuromuscular diseases, pregnancy, and breastfeeding.

✓ Endermotherapy – Therapy applied using endermology equipment that promotes vacuum therapy to stimulate circulation and break fibrotic tissue in “cellulite,” as well as cleaving adipocytes in areas of adipose tissue accumulation. Adverse effects: skin eruptions, hematomas, swelling, and localized pain. Contraindications: coagulation disorders, cardiovascular, respiratory, renal, hepatic insufficiencies, and epilepsy.

✓ Facial Harmonization – Aesthetic correction of facial features to create a more harmonious appearance, correcting depressions and grooves caused by the aging process, as well

as imperfections and asymmetries. This can involve one or more procedures and products such as fillers, biostimulators, botulinum toxin, and threads. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, ecchymosis, hematoma, irritation at the application site, itching, infection, nodules, thread extrusion, vascular compression or occlusion, ischemia, necrosis, and asymmetries. Contraindications: hypersensitivity to any of the product's components, irritation and infection at the application site, pre-existing neuromuscular diseases, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, use of immunosuppressants, anticoagulants, upper airway diseases, and ongoing dental treatments.

✓ **Injectable Procedures** – Consist of the administration of sterile active ingredients for aesthetic purposes via intradermal, subcutaneous, and intramuscular routes using needles or cannulas. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, ecchymosis, hematoma, irritation at the application site, itching, infection, nodules, ischemia, necrosis, asymmetries, and anaphylaxis. Contraindications: hypersensitivity to any of the product's components, irritation, infection, pre-existing neuromuscular diseases, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, use of immunosuppressants, and anticoagulants.

✓ **Application of Absorbable PDO Threads (Polydioxanone Suspension Threads)** – Consists of the subdermal application of threads to stimulate collagen production and promote lifting, repositioning, and support of facial tissues that exhibit ptosis and flaccidity. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, ecchymosis, hematoma, irritation at the application site, itching, infection, thread extrusion, ischemia, and asymmetry. Contraindications: hypersensitivity to any of the product's components, irritation and infection at the application site, pre-existing neuromuscular diseases, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, use of immunosuppressants, and anticoagulants.

✓ **Application of Absorbable PDO Threads for Ear Remodeling** – The use of PDO threads with standardized suturing techniques in the cartilage region to correct ear projection. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, ecchymosis, hematoma, irritation at the application site, itching, infection, thread extrusion, ischemia, and asymmetry. Contraindications: hypersensitivity to any of the product's components, irritation and infection at the application site, pre-existing neuromuscular diseases, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, use of immunosuppressants, and anticoagulants.

✓ **Percutaneous Induction of Active Agents** – The injection of active agents into the



epidermis and dermis of the face and body for various indications such as melasma and dyschromias, scars and stretch marks, acne scars, fine wrinkles, and open pores. The technique consists of the permeation of brightening agents that promote the oxidation of melanin and/or inhibition of melanocyte activity, as well as the stimulation of fibroblasts to produce extracellular matrix components in the dermis—such as collagen, elastin, and proteoglycans—that provide skin firmness, tone, and hydration. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, irritation at the application site, itching, infection, and hyperpigmentation. Contraindications: hypersensitivity to any of the product's components, irritation, infection, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, history of post-inflammatory hyperpigmentation, history of hypertrophic scarring, and keloids.

✓ **Biostimulation via Cannula** – A biocompatible and bioabsorbable substance injected into the dermis to stimulate fibroblastic cells to produce collagen, with the goal of improving flaccidity, structural support, depressed areas, and restoring skin tone and firmness lost due to aging or weight loss. Cannula application is the safest method for administering the product in indicated areas of the face and body. Adverse effects: hypersensitivity to product components, swelling, irritation, itching, infection, nodules, and hypertrophic scarring. Contraindications:

hypersensitivity to any of the product's components, irritation, infection, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, history of hypertrophic scarring, and keloids.

✓ **Dermal Fillers** – The most commonly used product for dermal filling is bioidentical Hyaluronic Acid (HA), used to correct grooves and depressions, promote lifting and support, or even hydrate the skin. Hyaluronic acid has different cross-linking levels that are selected based on the treatment area, indication, and patient's concerns. It can be applied with a needle or cannula, the latter being safer to prevent vascular occlusion. On the face, HA gel can be injected into the lips, nasolabial groove, nasojugal groove, labiomental groove, malar region, temporal region, mental region, mandibular contour, zygomatic arch, and nasal region. Adverse effects: pain, hypersensitivity to product components, swelling at the application site, ecchymosis, hematoma, irritation at the application site, itching, infection, nodules, granuloma, vascular occlusion or compression that may lead to ischemia and necrosis, asymmetries, and anaphylaxis. Contraindications: hypersensitivity to any of the product's components, irritation, infection, pregnancy, breastfeeding, coagulopathies, autoimmune diseases, use of immunosuppressants, anticoagulants, and allergy to hyaluronidase.

✓ **Microneedling or Micropuncture** – Also known as Collagen Induction Therapy (CIT),

this technique aims to stimulate the natural production of collagen through the induction of microlesions, promoting non-scarring tissue regeneration. The procedure induces superficial bleeding using a device with needles for micropunctures on intact skin, with the goal of improving unaesthetic conditions such as wrinkles, dyschromias, scars, and stretch marks.

It is a dependent technical procedure included in the curriculum of postgraduate courses in aesthetic nursing. The aesthetic nurse is competent to perform the technique due to their practical experience in complex therapeutic care, as well as their ability to clinically assess appropriate indications, possible contraindications, prevention, and management of complications. The risks and complications, although infrequent, are managed by the specialist nurse. Adverse reactions: contamination, petechiae, and hematomas, activation of rosacea, herpes, acne, hypertrophic scarring, keloid formation, swelling, and infections. Contraindications: infections, keratoses, warts, skin cancer, use of anticoagulants, corticosteroids, chemotherapy, radiotherapy, active rosacea, active acne, uncontrolled diabetes, use of isotretinoin, sunburn, history of keloids, pregnancy, and active herpes<sup>(18)</sup>.

✓ Laser Therapy and Laser Hair Removal – "It is a device composed of a substance (gas and precious stones) that generate light when stimulated by an energy source. It is non-invasive and well tolerated by tissues"<sup>(5)</sup>, used

for hair removal, rejuvenation, scars, stretch marks, and blemishes. There are several devices available on the market, utilizing different generations of technologies, for rejuvenation treatments and laser hair removal.

✓ Cryolipolysis – "A non-invasive procedure for localized fat reduction, which consists of controlled and localized cooling of adipocytes for a period of 40 to 60 minutes, at temperatures above freezing but below normal body temperature"<sup>(5)</sup>. The devices require technical expertise for use and must be registered with ANVISA.

✓ Sclerotherapy – "Consists of the injection of specific medications called sclerosing agents into a capillary or vein to destroy it, under medical prescription"<sup>(5)</sup>. The term was not appropriately applied to the practice of aesthetic nurses, as it is a medical procedure. The most appropriate technique for nurses is PEIM (Injectable Aesthetic Procedure for Microvessels).

✓ Intradermotherapy/Mesotherapy – "A procedure that consists of the direct application of diluted pharmacological substances into the treatment area via intradermal injections"<sup>(5)</sup>. Mesotherapy has a wide range of indications, including lipodystrophy, fibroedema gelóide (cellulite), flaccidity, unaesthetic scars, light and dark stretch marks, alopecia, hydration, hyperpigmentation, melasma, weight management, and muscle gain. The active ingredients vary according to the indication and may include venotropics, eutrophics, lipolytics,

depigmenting agents, and anesthetics. They can be administered individually or combined (cocktails), via intradermal, subcutaneous, or intramuscular routes.

✓ Prescription of Nutraceuticals/Nutricosmetics – According to the annex of Resolution No. 529/2016, a nutraceutical is defined as "a food or part of a food that promotes health benefits" <sup>(5)</sup>. They are administered as oral supplements providing essential nutrients for the proper functioning of the body, composed of amino acids, vitamins, and minerals, prescribed through compounded formulations or over-the-counter products.

Nutricosmetics are orally administered products formulated and marketed specifically for beauty purposes, available in the form of capsules, foods, or beverages. These products emerged from the concept of "beauty from within," characterized by the use of diet and oral supplements to enhance physical appearance <sup>(4)</sup>.

✓ Peelings – Resolution No. 529/2016 defines very superficial or superficial peels as "the use of chemical, physical, and mechanical substances that destroy the superficial layers of the skin, followed by regeneration, with the purpose of cellular renewal" <sup>(5)</sup>. Peels may consist of chemical agents (acids) or physical agents (crystals, diamond, algae, minerals) with specific indications, including cellular renewal, depigmentation, exfoliation, pore reduction, and rejuvenation.

## Nursing Professional Associations in Dermatology and Aesthetics

Since the first regulatory resolution on the practice of aesthetic nursing, some societies have emerged to represent the interests of professionals, while already established entities have incorporated aesthetics into their scope of competencies.

The Brazilian Society of Nursing in Wounds and Aesthetics (SOBENFEE)—already well established in the fields of dermatology and stomatherapy - expanded its scope in 2016 <sup>(19)</sup> to include aesthetics.

Another professional association that incorporated aesthetics as an interface of dermatology was the Brazilian Society of Nursing in Dermatology (SOBENDE) <sup>(20)</sup>.

The Brazilian Society of Aesthetic Nursing (SBEE) was the first initiative aimed at fostering the development of the aesthetics field, but it is no longer active <sup>(21)</sup>.

With the same purpose, the more recent Brazilian Society of Nurses in Aesthetic Health (SOBESE) sought to establish itself in the specific field of aesthetic health <sup>(21)</sup>.

## FINAL CONSIDERATIONS

The demand for aesthetic services has become a growing global trend, reflecting not only an increased emphasis on appearance but also a rising need for care related to individuals' physical and emotional well-being. In this context, aesthetic nursing has emerged as an

increasingly relevant field, offering professionals the opportunity to expand their competencies while addressing the needs of a population seeking specialized care.

It is essential, however, that the integration of nurses into this field is guided by the assurance of high-quality and safe services. In this regard, the Federal Nursing Council (COFEN) plays a crucial role in regulating and overseeing aesthetic nursing practices. It is also responsible for informing the public about the legality and competency of aesthetic nurses. Although initially limited to postgraduate education, the training of specialized nurses requires continued investment in education to ensure that professionals develop the technical and ethical skills necessary to provide safe aesthetic care.

Despite the still limited initiatives integrating aesthetics into undergraduate nursing curricula, postgraduate specialization has proven fundamental for professional qualification, ensuring that nurses can practice responsibly and effectively. Continuous education is essential for the enhancement of the competencies required in this field, ensuring that aesthetic nursing specialists are equipped to handle the complexities of aesthetic care and provide personalized solutions to patients.

Aesthetic nursing, by nature, is not limited to the technical execution of aesthetic procedures but involves a holistic approach that considers patients' physical, emotional, and social aspects.

With the expanding market, nurses have the opportunity to explore new areas of practice, including the implementation of entrepreneurial and innovative services, as long as they are properly trained. The recognition of the profession, combined with continuous professional development and the acquisition of specific competencies, is crucial for nurses to achieve success in aesthetic practice and become key players in aesthetic health care.

Therefore, it is necessary for the nursing sector - both in public and private spheres—to continue investing in training and regulation strategies, with a focus on continuing education and the enhancement of professional skills. The autonomous and qualified practice of aesthetic nursing has the potential to transform aesthetic care, contributing not only to physical health but also to patients' self-esteem and well-being, thereby solidifying aesthetic nursing as an essential field in today's healthcare landscape.

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