



MD AESTHETICS

Chemical Peel

What are Chemical Peels?

Chemical peels are treatments that involve the application of chemicals, usually weak acids, typically on to the skin of the face in order to improve texture, pigmentation, wrinkles and improve the general dullness of aged, tired skin.

A lot of claims are made by many practitioners and companies about the benefits of the weaker peels that are marketed as “lunchtime peels” in rejuvenation. Due to their weak nature they only remove the very top layer of the skin and thus simply produce smoother skin and improve comedogenic acne, but do not work on wrinkles nor tighten lax skin.

People that may benefit from Chemical Peels include:

1. Those that are starting to form fine lines
2. Those looking to brighten a dull complexion
3. Those with uneven skin tone
4. Those with patchy pigmentation
5. Those with an uneven and/or rough texture to the skin
6. Those looking to boost self-confidence and esteem

People that can NOT have Chemical Peels include:

- Those with active herpes simplex (cold sore)
- Those taking Isotretinoin or who have taken this within the last 6 months
- Those with an active inflammatory skin condition
- Those with active infection or open wounds on the face
- Those that have had a medium or deep depth peel or ablation in the last 12 months

What Chemical Peels exist?

A whole array of chemical peels exists on the market ranging from those that you can buy over-the-counter to those that need to be prescribed and administered by a medical professional. Examples include but are not limited to include:

- Alpha-Hydroxy Acid (AHA) peels
 - o Carboxylic acid
 - o Glycolic acid
 - o Lactic acid
 - o Citric acid
 - o Tartaric acid
 - o Malic acid

- Beta-Hydroxy Acid (BHA) Peels
 - o Salicylic acid

- Retinoic Acid

- Trichloroacetic acid (TCA) peels

- Phenol-Croton Oil (Bensipeel) peels

How are Chemical Peels performed?

The whole process starts with a detailed consultation and assessment of your skin in clinic followed by a discussion about what, if any, elements of your skin are damaged and, where applicable, the options that exist to try to improve things.

Once we have established what your ideas, concerns and expectations are, we will discuss the options that exist to achieve your goals.

All patients are recommended a skin care regimen to both prepare the skin for any peel so as to maximise the benefits of the peel – this helps to minimise the risk of unwanted side-effects such as post-inflammatory hyperpigmentation (PIH), but also serves to act as hopefully the start of a continued lifetime of your looking after your skin

Pre-Treatment instructions:

- Skin is prepared with a skin treatment program for a period of at least 6 weeks pre-peel – this helps to optimise results achieved and minimise adverse reactions
- Make-up will be removed prior to treatment
- If you have a history of cold sores, then anti-viral medication is started 2 days pre-peel
- Avoid sun tanning your skin pre-peel

- Peel will be postponed if, at the time of treatment, you have an active inflammatory skin condition

Post-treatment instructions:

This will vary depending upon what type and depth of peel you have had, but in general will include:

- Do NOT pick or peel off loose skin – allow this to come off by itself
- Avoid direct pressure from the shower head to the treated area
- Do NOT wear make-up or apply skin products until the epidermis (top layer of skin) has healed over
- **Avoid Sunlight** - Broad Spectrum SPF50 sun block is to be worn every day once the top layer of the skin has healed over – this should be something that is done for life, although SPF30 should be fine in the U.K. during the winter months. If you need to get out, go for a walk early morning or in the evening.
- Take your antiviral medications for five days after treatment.
- Apply the recovery crèmes provided daily as directed
- Avoid anything that will cause you to sweat – this can cause premature peeling and will sting.
- Do not let the skin dry out – apply the ointment/crème provided regularly
- Sleep with an extra pillow or two for the first few days after the peel to help minimise swelling and try to sleep on your back to avoid the face rubbing on the pillow
- Do not apply Ice packs – the moisture can cause premature peeling
- If you have had a Bensipeel (Croton oil) then avoid getting pregnant or using birth control medications until the redness has disappeared as PIH and/or blotchiness can result.

Potential side effects of Chemical Peels:

- *Soreness*
It is not uncommon for the skin to feel sore for several days after your peel until the top layer of skin has healed over – simple painkillers and application of post-peel ointments will help with this, as will avoidance of being out in windy/breezy conditions
- *Swelling (oedema)*
It is not uncommon to have a little swelling at the site(s) of treatment. The deeper the peel, the more swelling expected. Swelling usually peaks by the 3rd day and is most often resolved by day 5 after peel.
- *Redness (erythema)*
The extent and duration of post-peel redness is proportional to how deep the peel you have is – the deeper the peel, the more redness expected. The redness normally

settles 7-10 days after the peel however it is often followed by a less intense, sometimes patchy, redness that can last for several months but is easily covered by make-up if required.

- *Post-Inflammatory Hyperpigmentation (PIH)*
This results from temporary over activity of the melanocytes that follows skin injury such as a chemical peel. The deeper the peel the higher the incidence of PIH, especially in those with more pigmented skin. Sun exposure can increase this hence it is vital that a broad spectrum SPF50 crème is applied to all treated areas and those surrounding them. PIH can persist for weeks or months and require skin bleaching to resolve it. Pre-treatment skin preparation helps to minimise the risk of PIH.
- *Hypopigmentation & depigmentation*
This is caused by a reduction in the number of melanocytes or reduced function. The deeper the peel and the more fragile the skin pre-treatment then the higher the chance of this occurring. Hypopigmentation usually improves with time, but depigmentation, where the melanocytes have been destroyed, usually resulting in permanent loss of colour.
- *Milia*
These are small 'spot-like' lesions that can appear as a result of excessive re-epithelialisation of the skin or excess sebum production. These can be removed with the tip of a needle in clinic but can persist for months if not treated.
- *Demarcation lines*
Lines can appear between areas of treatment and those that weren't treated. These can be treated by a further treatment with a light peel to even out any abrupt changes in skin appearance.
- *Enlarged pores*
In older patients, those with thick skin or pre-existing large pores, the pores can appear larger for up to 4 weeks after a chemical peel.
- *Oozing*
If your peel is down to the intermediate reticular dermal level or deeper your skin will leak a pale yellow fluid, called serum, for up to 4 days post-peel. Gentle washing and cleansing of this fluid will help prevent scab and crust formation – allowing scabs to form can increase the risk of a secondary infection
- *Skin darkening*
After a TCA or Bensipeel the skin can darken in colour. This will later start to separate and peel off, usually around the 3rd day post-peel, with peeling lasting 7-10 days.
- *Scabbing*

Fluid leaking from your skin after peel can dry and form scabs – it is important that you do NOT pick these off and allow them to come off by themselves – this will be aided by the crèmes given to you to apply after peel.

- *Infection*

Previous Herpes-simplex viral (HSV) infection can flare up and spread rapidly on de-epithelialised skin following a peel (or any other kind of resurfacing). It is for this reason that taking your anti-viral medication both before and after peel is very important. A secondary bacterial infection is rare, but can present as very painful, purulent or ulcerations forming. Urgent attention should be sort should you experience the aforementioned symptoms for assessment and possible antibiotic treatment.

- *Premature skin separation*

If you excessively moisturise or wash your post-peeled skin then it can cause premature skin separation that will result in early exposure of the raw healing surface underneath resulting in soreness and potentially increasing the risk of infection.

- *No change/improvement*

- *Allergic reaction/Dermatitis*

Allergy to the chemical peel(s) is rare. If it occurs it usually presents with swelling, itching and redness of the treated areas and those surrounding them.

- *Asymmetry*

Although different areas of facial skin are of differing thickness and quality requiring differing depth of peel or concentration of peel to achieve the same outcome, and despite best efforts to apply the chemical peel evenly, very occasionally the peel can have more effect on one area of skin than another resulting in asymmetry.