

SUPERFICIAL DEPTH CHEMICAL PEELS

Superficial Depth Chemical Peels – What they can and cannot do!

Dermatologic surgeons have been using peeling agents for the last 50 years. Light peels to correct mild defects, medium-depth peels to correct moderate defects, and deep peels to correct severe defects can be used over the entire face and neck area uniformly or in combining light, medium-depth and deep peels on the same face to correct different skin problems. Today with rejuvenation of the skin and reversal of the aging process paramount in the minds of many, chemical peeling has emerged as an exciting supplement to a total skin care program. Most chemical peels today are supplemented by the peeling effects of creams such as retinoic acid (Retin-A) on a daily basis, which give a constant turnover of the top layers of the skin, further improving the integrity. 5-Fluorouracil cream can also be used in a limited fashion to eradicate superficial sun damage.

What chemical peels can do.

1. Correct sun damage (actinic degeneration)
2. Flatten mild scarring
3. Remove rhytides (wrinkles)
4. Improve irregular hyper-pigmentation

The mild and moderate peels are called freshening peels because they improve the quality of the skin without altering its normal architecture. The ability of the skin to tan again and return to the same color after peeling or sunlight exposure is unchanged. These peels include Glycolic Acid, Salicylic Acid and Jessner's Solution Peels.

With deeper peels usually involving phenol, the color of the skin is lighter after peeling and may not ever tan again; instead it may freckle.

What chemical peels cannot do.

1. Chemical peels cannot change pore size, if anything, they might increase pore size temporarily.
2. Chemical peels cannot improve lax skin; removal of fine wrinkling and cross-hatching may not make any difference if there is profound lax skin that needs a face lift.
3. Chemical peels cannot improve deep scarring. Dermabrasion, punch grafting, punch elevation, or excision of scarring is much more effective.
4. Chemical peeling cannot always totally remove hyper-pigmentation in dark-skinned Caucasians, Orientals, or Blacks and may not be indicated.
5. Chemical peeling cannot remove broken blood vessels on the face.

Post skin peel instructions.

1. Wash the affected skin areas gently, twice daily with Cetaphil or Aquanil and warm water.
2. Use your fingertips to wash your skin and do not use a wash cloth.
3. Apply a moisturizer like DML, Cetaphil or Theraplex, 2 to 3 times daily.
4. Do not pick at any peeling skin. If crusting develops apply Vaseline petroleum jelly twice daily until area(s) heal.
5. Two aspirin, Advil, or Motrin may be taken 3 to 4 times daily to reduce swelling, if necessary.
6. Immediately after healing and for 1 week after, use a SPF 30 sunscreen such as Coppertone Sport or Pre-Sun, daily to the affected area. Do not get prolonged sun exposure for 1 week after the peel.
7. You may be given an antiviral agent for herpes simplex (cold sores). If so, take the pills as directed.
8. Low grade discomfort is typical, but should you develop any pain or unusual discomfort, call office immediately.

Informed chemical Peel Consent

I, _____, consent to the treatment known as a chemical peel. The treatment has been explained to me, and I have had an opportunity to ask questions. The procedure will cause swelling of my face that may be uncomfortable. The skin will turn red, blister and crust, and look like a bad sunburn before it heals. The peeling usually last about 1 to 2 weeks, although it may last longer. I understand that there is a risk of developing a temporary or permanent pigment (color) change in the skin. There is a small incidence of the reactivation of "cold sores" (herpes infection) in patients with a prior history of herpes. There is also a rare incidence of allergy to the creams used after the peel. There is a rare incidence of scarring. I also consent to the taking of medical photographs.

Patient's Signature (or Guardian)

Date

Witness

Date