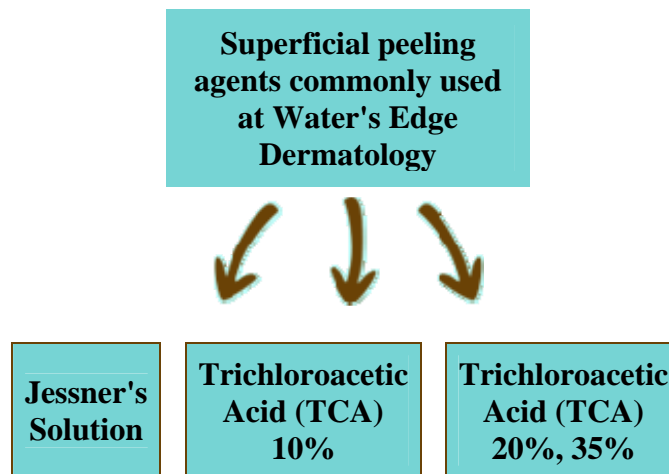


According to Dr. Schiff, the founder of Waters Edge Dermatology, and his close colleague Dr. Minni, many health care providers feel chemical peels have become a "lost art" of sorts. In fact, the chemical peel is far from being a lost art and can achieve many desirable effects and very pleasing results for both the health care provider and the patient.

Application of substances to the skin to produce a cosmetic result dates back to ancient Egypt. Papyrus, (a thick paper like material produced from the Pith of the Papyrus plant and used by ancient Egyptians as writing material), were found with descriptions of the use of acids, balms and oils for chemical peeling. The Greek and later Roman physicians used extracts such as sour milk, grape juice, and lemon extracts for skin rejuvenation.

Modern day chemical peeling is the application of one or more exfoliating agents to the skin, to produce a controlled partial-thickness exfoliation. The agent used, usually an acid solution, targets the outermost layer of the skin, called the epidermis. The outer layer of skin then attempts to repair itself by recruiting tissue from uninjured portions of the skin. The resultant effect is an overall improvement in skin color, texture, and removal of sun-related growths.

There are many levels of skin peeling, most common forms being the superficial chemical peels and the medium-depth peels. The type of peel chosen is decided upon after careful consultation between the patient and health care provider. The superficial chemical peels are indicated for conditions such as melasma, post inflammatory hyperpigmentation, acne and acne scarring, sun freckles and fine wrinkles.



It is important to us for our patients to have realistic expectations regarding the practice of superficial peels and understand an individualized plan will be formulated during the initial consultation or visit to decide how many treatments will be needed to achieve desired results.

**What is involved in the peeling process?**

It varies. Some patients may experience a very light peeling of the skin to a complete sloughing of the epidermis. The depth of the peel, as well as the amount of "peeling" or "sloughing" produced is determined by the particular chemical agent used and the concentration of that agent. Other factors that affect the depth and end results of your peel are: the area treated, skin preparation, method of application and the sebaceous (amount of oil glands) quality of your skin.

#### **What information is important to tell my provider before my treatment?**

- History of Herpes Simplex (cold sore) infections
- Problems with the immune system or the body's ability to fight infections
- Previous radiation treatments on the treatment area
- Formation of Keloids or "abnormal, thickened scarring.
- Previous development of post inflammatory hyperpigmentation
- Active viral, bacterial or fungal infection
- The current use of a daily antibiotic for acne called Minocycline
- History of Accutane therapy within the last 6-12 months
- Previous recent facial surgery
- Smoking history

#### **How much discomfort will I feel?**

Generally, very mild discomfort which is described by our patients as a mild burning sensation that is quite tolerable. This is minimized by holding the provided hand-held fan in front of the treatment area during the application of the chemical solution. The mild "stinging" will peak for 2 minutes and then subside. Cold wet compresses can be applied immediately after the peel.

#### **How should I prepare my skin before my peel?**

A topical medication called Tretinoin or "Retin-A" has proven to provide numerous benefits to the skin, such as improving skin texture, reducing fine wrinkling and pigmentation changes. Recent studies have suggested pre-treatment with topical tretinoin or "Retin-A" may provide improved wound healing prior to resurfacing treatments.

Dr. Minni suggests using tretinoin products for approximately 12 weeks prior to having a chemical peel. Dr. Minni however does not feel the lack of using these products prior to your peel will preclude you from having treatments. If you have not previously been prescribed a tretinoin product he will often prescribe one after your procedure.

#### **Sunscreen**

It is important to have minimal amounts of sun exposure or "tan" prior to your treatment. Many people prefer to schedule peels in the winter months.

The medical assistant in the office will direct you with facial cleansing techniques immediately before your peel.

### How should I care for my skin after leaving the office?

A gentle sunscreen should be applied after your treatment. Sun exposure should be avoided and gentle sunscreens should be applied daily with reapplication as needed. A thin coat of petrolatum may be applied daily. The skin will be mild to moderately pink for the first few hours to a few days depending on skin type. Superficial peeling generally occurs on day two through day seven depending on depth of peel performed.

The skin should be cleansed twice daily with gentle, non-detergent skin cleansers such as Cetaphil cleanser or Cerave cleanser, both of which are easily purchased over the counter.

If you have a history of "cold sore" type infections you may be provided with a prescription to prevent the stimulation of an outbreak. Please notify your provider if you think you may have a history of Herpes Simplex (cold sore) outbreaks.

*Robinson, J.K., Hanke, C.W., Sengelmann, R.D., Et Al. Surgery of the Skin: Procedural Dermatology. (p.463-471)*