Somewhere between the Kennedy administration and today, lasers went from being the stuff of Russian-spy novels to a staple in dermatologists’ offices. They can erase blotchiness, soften scars, and tighten skin, and they’re now one of the top nonsurgical cosmetic procedures in the country. In some cities, you can duck in for a “laser facial” that’ll take roughly as long as a blowout — 30 minutes, in and out. (Though doctors recommend going to trained dermatologists for the service.)
But one of the biggest advances is about color, not convenience: For decades, lasers were recommended, pretty much exclusively, for use on lighter skin tones. The ones that targeted pigment in the skin would damage dark skin (or, in the case of laser hair removal, not work at all), and the ones that delivered high bursts of energy and heat put darker skin at risk of scarring and hyperpigmentation. No more: New devices — and smarter ways of using existing ones — are making lasers accessible to nearly everyone and squashing some outdated ideas about dermatology along the way.

**For Redness**

Rosacea flare-ups aren’t just something paler people have to deal with, says Shereene Idriss, a clinical instructor in dermatology at the Icahn School of Medicine at Mount Sinai in New York City. “Everyone has superficial vasculature that can dilate and create unwanted redness,” she says. “I have patients who are half black and half Irish, and they have rosacea.” The Vbeam, a pulsed-dye laser that tackles red pigment, has long been the weapon of choice for rosacea and spider veins, but doctors are now waking up to the fact that it can be used on a wider variety of skin tones. Instead of dismissing the Vbeam as an option for darker complexions, many have learned to dial down the speed and temperature of the laser, making it suitable for deeper skin tones. (If you’re thinking about the Vbeam and have a medium to dark skin tone, ask for a test to be done somewhere unnoticeable, like underneath the jawline, if your dermatologist or plastic surgeon doesn’t suggest it first.)
For Unwanted Marks

The pico laser gets the award for most improved. Also known by its brand names — PicoWay, PicoSure, and Pico Genesis — the pico can zap away sunspots, scars, and birthmarks on pretty much any skin tone — something most dermatologists agree wasn’t possible five years ago. Its pulses are exponentially faster and less heat-generating than previous models, which means it’s less likely to cause scarring on darker skin tones, according to Paul Jarrod Frank, a dermatologist in New York City. Years ago, treating pitted acne marks with lasers on those with Fitzpatrick skin types 4, 5, or 6 was difficult, says Roy G. Geronemus, a dermatologist in New York City. (The dermatological Fitzpatrick scale divides skin tones into six shade categories, with 1 being the lightest and 6 being the darkest. For comparison, Michelle Obama is a 5, estimates Zakia Rahman, a clinical associate professor of dermatology at Stanford University School of Medicine.) “Now I can treat them with the PicoSure laser with no downtime and less risk of pigmentary damage,” says Geronemus.

For stretch marks, some dermatologists use the Palomar 1540-nanometer fractional laser, which creates columns of light that penetrate a millimeter or more into the skin. “It tricks the surrounding skin cells into thinking there has been a wound, which creates new collagen below and around it, diffusing the look of stretch marks,” says Arash Akhavan, an assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai. It’s an option for darker skin — as long as you take a slow and steady approach. Darker skin requires more than the recommended three to five treatments to see results (count on more like five to eight). Other dermatologists, like Rahman, use a 1550-nanometer fractional laser to tackle stretch marks over six-week intervals for darker-skinned patients and monthly for lighter-skinned patients. “No matter how new and improved a laser is, it’s always safest to deliver energy to darker skin at slower, less traumatic speeds,” says Joshua Zeichner, an assistant professor of dermatology at the Icahn School of Medicine.
For Hair Removal

Traditional **hair-removal lasers** are still best for people with dark hair and light skin because the light beam targets dark pigment (scientifically known as eumelanin). If the skin also contains a lot of eumelanin, the laser gets “confused,” making it less effective. (Results are just as underwhelming for people with light hair and light skin — there’s not enough pigment to target, period.) For those with darker skin, newer 1064-nanometer Nd:YAG lasers, like Cutera Excel HR 1064 and Sciton Joule 1064, are good alternatives to older pigment-targeting lasers. They still target melanin but zero in on the hair follicle rather than the skin surface above. By penetrating at this specific depth, “these lasers allow me to treat any dark-skinned patient safely,” Rahman says.

For Smoother, Firmer Skin

If you’re looking to put some bounce back in your skin, the pico is as close to a one-size-fits-all as it gets. These lasers produce a pulse of pressure waves deep below the skin’s surface to inflame it, thereby stimulating new collagen growth. That’s why Akhavan says pico lasers, like PicoSure Focus, are his go-to when working with Asian, East Asian, and Indian patients. Fractionated lasers, like Fraxel, are also an option on all skin tones. They trigger inflammation in little spots throughout the skin, rather than evenly covering the entire surface area. You’re still hitting the skin with heat and energy, though, so there is a risk of skin darkening after the fact. Topical therapies can minimize any potential damage. Dermatologists like Zeichner now prescribe hydroquinone, which relaxes pigment-making cells, for a week before and after a fractionated-laser procedure so it won’t trigger pigment production. (This short course of hydroquinone won’t lighten your skin in the long term.) Rahman recommends 4 percent prescription hydroquinone to even out the skin tone.