



Update on Chemical PEELS

The ability of chemical peels to rejuvenate dull complexions and solve a variety of skin problems has made them a mainstay in medical aesthetics practices and skincare centers. They have also spawned a growing number of complementary acid-based home-care products. The latest trend is to use a chemical peel as an adjunct service to microdermabrasion and light-based therapies. We've talked with some experts in the field about today's most popular peels and how medical spas are using them.

By Inga Hansen

“Chemical peels are a staple in our medical spas,” says Lyn Ross, president, Institut’DERmed Spa Enterprise, Atlanta, who has been teaching chemical peel certification courses for more than 10 years. “We do a steady business during the fall, winter and early spring because it is one of the best procedures available for counteracting sun damage.”

Chemical peels include a wide range of acids and chemical cocktails: alpha hydroxy acids (AHAs), such

as glycolic and lactic; salicylic, a beta hydroxy acid (BHA); Jessner’s solution, a combination of lactic, salicylic, alcohol and resorcinol; TCA (trichloroacetic acid); and Baker’s peel, which contains phenol, concentrated liquid soap and croton oil.

“I primarily use AHAs in my practice,” says Eric F. Bernstein, MD, Laser Surgery & Cosmetic Dermatology Centers, Philadelphia. “They are mild. They don’t have a lot of side effects, and you get great results.”

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Peel Preparation

The deeper the peel, the longer-lasting the result—and the more healing time required. Light peels appropriately address minor hyperpigmentation and can also be used as a preventive measure to ward off signs of aging and as a treatment to help clients maintain the results of laser work, microdermabrasion or medium and deep chemical peels.

Epidermal peels with AHA and BHA concentrations of 50% or less can be used on all skin types to treat a wide variety of conditions, but there are a few contraindications that you and your staff need to be aware of. “People on Accutane have an enhanced scarring reaction so we will not perform a peel on these clients,” says Bernstein. “You should not perform peels on clients with cold sores or open wounds on their skin or on those who are using Retin-A.”

Medium and deep peels featuring high concentrations (50% or more) of glycolic and salicylic acids, TCA or phenol present some additional contraindications, most notably involving skin type. “There is a risk of individuals with darker skin types developing hyperpigmentation as a result of deep chemical peels,” says Mary Lee Amerian, MD, Santa Monica, California.

Before offering an in-office chemical peel, Bernstein starts his patients on a series of less than 20% concentration take-home AHA products. “The at-home AHA program conditions the skin, and it also identifies people who are going to be sensitive. They tell you, ‘Wow, I’m really having a lot of discomfort,’ and you know that you need to be very careful when you’re performing the professional-strength peel,” he says.

“We rarely do just one medical-grade peel, such as a TCA,” says Ross. “We offer patients a peel program designed to address their specific problems. We will start with two or three moderate AHA peels over a three- or four-week period to prepare the skin for a Jessner’s or TCA. The more moderate peels rev up the healing process and prepare the skin for a deeper peel; they also prepare the patient psychologically for the healing process of a deeper peel. We’ve found that this program really increases patient satisfaction with chemical peels.

“We also include a post-peel enzyme treatment in the package price,” continues Ross. “We schedule it for seven days after the medical-grade peel. The enzyme treatment removes any remaining dead tissue, leaving the complexion fresh and smooth.

Cynergy Products (www.cynergyproducts.com) in Buffalo, New York, offers a single dose Gly+ Out Patient Peel with 17.5% glycolic acid. The peel is neutralized by water and can be used on the



face, neck, hands, elbows and feet. Each pad comes individually wrapped in foil to keep it consistently saturated for up to two years. “Clients can apply the peel for one to seven minutes and then step into the shower to neutralize the acid,” says Gail Perillo, director of clinical education, Cynergy Products.



Pierre-Fabre (www.pierre-fabre.com), Parsippany, New Jersey, created a convenient Back Bar Peel Center to house its 30% to 70% professional-strength uni-dose Glytone glycolic acid peels. “When you have the peel pads in a jar, the top ones get very dry while the pads on the bottom get very saturated so you don’t get a uniform dose,” says Catherine Termolle, vice president of marketing, Pierre-Fabre. The peel center features peel packets, neutralizer and thermal springwater so physicians and medical estheticians will have everything they need to perform a professional peel right at their fingertips.

Innovative Skincare (www.isclinical.com), Glendale, California, uses sugar cane-derived glycolic acid in its botanical-based Intensive Resurfacing Mask. The treat-



ment can be performed in a spa setting both on the face and in conjunction with back treatments. “We use the pure sugar cane botanical extract and it yields about 18% glycolic acid,” says Kathy Ziegler, marketing manager, Innovative Skincare. “This is a superficial peel that is safe for all skin types. We use the mask for rejuvenation and as a maintenance treatment.”

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We take an 'after' photo at this visit, which really lets the patient see the effect of the peel program. This post-peel appointment has really increased the satisfaction level among our peel patients."

Formula Specific

"Certain peels more efficiently target specific skin problems," says Ross. "For oily, acneic, discolored skin we would use a full Jessner's or a nonresorcinol Jessner's for darker skin. For lines and deeper pigmentation we would choose a TCA. We also customize peels by spot-treating with the appropriate formula. We might also use a Jessner's as a prep step for TCA—lay down the Jessner's, let it process and, once it has peaked, lay down the TCA."

Concerns over pigmentation changes led La Roche-Posay to limit its TCA peel indications to clients in Fitzpatrick I-IV skin types. "The TCA peel is an upper dermal peel so it is sold only to physicians," says Jill Sprengel, RN, BS, director of education, La Roche-Posay. "The peel treats hyperpigmentation, environmental damage and acne scars, but you need to be much more careful about skin types with a medical-grade peel."

Deep peels using phenol to resurface skin deep into the dermis are losing favor as newer technologies become available. "If you want to take off the top layer of skin, I would use a laser," says Bernstein. "They are much more precise. The physics of the laser dictate how deep the resurfacing will go. With chemical peels if the skin is oily in one area and less oily in another, the acids will penetrate to different depths."

Yet, the high cost of laser work can be prohibitive for some clients. If laser work is not within a client's budget, "repeating a series of superficial and medium peels can help clients obtain significant improvement," says Dr. Amerian. She prefers to use a combination of light and medium peels to treat skin concerns in her practice due to the inconsistency and extensive healing time of deep peels. "The redness can last as long as six months, and these peels have a higher incidence of temporary and permanent

La Roche-Posay (www.laroche-posay.com), Los Angeles, offers professionals the glycolic-based Micro-Peel system and the salicylic-based Micro-Peel Plus.

"The BHA peel includes salicylic acid at 20% or 30% plus 3% glycolic acid," says Jill Sprengel, RN, BS, director of education, La Roche-Posay. "The Micro-Peel includes 20% or 30% glycolic acid. They're both epidermal peels. The Micro-Peel includes three steps of exfoliation, while the Micro-Peel Plus is a one-step program." The two systems can be used separately or alternated to treat acne, fine lines and wrinkles, and photodamage.



Institut' DERmed (www.idermed.com), Atlanta, offers a full line of peels including lactic acid, an excellent exfoliator for more dry sensitive skin; glycolic acid, an all-purpose peel for cosmetic treatments; and salicylic acid, which is recommended for oily, acneic skin because of its anti-inflammatory and antibacterial properties. Institut' DERmed Jessner's Solution is available with and without resorcinol, and the company's trichloroacetic acid comes in 10% to 40% concentrations.

pigmentation changes," she says. "For these reasons, relatively few deep chemical peels are performed today."

Adjunct Options

Sprengel notes that AHA peel systems are commonly used prior to laser treatments to create a nice foundation for upcoming laser work. "When chemical peels began, there were no lasers or IPLs but, today, physicians use these peels to

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Courtesy Innovative Skincare

▲ Innovative Skincare's Intensive Resurfacing Masque is a gentle glycolic acid peel.

Physicians use these peels to prepare the skin for laser treatments.



Courtesy Cynergy

▲ Take-home peels like this one from Cynergy extend the effects of in-office procedures.

prepare the skin for laser treatments, IPLs—even surgery,” she says. “It improves results and speeds healing time.”

At the Laser Surgery & Cosmetic Dermatology Centers, Dr. Bernstein has found that alternating microdermabrasion with diluted chemical peels offers superior results. “I do the chemical peel at the same time as the Vibraderm microdermabrasion using a 20% or 30% glycolic acid formulation,” says Bernstein. “You do need to be experienced to combine these services because microdermabrasion will enhance the penetration of the peel. You need to be very careful that you don’t get too strong of an effect.”

Bernstein is among a growing number of cosmetic dermatologists and surgeons who are using chemical peels as an adjunct to laser and light therapies. “I often use a regimen of superficial AHA peels in conjunction with a laser service,” he says. “For example, when treating acne, I do a laser service and then three weeks later an epidermal peel followed by another laser treatment. I don’t do them at the same time; I stagger them. It’s much more difficult to predict the outcome of the peel if it’s offered at the same time as the laser treatment.” ❁

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