In this publication you can find

DEEP PEELS: SAFETY

EXPERT OPINIONS about phenol peelings

Chemical

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INVENTIVE SOLUTIONS FOR OUTSTANDING RESULTS
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DEEP PEEL
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Evgeniya Ranneva
Peelings are traditionally classified as superficial, medium, and deep peels. The literature gives little comprehensive data about the different depths. What some authors consider as superficial is considered as medium by others, and what some consider medium others may consider as deep.

The depth reached by a 25% TCA is different if the concentration is calculated in weight/weight (w/w), weight/volume (w/v), weight plus volume (w+v), or by dilution of a more concentrated solution prepared using one of these methods. Dramatic differences appear, affecting results.

The depth of action of an acid solution of x% will be different if one coat or several coats are applied, if the skin is thick or thin, if the skin is dry or oily, if the applicator is a brush or a gauze, if the pressure is soft or strong on the skin, and so forth.

It is better to determine the depth of a peel by clinically observing what is happening to the skin during peeling application.

Depths of Peelings

Depth 1: Exfoliation (Very High Security)
The most superficial peel consists of a simple exfoliation of stratum corneum; it gives a good skin cleansing and a touch of better hydration.

Peelings classification Ph. Deprez, 2009
Depth 2: Intraepidermal Peel [Very High Security]
The peel solution penetrates into the epidermis; keratinocytes react, synthesizing more tumor necrosis factor alpha (TNFa) (inducing a faster transformation of keratinocytes into corneocytes) and sending a message to the basal layer to stimulate the basal layer turnover and substitute the removed cells with new ones. At the same time another message reaches the fibroblasts, which respond with a stronger synthesis of the entire dermal intercellular matrix. Intradermal peels can be used for treating superficial epidermal melasma and many keratinisation problems.

Depth 3: Basal Layer Peel [High Security]
At the moment of peeling application, stratum corneum cells are completely removed; keratinocytes are largely damaged up to the level of basal layer keratinocytes. Basal layer peels can be used for treating skin (Glogau I-II), fine lines, epidermal melasma, keratoses, and acne (from blackheads up to papule-pustule acne).

Depth 4: Grenz Zone Peel [High Security]
Acids that penetrate into the more superficial layers of the papillary dermis; eliminating abnormal cells from the epidermis (treatment of lentigines, keratoses), eliminating many keratinocytes excessively charged in melanin and melanocytes producing the melanine (melasma). A Grenz (German for “border area”) zone peel also directly stimulates the superficial layers of the papillary dermis, allowing a strong collagen and elastin deposit into the Grenz zone. Grenz zone basal layer peels are types of peels widely used widely in aesthetics.

Depth 5: Papillary Dermis Peeling [Secure]
Acids penetrate the dermis, they coagulate proteins, sticking epidermis to dermis, and “epidermal sliding” appears. This sign will last for a while and disappear when dermal edema is strong enough for tensing the epidermis over it. This type of peel is at the border between secure and insecure depths, but gives good possibilities for treating many skin defects such as lentigines, solar keratoses, melasma, freckles, and fine lines. The result is unsufficient for deep wrinkles and skin sagging.

Depth 6: Interface PapillaryReticular Dermis Peel
Depth 7: Full Reticulary Dermis Peel
(from “Quite Secure” to “Difficult/Dangerous”)
A reticular dermis peel can be considered the Holy Grail of peeling: this depth of peel treats nearly all pigment problems, tenses the skin, and removes wrinkles. However, patients with thick and oily skin are not the best candidates for a reticular dermis peel because these skin types resist the action of the acids. The quest for the Holy Grail is risky, as is deep reticular peeling. Not only does the selected peeling solution have to be perfectly adapted to the doctor’s and the patient’s aims, but the application technique and postpeel care also have to be professionally done. Full-face reticular peeling is a very aggressive treatment that does not allow rough improvisation. Any mistake can result in scarring, and pigmentary problems are common. Nevertheless, reticular peels are valuable treatments in the good hands and minds of skilled practitioners.

Textbook of Chemical Peels
Superficial, Medium & Deep Peels in Cosmetic Practice
SECOND EDITION
Philippe Deprez MD, Spain

“Not only does the selected peeling solution have to be perfectly adapted to the doctor’s and the patient’s aims, but the application technique and postpeel care also have to be professionally done.”
Ph. Deprez

Containing the results of over 15 years of research and practice with peels, this unique full-color volume covers all types of peeling paying attention to preparation and application, as well as complications.
Phenol was discovered in 1834 by Friedlieb Ferdinand Runge, who extracted it (in impure form) from coal tar. Runge called phenol “Karbolsäure” (coal-oil-acid, carbolic acid). Coal tar remained the primary source until the development of the petrochemical industry. In 1841, the French chemist Auguste Laurent obtained phenol in pure form.

In 1836, Auguste Laurent coined the name “phène” for benzene; this is the root of the words “phenol” and “phenyl”. In 1843, French chemist Charles Gerhardt coined the name “phénol”.

Phenol is carbolic acid (C6H5OH), an aromatic benzene ring hydrocarbon formed from coal tar. Carbolic acid is a keratocoagulant precipitating the surface protein.

According to Litton (1962), this leads to rapid denaturation and coagulation that is irreversible. Further action of the phenol is prevented when the skin proteins bind to the phenol, creating large molecules that cannot penetrate further.

"Concentration of phenol is important"

McCollough and Hillman state that if the concentration of phenol is less than 50%, it becomes keratolytic interrupting sulfur bridges in the keratin layer. (McCollough EG, Hillman RA, 1980).

The croton oil included is expressed from the seed of “croton tiglium”, composed of glycerides of several acids, and causes skin destruction. It induces more collagen formation (Litton et al, 1986; McCollough and Hillman, 1980).

In the porcine animal model used for evaluating histology following peeling procedures Larson et al, demonstrated that phenol peels were acting more deeply when used in increasing concentrations. (Larson DL et al, 2009).

The antiseptic properties of phenol were used by Sir Joseph Lister (1827–1912) in his pioneering technique of antiseptic surgery. Lister decided that the wounds themselves had to be thoroughly cleaned. He then covered the wounds with a piece of rag or lint covered in phenol, or carbolic acid as he called it. The skin irritation caused by continual exposure to phenol eventually led to the substitution of aseptic (germ-free) techniques in surgery.

Although phenol has been used as a neurolytic agent for more than 50 years, it was firstly used as a sympatholytic agent, when its clinical applicability was discovered in 1926. Later on, intrathecal and epidural phenol injections began to be used for intractable oncologic pain. Initially phenol for spasticity was administered via intrathecal, presenting high morbidity and complication rates. The use of phenol for spasticity is recommended, mainly, for cases of motor nerve neurolysis. (2008)

Actual medical indications for phenol peeling:
Skin photo damage, photo ageing and its consequenc-es including but not limited to actinic keratosis, nev­oid basal cell carcinoma, solar lentigine, epidermal nevus, vitiligo, xeroderma pigmentosum, etc.

From 2013 phenol entered in aesthetic medicine with the legal status of medical device Class IIa. Pioneer of such a big step, Skin Tech Pharma Group launched two products “Lip&Eyelid” and “Easy Phen Light”.

Charles Mingus (22/04/1922 – 05/01/1979) left a formidable legacy of songs and a sentence that inspired us by its idealisation: “Making the simple complicated is common place; making the complicated simple, awesomely simple, that’s creativity.”

Skin Tech Pharma Group honors Dr. Philippe Deprez who found and studied the chemistry and practical use of phenol peelings, making the complicated simple.
Baker-Gordon formula was first described in 1961. It is composed of (liquid phenol 88%, distilled water, septisol, croton oil).

Litton (1986) varies the formula from the standard Baker’s peel solution by using a different detergent, glycerol, instead of Septisol. Litton’s formula is made by liquefying phenol crystals in distilled water and then adding glycerin. Following this, Litton adds liquefied phenol and croton oil. (Litton et al, 1986).

Hetter proposed in 1999 peel formulas made of the following ingredients: Water, Septisol, 88% phenol and croton oil ranging from 0.5 ml to 4 ml (0.2% to 1.6%) (Hetter GP, 2000).

Fintsi solution is composed of liquid phenol 91%, phenol crystallized 99%, distilled water, mixture of alcohol, olive oil, glycerine oil, and sesame oil, croton oil, resorcin, soap, citric acid and buffer tris.

“Phenol penetrates further into the dermis and causes an immediate coagulation of epidermal keratin proteins and self-blocks further penetration.”

Dr. Deprez formulation

Easy Phen Very Light
To act between Grenz zone and papillary dermis
15% phenol
8% TCA,
0,5% croton oil

Easy Phen Light
For papillary-reticular dermal interface
30% phenol
12% TCA
0,5 % croton oil

Lip & Eyelid
To modify reticular dermis
60% phenol
1% croton oil

Products are certified as Medical Device Class Ila.
Skin Tech Pharma Group SL responsible for manufacture and commercialisation of chemical peels.
Best Results

KNOWLEDGE · EXPERIENCE · SUCCESS

Before | After
--- | ---

**Treatment:** Unideep
**Daily Care:** Blending Bleaching Cream, Melablock-HSP® SPF 50+

**Treatment:** Easy TCA® (Pixel Peel)
**Daily Care:** Blending Bleaching Cream, Melablock-HSP® SPF 50+

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**CLEANSING**

**CLEANSER**
Cleansing foam suitable for all skin types

**DROPS SENSITIVE SKIN**

**VIT. E ANTI-OXIDANT**
Anti-aging moisturizing cream

**SKIN NUTRITION**

**NUTRITIVE CREAM**
VIT. A-C-E LIPOIC COMPLEX

**SUN PROTECTION**

**MELABLOCK-HSP SPF 50+ / SPF 30**
Allow gradual tanning and lower the risk of pigmentation marks

**PIGMENTATION**

**BLENDING BLEACHING CREAM**
Whitening, anti-oxidant

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Before | After
--- | ---

**Treatment:** Lip & Eyelid
**Daily Care:** IPLase Mask®, Melablock-HSP® SPF 50+ Actilift® / Nutritive Cream Vit. A-C-E Lipoic Complex

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8 | SKIN RESURFACING
Age

A phenol peel is mainly indicated to treat severe photoaging of facial skin. It is the only type of peel that can eliminate deep wrinkles and regenerate elasticity and firmness in the treated skin in a single treatment. Phenol peels are therefore usually aimed at patients after 40s, but there are no real age limits up or down. Phenol has been used on much younger patients for acne scars or scars of other origins. However, because of its toxicity and the profound changes it makes to the skin, phenol should not be used without a clinical indications.

Gender

When aging has resulted in sun-damaged thinning skin with wrinkles and age spots, a peel is an excellent indication and shows surprising results, in both men and women. Men with light skin phototypes and thin sun-damaged skin respond very well to phenol. The gender-based distinction is purely statistical: in general, women can be said to respond better to phenol than men, but this does not rule out men for this treatment. However, wear a coloured sunblock to hide the redness. The question of shaving often comes up: on the 11th day after the deep peel, the doctor might allow the patient to shave carefully, after evaluating the condition of the patient’s skin. Wearing a beard can even be an advantage and makes the demarcation line less visible.

Skin phototype

Patients with Fitzpatrick skin type I-III are excellent candidates. Patients with Fitzpatrick skin type IV and patients with severely sun-damaged skin will have to accept the possibility of a visible demarcation on the neck. This demarcation line can be made less obvious both by a good peeling technique and by combination with other peels on the neck. Darker skin types are not such a good indication, because of the change in skin tone after the peel.

“Patients prefer to exchange their wrinkles for a difference in skin colour.”

Skin phototype is even more important when using phenol locally; a local phenol peel can only be applied on light skin phototypes that will not show any significant and visible difference in color on the eyelids and around the mouth.

Combining Lip & Eyelid Formula with Easy TCA Pain Control / Easy Phen Light provides a phenol peel and a peel to even out skin with lentigines, keratoses, or freckles. Two peels should be done during the same session: Lip&Eyelid first, followed immediately by Easy Phen Light or Easy TCA Pain Control on the rest of the face, around the area treated with Lip&Eyelid.
PHENOL INDICATIONS
RIGHT DIAGNOSIS IS BASIS FOR GOOD RESULTS

Evgeniya Ranneva - dermatologist, PhD

Photo aging, laxity and skin elastosis

Photo aged, thin, elastotic, and distended skin is ideal for a phenol peel. Results can reach level of “three-dimensional face-lift” (3D lift) which can be compared with a surgical procedure. On the other hand, Lip & Eyelid, even under the best conditions, cannot completely lift jowls. Although phenol is indicated in many cases of facial sagging, large amounts of excess skin still have to be resected surgically. Surgery does not, however, change the texture of the skin, and applying a phenol peel after surgery rejuvenates skin texture, removing all the wrinkles and marks that surgery has no effect on. A surgical blepharoplasty is still the best choice in this indication, but excellent results can be achieved with a single application of Lip & Eyelid Formula, and drooping skin can be retracted satisfactorily.

Wrinkles

Fine lines, wrinkles, furrows, and folds do not respond to phenol in the same way. Wrinkles and fine lines caused by sun damage are far more responsive to phenol than expression lines or, above all, skin folds due to excess skin. Expression wrinkles are also an excellent indication, on condition that movement is blocked by botulinum toxin approximately 8 days before the peel. Without this highly effective synergistic combination, kinetic wrinkles will disappear during the first few weeks after the phenol peel but will come back afterward, much to the annoyance of patients, and practitioners.

Dyschromias

Melasma and Postinflammatory - Hyperpigmentation

Phenol is a good indication for all types of hyperpigmented lesions: lentigines, pigmented keratoses, chloasma, melasma, freckles, and postinflammatory hyperpigmentation (PIH). However, phenol is not the first choice of treatment, as other, less aggressive, peels will do most of the time. Hyperpigmentation problems have to be treated differently depending on how deep they are: epidermal hyperpigmentation can be treated with a more superficial peel than dermal hyperpigmentation, which will only respond to a deeper peel. Phenol may be indicated to treat severe and resistant melasma definitively. Some patches may recur after a period of lightening. Patients must be warned of this possibility. The problem can largely be avoided by recommending that the patient uses Blending Bleaching Cream for several months after the phenol peel. Asken has drawn attention to the fact that the distribution of melanosomes is particularly uneven in melasma; a phenol peel may accentuate this uneven pigmentation.

Freckles

Histologically, freckles are characterised by a normal number of melanocytes in the basal layer. The melanocytes are, however, larger and more “dendritic,” and give up their melanosomes more readily to the keratinocytes. Freckles disappear completely and definitively with phenol. A TCA peel to the papillary dermis will also get rid of freckles. A local phenol peel is contraindicated on light skin phototypes—which in principle are a good indication for phenol—with freckles, as they will disappear where the phenol has been applied and will persist in the surrounding areas.
Keratoses

Extensive multiple keratoses (solar or senile) on the entire face can be treated with a full-face peel, whereas isolated keratoses can be treated by other methods. According to McCollough and Maloney, laser treatment has no advantage over chemical treatment. Vergereau published a study confirming the advantage of applying Only Touch TCA over laser, dry ice, or coagulation.

Actinic Keratoses

Actinic (or solar) keratoses form mainly on areas of skin that have been exposed to the sun: the face, the pinna of the ear, and the hands, for example. They are tumors that are often precancerous: 10%-20% (25% according to some authors) develop into skin cancer, often of the squamous cell carcinoma variety. Many patients with actinic keratoses or even subclinical epitheloma in situ could benefit from a phenol peel on the face, possibly preceded by curettage of the largest lesions. Patients who have been treated with 5-FU are often reluctant to put up with the necrotic appearance of their skin after each treatment. A phenol peel eliminates the actinic keratoses while making the skin look younger overall. Many authors describe very long-term results, if the patient is prepared to change his or her attitude to sun exposure after the peel and, as well as avoiding the sun, is prepared to use SPF 50+ sunblock every day thereafter. In case of recurrence, inadequate results, or the appearance of new lesions, the patient can be treated again 4-6 weeks after the first peel. Patients treated with phenol are at far less risk of developing cancer later.

Superficial skin cancers

Phenol necroses the epidermis and part of the dermis and eliminates intraepidermal skin cancers in situ. Carcinomas form from cells in the epidermis. No scientific article has reported skin cancers being caused by the application of peeling agents. If the literature is to be believed, a phenol peel treatment has the added advantage of lowering the frequency of other precancerous lesions forming and probably other cancers in situ in sun-damaged skin. From a toxicological point of view, topically applied phenol is not recognized as a carcinogenic or teratogenic agent. It is still necessary, however, to make a definite diagnosis before applying chemical agents to suspect pigmented lesions.

Lentigo Maligna

Lentigo Maligna is a flat, multicolored, pigmented lesion with an irregular shape that may be precancerous. It has a slow radial growth phase, and its diameter can vary from a few millimeters to several centimeters. It is usually found on the face, temples, or cheekbones, in patients more than 50 years old. The average age of onset is 65, and the incidence increases with age. The use of phenol peels are not fully investigated, some clinical experience showed high potential of chemical peels to treat Lentigo Maligna

Superficial telangiectasias

Phenol peels are not used to treat telangiectasias, even though the more superficial ones usually disappear through protein coagulation along with the superficial layers of the skin. Deeper telangiectasias can become even more deeply embedded in the dermis as the new layer of dermal collagen and elastin form. Therefore, a phenol peel usually brings about an improvement in the appearance of telangiectasias.

Xanthelasma

Xanthelasmas are permanent and often symmetrical yellowish plaques that appear on the inner canthus of the eyes. All four eyelids can be affected by this non-premalignant dermatitis. They can be soft or hard. In 50% of cases, they are associated with hyperlipidemia. Women are affected twice as often as men. Xanthelasmas are formed by a buildup of xanthoma cells: macrophages swollen with free or esterified cholesterol and mainly located in the superficial layers of the reticular dermis. Phenol can therefore reach them and treat successfully xanthelasma.
The choice of indication or recognition of a contraindication is within the sole competence of the doctor who will adapt the following advice according to the indication, patient and techniques used. The following list of exclusion criteria is not exhaustive, it serves as a reminder for the doctor; it does not represent any formal obligation for exclusion nor is it an exhaustive list.

1. Children, prepubescent teenagers, pregnant or breast-feeding women.

2. Chronic diseases or immunodefiency disorders. Insulin-dependent diabetes, connective tissue disorders, preexisting cardiac rhythm disorders.

3. Infectious skin diseases active in or close to the area to be treated.

4. Keloid or hypertrophic scars.

5. Surgical operation in the same area less than 6 months.

6. Any prior treatment that might affect skin permeability: laser, abrasion, isotretinoin, retinoic acid, fruit acids, benzoyl peroxide, other peelings, hair removal, face or body scrubs, etc.

7. Any prior treatment that might affect the skin’s capacity to regenerate: ionizing radiation, local corticosteroid injections, etc.

8. For deeper peelings: skin phototype 5/6

9. The body skin (except the facial skin) is a particular contraindication for deep peels application.

10. Allergy or hypersensitivity to one of the components of the medical device.

11. Smoking can affect skin regeneration and impede healthy healing of scars in case of deep peelings. Smoking promotes the re-appearance of wrinkles.

12. Long history of smoking or “serious smoker”.

It is imperative to read the instructions for use for medical device Class IIa peels as they may include important information specific to that particular practitioner/procedure.

Patient Selection

CHOOSING THE RIGHT PATIENT IS A KEY SAFETY FACTOR

Choosing the right patient is one of the main rules of safety and involves taking account of the indications, contraindications, and results from a number of essential preliminary clinical tests. A phenol peel should not be applied if there is any doubt or if the hoped-for result is impossible to achieve.

Patients with Mental or Behavioral Risks

The patient has to understand the peel procedure and the limits of a deep peel. The patient must agree to comply with the strict rules of the procedure before, during, and after the peel. Any cosmetic procedure in which the patient is required to take an active part, and especially a deep peel, is strictly contraindicated for patients who do not have a minimum level of understanding. The patient has to be capable of understanding and accepting the necessity to wear sunblock and makeup after the peel and be aware of the time needed for the skin to regenerate completely. Squeamish patients will overwhelm the doctor with complaints, worries, questions, and reproaches. It is better to test a patient’s mental and physical resistance by first suggesting a painless peel without complications and then progressing to a medium-depth peel before considering a phenol peel. Individual tolerance can be tested in this way, and the patients themselves gradually learn what a peel is and what it can do for them.
CONSENT FORM

PEELINGS

I, ____________________________________________________________ with ID Nº: _____________________________________
residing at __________________________________________________________________________________________________
HEREBY REQUEST AND AUTHORISE Dr. __________________________________________________ (Hereinafter, the “SQMP”)
assisted by the suitably qualified medical professional (SQMP) and medical staff he/she deems necessary to carry out on me (or
represented party), a chemical peeling of the following type: (x right option)

☐ Very superficial (intraepidermic) ☐ Superficial (basal layer) ☐ Intermediats (Grenz zone)
☐ Medium (papillary dermis) ☐ Deep (reticulate dermis)

1. I HEREBY CONFIRM I have had explained in detail, using words which are comprehensible to me, the effect and nature of
the peeling to be carried out and other alternative treatment solutions (if existing), likewise the discomfort which may be felt
even for normal post peeling.
All the questions asked regarding the entire procedure have been answered to my satisfaction.
2. There is a relation between depth of the peelings and level of risk; it must be borne in mind that a deep peeling involves a
much higher risk of complication than a superficial one.
Complications described (not a limited list)
• Insufficient results, transitory or definite change of skin colour depending on peeling, oedema and/or prolonged
erythema, telangectasias, scarring, infections, ectro or entropion, melia, acne type reaction, pain, demarcation line,
dilated pores, purpura, petechiae, benign pigmentation of nevi.
• In the case of complete face deep peelings, and if phenol is used, possible general toxicity should be considered
depending on dose used and application speed. In this case prior blood analysis is required likewise eventual
cardiological examination.
3. I GIVE MY CONSENT to the eventual use of anaesthetic by or as instructed by the surgeon or anaesthetists selected by the
same. I accept the eventual risks of said anaesthesia.
In your case, the peeling requires: (x right option)
☐ No anaesthesia whatsoever ☐ Topical anaesthesia, ☐ Local anaesthesia,
☐ Anaesthesia via nerve blocks, ☐ Deep sedation or neuroleptoanalgesia, ☐ General anaesthesia
4. I ACKNOWLEDGE that during the course of the peeling, unexpected conditions may arise making it necessary to change
that already planned, and I DO HEREBY EXPRESSLY AUTHORISE treatment thereof, including any kind of procedure which
might be necessary. Furthermore, I HEREBY AUTHORISE the doctor request the assistance of any other specialists as per
his/her professional criteria.
5. I UNDERSTAND the aim of intervention request is to IMPROVE MY APPEARANCE, with the possibility of some imperfection
persisting. Furthermore, the result may not be the one I expected. I am aware that Medicine is not an exact science and as
such nobody can guarantee results. I ACKNOWLEDGE THAT NO SUCH GUARANTEE WHATSOEVER HAS BEEN
GIVEN TO ME.
6. I GIVE MY CONSENT to be photographed or filmed, before, during and after treatment, this material being a graphic diagnosis
means and record for my medical background, belonging to the doctor. Furthermore, it may be published in scientific journals
and books or shown for medical purposes.
7. I HEREBY GIVE or DO NOT GIVE MY CONSENT (delete as appropriate) for my photograph to be published in the DAILY
PRESS or ORDINARY MAGAZINES. In any event, it is understood that in any use made of the same I shall NOT be
identified by name.
8. I AGREE to the doctor delaying or suspending the peeling should he/she deem fit.
9. I UNDERTAKE to faithfully follow as far as I am able the doctor’s instructions before, during and after the peeling. I UNDERSTAND
this care must be followed exactly.
10. I HEREBY BEAR WITNESS I have neither overlooked nor altered data when describing my medical and clinical-surgical
background, particularly in relation to allergies, illnesses or personal risks.
11. I have been able to settle all my queries regarding that set out above and have fully understood this DOCUMENT OF
CONSENT, reconfirming each and every one of the 10 points above or WITH THE EXPRESS EXCEPTION (delete as
appropriate) of that mentioned in point:

Date, Patient Name, Surname and Signature Legal Representative (for patients under age) Name,
Surname and Signature
Witness Name, Surname and Signature

I hereby declare all the blank spaces on this document were completed prior to the Patient or Authorised Representative and
Witness signed the same.

Dr.
Name, Surname and Signature
Patients should be shown a series of photographs that illustrate what the face looks like day by day during the first week after a peel. Ideally, the patient’s family should also see these photographs. Without this precaution, paranoid patients, friends, and family may not believe it when the doctor tells them that everything is proceeding as normal.

**ISOLATED PATIENTS**

Being alone is not in itself a contraindication for a phenol peeling, but patient safety requires a few rules. Today’s phenol peeling are formulated to allow outpatient treatment: the patient can go home soon after the phenol peeling. However, a phenol peeling triggers significant swelling that can sometimes make it difficult for patients to open their eyes during the first night or the day after the peeling. It is therefore out of the question to allow a patient living alone to go home after the peeling. The patient has to be helped in all aspects of daily life for the first three days after the peeling. Clinics with hospital beds can also keep patients on-site for the first few days.

**NOTE:** Phenol is absorbed rapidly by the skin and mucous membranes. It is also eliminated immediately by the lungs and kidneys (in free form, as sulphate or glucuronide conjugates). Detoxification begins immediately in the liver, after application. A perfect aeration and ventilation of the treatment room will prevent respiratory absorption by a patient already under transcutaneous absorption. Phenol vapors enter the pulmonary circulation very quickly, and it is recommended that the doctor applying the phenol wear a mask to avoid breathing them in.

**Summary of safety rules**

**RELATED TO THE PRACTITIONER:**

- Doctors should inform their professional insurers that they perform this type of peel.

- The doctor must be aware of all potential complications, monitor for them, be able to treat them, and have the necessary equipment to deal with them.

- The risks of general anesthesia and products that could irritate the myocardium can be avoided by using local nerve blocks or deep sedation.

- Doctors should use phenol extremely carefully and in accordance with all the safety rules (equipment, skill), by using the proper application technique

- Doctors must inform patient about post treatment period and specific care, control patient understanding

**IMPORTANT FOR THE USERS:**

- Do not leave phenol vial with the top off: if the vial is open, the solution will evaporate, changing the concentration of the active product with potentially serious consequences.

- Phenol can be applied only on a surface equal or less than 4% of the body surface (the face, for example).

- All contact between phenol and the eyes should be avoided. in case of contact, flush with saline and consult a specialist.

- The product should only be applied to the face. There are a large number of pilosebaceous units in the face that help the epidermis regenerate properly.

- When applied to the full face, phenol should be applied slowly, over a minimum of 1 hour, on healthy patients with normal liver and kidney function who can be expected to achieve good aesthetic results.

- It is better not to treat the neck with phenol.

- Occlusive masks must be applied carefully to prevent air bubbles or pools of phenol from forming. Occlusion slows down the absorption rate of phenol and reduces its toxicity.

- Before phenol application control the patients hydration. Treated area should be ventilated, and monitored (pulse oximeter and electrocardiogram). A venous drip should be set up beforehand, and if necessary glucose serum can be administered to avoid hypoglycemia.

- A phenol solution needs CE certification.
**Safety rules**
which helps to avoid arrhythmia

1. Prepeel clinical examination and assessment: electrocardiogram (ECG), blood analysis, liver–kidney function.

2. Check patients general health condition: no infections, no inflammatory, no anaemia, good respiratory; obtaining a cardiological/pneumological opinion, if necessary.

3. Respect the application protocol.

4. Full monitoring (cardioscope, pulse oximeter, tensiometer).

5. Good hydration, intravenous saline solution.

6. All required resuscitation equipment (verified and in good working status) available, including a defibrillator, to deal with any potential issues.

**UNIQUE SKIN PROTECTION**

**MELABLOCK-HSP®, SPF 50+** has successfully passed the "Study for the evaluation of the Sun Protection Factor (SPF)" according to the international method COLIPA. Melablock-HSP® SPF 50+ widely exceeds the SPF 60 standard recommendation.

- **Gradual tanning**
  Protection against erythema
  allowing progressive sun tanning and preventing PIH
  SPF 50+ protects against 98% UVA and UVB.

- **Sunscreen & filters**
  Sunscreen: reflects UVA and UVB so that they do not reach keratinocytes
  Micronized Titanium Dioxide: unique light-scattering and UV reflecting properties.
  Extremely stable compound. Non irritating, non toxic, non mutagenic.
  Filters: absorb UVA and UVB before they reach keratinocytes
  Blend of stable chemical sun filters absorb photons that could pass through sunscreen.

- **HSP activation**
  Skin proteins protection (HSP)
  Activation of the natural synthesis of Heat Shock Proteins which defend the skin against protein destruction and thermal cell lysis which occurs after and increase in temperature of just a few degrees.

- **Anti-free radicals**
  Tocopheryl acetate, a stable vitamin E derivative and an excellent free radical scavenger. Vitamin E accelerates burn healing, limits the duration of post UV erythema and protects SOD (Superoxide Dismutase), that neutralises superoxide radicals.

**POWERFUL MOISTURIZING & CARING EFFECT**

- Non Toxic - Non Allergenic - Photochemically Stable
- Paba free - Paraben free - Oxybenzone free - Not sticky texture - Readily absorbed
Chemical blepharoplasty of the upper and/or lower eyelids with Lip & Eyelid Formula is a relatively simple technique that does not cause bleeding and is very quick (a few minutes). It is easy to perform with nerve blocks. Results are inadequate for treating fat pads but are excellent, if not perfect, in all resurfacing indications. The low rate of local complications and the lack of general complications make it an ideal technique to rejuvenate the eyelids when the patient does not want surgery, and the doctor is experienced in performing peels in general and in using phenol in particular. It is obvious that a chemical blepharoplasty should not be the first peel performed by a doctor who is inexperienced in this branch of medicine or cosmetic dermatology.

Pre treatment

• The patient should apply Skin Tech Blending Bleaching Cream twice a day for 2-3 weeks before peel.

• Botulinum toxin injection previous to application of the peeling solution keeps the muscles paralysed during the skin regeneration phase and allows a better and longer lasting result. Injection of botulinum toxin should take place 1 to 8 days before the peel.

• Give the patient an analgesic (paracetamol) 30 minutes before the peel.

• The skin should always be degreased with acetone, disinfected with alcohol, and degreased/disinfected with a mixture of 50% alcohol and 50% acetone before application.

• Place one drop of Vaseline-based ophthalmic ointment in the eyes (i.e., Terracortril ophthalmicum) before starting the procedure and at its end, to prevent postpeel ocular irritation.

• When treating sensitive patients, the doctor should perform nerve blocks.

• In the absence of nerve blocks, applying Lip & Eyelid triggers a strong burning sensation far approximately 15 seconds, after which the skin is numb for about 15 minutes. After 15 minutes, the patient will experience a gradual, unpleasant, warm pulsatile inflammatory sensation that generally lasts until the middle of the first night.

• Herpes prevention is necessary (valacyclovir 500 mg twice a day far 4 days before up to 4 days after the peel).

Blepharoplasty: How to do

The choice of applicator is important. The ideal applicator is a single cotton bud: it is light, precise, and simple—all of which are good qualities when it comes to using phenol. Using a 1 cm³ syringe, 0.2 cm³ is drawn up from the 3 cm³ bottle of Lip & Eyelid, and the cotton bud is soaked by “injecting” 0.10-0.14 cm³ of the peel solution directly onto it.

“The choice of applicator is important”

After disinfecting the area with alcohol and carefully degreasing with acetone, Lip & Eyelid is applied carefully on the lower lids with the cotton bud. Distinct frosting occurs rapidly and marks the end of the phenol application. The tarsus of the upper eyelid is not usually treated. Applying Lip & Eyelid on the eyelid tarsus induces severe edema that is very uncomfortable for the patient and does not significantly improve results. To treat the second eyelid, 3 drops should be “injected” onto the end of the same cotton bud. The same quantity of solution is needed to treat the upper eyelids. An assistant should be present whose sole duty is to mop up any tears as soon as they appear to prevent any diluted phenol from dripping onto the face or going up into the conjunctivae by capillarity. A fresh cotton pad should be used for each tear.
### STEP BY STEP

**Application of Lip & Eyelid on the area around the eyes**

**Optimal and long lasting result**

**Deep reticular dermis peel against aging and photo-aging**

![Before Day 1 Day 3 Day 6 Day 10](image)

**Combination**: botulinum toxin 7 day before treatment or 14 day after treatment

Choice of peel for full face application Easy TCA Classic / Easy TCA Pain Control / Easy Phen Light in combination with deep local peel

**Recommended for aesthetic practitioners and dermatologists**

An evening-out peel is necessary to prevent demarcation lines. It should be applied on the rest of the face when the Lip & Eyelid application has finished and before any occlusion is applied. Patients with a light skin type could be given four weekly sessions of Easy TCA Classic/Pain Control (to the Grenz zone) or a single session of Easy Phen Light (to the papillary dermis). It is extremely important to check for tears during a phenol peel and wipe each with a new cotton pad. Discard each cotton pad after use.

The patient’s skin, dried out by the phenol, provides an **ideal physiological dressing**. The doctor can, however, apply a thick coat of anti-inflammatory, antioxidant, anti-erythema postpeel mask (included in the kit) immediately before applying Yellskreen powder (bismuth subgallate). The powder will stick perfectly on the postpeel mask and form a good protective barrier, allowing wet skin regeneration under the powder, which is not water soluble.

After the treatment, the patient should not be allowed to sleep with the treated skin pressing against any surface (i.e., a pillow) as the treated...
area might stick to the surface and result in infection, scarring, prolonged erythema, or other complications.

"A bottle of Lip & Eyelid provides enough solution for 15 treatments"

Follow-Up

See the patient on the 1st, 3rd, and 6th days following the peel to monitor progress and ensure that there is no infection. In case of infection, give the patient antibiotics (usually orally). On the 3rd day, apply sterile white vaseline on the edge of the treated areas.

On the 6th day, apply sterile white vaseline on the entire treated area. Vaseline will help unstick the Yellskreen powder. The patient can wear makeup beginning on the 8th day, if the skin is in the right condition.

Postpeel Developments

1- EYELID ODEME
Severe eyelid oedeme, which resolves quickly and lasts 7 days at the most, appears immediately after the solution has been applied. It peaks on the morning of the 1st and 2nd days. The oedema goes down during the day when the patient is no longer lying down. It spreads to the upper cheek on the 2nd day, the lower cheek on the 3rd day, the lower jaw on the 4th day, and on the 5th day is barely noticeable. It is not uncommon for the patient to be unable to open his or her eyelids on the morning of the 1st day. If the oedema lasts longer than 10 days, it is not normal.

2- ERYTHEMA
Erythema develops equally rapidly, a few minutes after Lip & Eyelid has been applied. It peaks during the first few weeks. The erythema takes longer to fade on lighter, more transparent skin. It always resolves, however, and is easily covered up with makeup. The bismuth subgallate powder comes away from the skin automatically with the Vaseline that prevents transepidermal water loss (TEWL) evaporation.

"The downtime is 8-10 days maximum"

3- DELAYED HEALING
The increased depth of action of the phenol sometimes translates into a persistent moist scab in the inside corner of the upper eyelid, where the phenol has macerated more intensely. Applying an antibiotic cream or ointment remedies the problem, and it should resolve before the 15th day. There are no sequelae from this slow healing. If the scab persists for more than 2 weeks, the doctor should remain alert and monitor the patient more closely.

4- RISK OF PIGMENTATION DISORDERS
Even if it is generally accepted that phenol has more of a depigmenting than a hyperpigmenting effect, the doctor must be prepared for any reactional hypopigmentation. If the skin being treated is a very "melanin-reactive" phototype or might have a se-

Post peel care for eyelids

- **If PH risk, give the patient Blending Bleaching Cream 3 times a day**
- Apply Lip and Eyelids Yellskreen
- Check if infection*
- Vaseline on the edges
- Check if infection*
- Vaseline everywhere
- Makeup allowed
- Skin Tech® Cleanser (cleanse skin)
- IPLASE Mask 3 times/day (reduces erythema)
- Melablock-HSP SPF 50+ 09-12 AM, 03 PM
- Melablock-HSP SPF 30 09-12 AM, 03 PM
- Blending Bleaching Cream 2 times/day (pigment control)

**DO NOT PULL AWAY YELLSKREEN**
Skin is regenerating under the scab.
Vaseline unsticks Yellskreen**

*Infection: appears as red points around Yellskreen
**Yellskreen: protective yellow powder
vere inflammatory reaction, the melanocytes should be “sedated” with tyrosinase inhibitors and antioxidants (Blending Bleaching Cream) before and after Lip & Eyelid, both on the areas to be treated and on the surrounding areas. The cream should be applied twice a day for 2 weeks before the peel and as soon after the peel as possible. The skin can usually tolerate Blending Bleaching Cream from the 10th day after the peel. Melanocyte “sedation” should be continued for a minimum of 6 weeks.

If the peel is being performed on a skin phototype I-III and if the patient follows advice to keep out of the sun and use sun protection, there should be no post-inflammatory hyperpigmentation, but there is an increased risk of prolonged erythema on lighter skin types. The sun should be avoided completely, and effective sun protection (Melablock-HSP SPF 50+) should be used for up to 3-6 months. Exposure to UV light should be gradual thereafter. Even when the peel is applied correctly, there is still a risk of pigmentedary changes, which are always reversible with Blending Bleaching Cream.

5- DEMARCATION LINE
There is clearly a risk of a demarcation line on skin with severe dyschromia or sun damage, a lot of wrinkles, freckles, keratoses, or lentigines, as the skin treated with Lip & Eyelid will look rejuvenated and stand out clearly from the surrounding damaged skin. It is especially important to combine the peel with Easy TCA or Easy Phen Light to minimize the demarcation line if the skin phototype has been properly selected.

Effectiveness
The results of a chemical blepharoplasty may be inadequate if there is a large amount of excess skin or for lower eyelid, fat pads. In these cases, surgical blepharoplasty is indicated. Applying Lip & Eyelid to the eyelids treats wrinkles and fine lines, dyschromia, keratoses, and sagging eyelids successfully.
CHEMICAL CHEILOPLASTY

Upper lip wrinkles are more common in smokers and in patients whose mouth is very mobile and who use the orbicularis muscle of the mouth too often or too vigorously.

A chemical cheiloplasty or labioplasty treats deep skin atrophy caused by chrono and photoaging (deep wrinkles around the lips). The principle of the treatment is identical to that of a chemical blepharoplasty, but it is easier to treat wrinkles on the upper lip than on the eyelids. It is also less stressful for an inexperienced doctor. Application of phenol on the lips is a quicker and safer procedure due to the limited area and easy healing.

Pre-treatment

• The patient should apply Skin Tech Blending Bleaching Cream twice a day for 2-3 weeks before peeling.

• Herpes prevention is necessary if the patient has a history (valacyclovir 500 mg twice a day for 4 days before up to 4 days after the peel).

Day of the treatment

• Give the patient an analgesic (paracetamol plus codeine) 30 minutes before the peel.

• The skin should always be disinfected and degreased before application (with a mixture of 50% alcohol and 50% acetone).

• Lip & Eyelid Formula can be applied to the upper lip without nerve block anesthesia. A first quick coat of peel solution induces local anesthesia within 15 seconds. Subsequent applications of phenol will therefore be painless.

Lip & Eyelid treatment

Syringe out 0.3 ml of the Lip & Eyelid solution and drop 0.15 ml directly on to a cotton bud. Carefully apply Lip & Eyelid solution directly to the bottom of deep wrinkles (a white frosting should appear) before applying the peeling solution to the entire upper lip, until an even grey frosting quickly appears. When the cotton bud appears as dry, drop further 3 drops of the Lip & Eyelid solution on it.

A second or third layer can be applied if necessary, after obtaining the anaesthetic effect of phenol, in order to reach the proper frosting: a grey white frosting. At the end of the procedure, apply an occlusive dressing (dressing included in the kit) and then uniformise the results by applying a less deep peeling (e.g., Easy TCA Pain Control or Easy Phen Light) on the rest of the face. The occlusive dressing should stay in place for 24 hours.

Post-treatment

Day 1

After 24 hours, remove the occlusive dressing and apply one coat of “Skin Tech® Post Peel Mask,” then apply a uniform layer of Yellskreen over the mask and leave to dry and form a crust. If retouch is necessary, go ahead before applying the mask.

Day 3

See the patient on the 3rd day following the peeling to monitor progress and ensure that there is no infection. In case of infection or any other problem, the patient should be given antibiotics (usually orally). On the 3rd day, apply sterile white vaseline exactly on and only on the edge of the treated areas.

Day 6

At the 6th day apply sterile white vaseline on the whole area. Vaseline will unstick the Yellskreen powder.

Day 8

Makeup is allowed on the 8th day, if the skin is in a
condition to receive it.

**Days 8-15**
IPLase produces a strong reduction of postpeel redness.

**Days 16-90**
Sun protection is mandatory until the total end of erythema + 4 weeks.

**Repeating the Peel**

If needed, the full procedure can be repeated after 4-6 weeks regeneration if the status of the skin allows it.

**Conclusion**
Chemical cheiloplasty is an effective alternative to other aesthetic procedures focused on deep wrinkles problem. Combination of plastic surgery and chemical cheiloplasty is the most effective rejuvenation method available worldwide.

---

**Chemical cheiloplasty Lip & Eyelid**

on the upper lip in combination with Easy TCA / Easy Phen Light

Marking the area before application

Start of application by using cotton bud

End point of application is dark gray frosting

Occusive dressing
Lip & Eyelid: no comments!

Courtesy of Dr. J. Manuel Batlles, Spain

Winner of Best Case Report 2016. Congratulations!!
Lip & Eyelid: no comments!

Courtesy of Dr. Philippe Deprez, Spain

Winner of AMEC 2016/2017. Congratulations!!
SKIN TECH DAILY CARE:

RAPIDLY VISIBLE LIFTING EFFECT with Actilift®

Actilift with DMAE inhibits and repairs collagen and elastin “cross linking”; tenses dermis, thus inducing a visible skin tightening effect. Gradual durable action.

Epidermal defence booster
Dermal moisturizing
Antioxidant action
Anti Aging effect
Visible tensor effect

Application of Actilift brings immediate results on skin tensing and improves general look.

Tensing effect begins 30 minutes after Actilift® cream application. Maintenance of the tension during the treatment and up to 8 weeks after stopping the application.
Atrofillin®: SCIENTIFIC RESEARCH ABOUT PGC-1α

"Combined with the regulation of expression, the elevated number of posttranslational modifications on PGC-1α allow for a powerful and flexible system of regulation. These modifications can occur in concert or in a mutually exclusive manner. Some modifications will influence the ability of others to take place or to affect PGC-1α function. The presence of a specific pattern of posttranslational modifications on PGC-1α protein can direct PGC-1α toward a precise set of transcriptional targets as a reaction to energy needs and tissue-specific conditions that drive these posttranscriptional modifications."


"Aging is also associated with a lower renewal of mitochondria. This is mainly due to the lack of reactivity of proliferator-activated receptor-γ (PPAR-γ) coactivator 1α (PGC-1α) in old animals. PGC-1α acts as a master regulator of energy metabolism and mitochondrial biogenesis and recent evidence shows that it interacts with p53 and telomerase. The promotion of mitochondriogenesis is critical to prevent aging."


Skin Volumizer
Whitening action
Antioxidant action
Tensing effect
Global anti age tetra-complex

Refills the subcutaneous tissues by increasing fat accumulation in adipocytes (Acetyl hexapeptide 38: acting on PGC-1α)

Evens skin tone + Refirms dermis + Antioxidant effect
Kojic Dipalmitate: antityrosinase, antioxidant*
Alanine-phospinic acid: anti melanogenesis, anti polymerization
Mulberrosides, Resveratrol: anti tyrosinase, antioxidant*
DMAE: increases dermal thickness, increases collagen fiber thickness, anti inflammatory, increases skin firmness, antioxidant*

* Melanin can be induced by free radicals and reactive species: antioxidants have therefore an inhibitory effect.
DEEP PEEL: EXPERTS & TRAINERS TALK ABOUT...

**Philippe Deprez**  
Aesthetic Medicine PhD - Spain  
From now on, we are witness to a great step forward with phenol peels, because have become medical device class IIa, achieving the highest medical standard in safety. I’m very proud that Skin Tech Pharma Group is the pioneer of chemical peels, and has become a major reference for the aesthetic industry.

**Evgeniya Ranneva**  
Dermatologist PhD - Spain  
Phenol peels produce the expected results so well, that extensive touch-ups or a complete peel are not often necessary. Positive results make happy patients, and will encourage you to become more confident with the use of phenol peels.

**Nenad Stankovic**  
Aesthetic medicine - Serbia  
Phenol peel is not used as frequently as it should in daily practice. In good hands, it is very effective for skin resurfacing and helps to reduce the appearance of deeper lines and wrinkles, and especially those in perioral and periorbital area, where other peels fail to deliver.

**Gyöngyi Gergely**  
Dermatologist - Hungary  
The safe use of phenol shows further evidence of Skin Tech’s innovative and unique laboratory work. My favourite at the moment still is the Easy TCA Pain Control, which allows an intense, but comfortable peeling for sensitive patients of any age and gender.

**Renata Klak**  
Dermatologist - Poland  
There is no doubt that the phenol peel is recently one of the most effective non-surgical aesthetics treatments. We can obtain excellent, long lasting results especially in cases where the patients have thin or very thin skin, independent of the patient’s age.

**Xavier Goodarzian**  
Aesthetic medicine - UK  
Most often people are worried about the down time of the procedure but actually comparing it to other resurfacing treatments it’s quiet acceptable. Phenol will become increasingly popular and our role as training providers is so important to ensure that correct application of the treatment can avoid any potential problems.
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<tr>
<th>Name</th>
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<tr>
<td>Gabriel Siquier</td>
<td>Aesthetic medicine</td>
<td>Netherlands</td>
<td>It is a fact that you cannot achieve the same extraordinary effects with any other method. Neither with laser, nor with surgery. Furthermore, the deep peelings and the abrasion protocols of Skin Tech have proven to be the safest and most effective way to improve the skin of my patients.</td>
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<td>Leonor Girao</td>
<td>Dermatologist</td>
<td>Portugal</td>
<td>Deep peelings are a powerful weapon in the dermatological armament. To a trained dermatologist, they are easy to perform, easy to control and they make amazing results with a reasonable cost. It is difficult to have such good results without spending thousands of euros in laser equipment's.</td>
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<td>Jani van Loghem</td>
<td>Aesthetic medicine</td>
<td>Netherlands</td>
<td>The deep peel is the most powerful aesthetic procedure. Not only skin tone and fine wrinkles are treated, but also the entire architecture of the skin and dermal thickness are improved dramatically. My favourite product is Lip&amp;Eyelid due of its safety profile but they are only to be applied by very advanced and experienced physicians.</td>
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<td>Francesco Lino</td>
<td>Plastic surgeon</td>
<td>Italy</td>
<td>Lip &amp; Eyelid and Easy Phen Light gives the chance to improve results combining facial cosmetic surgery with photaging and fine lines treatment and to treat facial areas not suitable for surgery.</td>
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<tr>
<td>O. Borodko</td>
<td>Plastic surgeon</td>
<td>Ukraine</td>
<td>Easy Phen Light is a combined phenol peeling which could be applied immediately after plastic surgery. I have a lot of positive experience which conviced myself to propose to use phenol rejuvenation in mostly all my patients.</td>
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<tr>
<td>Rodrigo Ayoub</td>
<td>Plastic surgeon</td>
<td>Portugal</td>
<td>I have not the slightest doubt in stating that the phenol peel is the procedure in this area with the highest rate of satisfaction perceived by the patient, and the treatment with the most amazing and lasting results there.</td>
</tr>
<tr>
<td>J. Manuel Batlles</td>
<td>Maxillofacial surgeon</td>
<td>Spain</td>
<td>Nuestra experiencia con los protoclos para exfoliación dérmica profunda de Skin Tech es inmejorable. Nos proporciona mucha seguridad en el manejo y los resultados son excepcionales. Conseguimos realizar rejuvenecimiento cutáneo facial imposible de alcanzar con otros métodos médicos o quirúrgicos.</td>
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<td>NEW education center in Spain</td>
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COMPLICATIONS

Evgeniya Ranneva - dermatologist, PhD

Chemical peels, especially deep phenol peels, are highly effective treatments for skin, ensuring many grateful and satisfied patients as well as practitioners. The successful use of chemical peeling comes only for practitioners thorough understanding of all key aspects including skin anatomy, chemistry background, practical skills and determination when they meet "complications".

Management of complications is part of the daily work for aesthetic medicine practitioners. "Making errors - we learn": in terms of chemical peeling, how to avoid complications is easy, because modern chemical peels have become a medical devices, with very clear and protocolised instructions for use. Side effects for incorrect use are fortunately reversible.

The most common complications after deep peel:

### Bacterial Infections

**Symptoms:**
Erythema, papular lesion, pain, acneiform dermatitis, pruritus

**Treatment:**
Oral antibiotics
Augumentine 500 mg 3 times x day, 3-5 days

### Edema

**Symptoms:**
All peels cause oedema in the treated area by triggering an inflammatory reaction whose cardinal signs are "rubor, dolor, tumor, calor." The redness (rubor) and heat (calor) come from vasodilation that enhances the passage of liquids through the vascular endothelium and causes swelling (tumor), whose rapid onset can be painful (dolor). The pain can be superficial and more than a feeling of tightness when the inflammation is limited. The inflammation is also due to the presence of proinflammatory components in the dermis, which, together with the increased oxygen supply (because of the vasodilation), promote the formation of free radicals. The free radicals damage the neighboring structures and maintain the inflammation. The result is a "vicious cycle" in which vasodilation promotes inflammation that causes vasodilation.

**Treatment:**
Dry cold. Steroid and non steroidal antiinflammatory medications

### Herpes infection

**Symptoms:**
Pain, large and small lesions

**Treatment:**
Oral antiviral drugs
Valltrex 500 mg 2 times x day, 5 days

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**Skin Tech Daily Care Line**

**Cleansing Foam**

**VIT. A-C-E Lipoic Complex**

**VIT. E Antioxidant**

**Anti-Aging Moisturizing Cream**

**Pre-peel & Daily Care Between Peeling Sessions**

**Long-term skin care**

**Anti-aging, essential for the over-40**

**VIT. A-C-E Lipoic Complex**
Milia (epidermal cysts)

**Symptoms:** Single or several white cysts on the middle face region or on the cheeks.

**Treatment:** Incision of the top of each cyst with nº 11 scalpel or 18G needle (1 month after peel).

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Purpura, petechia

**Symptoms:** Small skin hemorrhages, red, purple or blue spots.

**Treatment:** Vitamin C / K before and after deep phenol peel. Electrocoagulation. Skin Retrieval 2 times x day, 10 days.

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Skin sensitivity

**Symptoms:** Dryness, fragile skin.

**Treatment:** Hyaluronic acid injections (RRS® Silisorg HA), Sun protection (Melablock 30/50 3 times x day). Cream Vit. E 2 times x day, no time limited. Cleanser 2 times x day.

---

Dyschromia

**Symptoms:** Hyperpigmentation.

**Treatment:** Topical depigmenting agents (hydroquinone, kojic acid, arbutin, Blending Bleaching Cream 2 times x day, 12 weeks).

Example of prescription:
- Hydroquinone 2.5 g
- Tretinoin 0.05%
- Dexamethasone acetate 0.005 g
- Eucerin O/W ad 50 g

---

Demarcation line

**Symptoms:** Visible colour difference between treated areas.

**Treatment:** Easy TCA Classic once in a week, 4 treatments total. Blending Bleaching Cream, 2 times x day, no time limited.

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Scarring

**Symptoms:** Visible scars.

**Treatment:** Silicon sheet, topical steroids, injection of steroids, laser treatment, surgical excision, IPLase 2 times x day, 3-4 weeks. Blending Bleaching Cream 2 times x day, no time limited.

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**TIGHTENING EFFECT**
- ACTILIFT
- ATROFILLIN

**PIGMENTATION**
- BLENDING BLEACHING CREAM
- MELABLOCK-HSP SPF 50+ / SPF 30
- IPLASE MASK

**SUN PROTECTION**
- New PIGMENTATION SUN PROTECTION

**POST TREATMENT**
- New BLENDING BLEACHING CREAM
- MELABLOCK-HSP SPF 50+ / SPF 30
- Anti-thermal and radiations damage

**INNOVATION**
- Best COSMETIC PRODUCT
**RRS® RESULTS**

of INJECTABLE TREATMENTS

**Before/After**

- RRS® HA Whitening
- RRS® Hyalift 75 Proactive, RRS® HA Eyes
- RRS® Hyalift 35, RRS® Silisorg Tensor
- RRS® HA Injectable
- RRS® Hyalift 75
- RRS® HA Tensor Lift, RRS® HA Eyes

Clinical results by expert doctors. Skin Tech Pharma Group (Diana Yudina, Evgeniya Ranneva, Nenad Stanković, etc)
BEST CHOICE
IN COMBINATION WITH RRS®

REPAIR & BALANCE for face

Day Intensive Repair
REJUVENATING COMPLEX
WITH HYALURONIC ACID + PEPTIDES

Eyes
BEAUTIFIES THE APPEARANCE
OF EYE CONTOUR

Night Intensive Repair R
WITH RESVERATROL

Night Intensive Repair M
WITH MELATONIN

Night Intensive Repair H
WITH HYALURONIC ACID

SPECIAL CARE

Relax Skin
REJUVENATION
POST-CEMENTFFE + MOISTURIZING

Aclaranse®
REDUCES THE APPEARANCE
OF PIGMENT IRREGULARITIES

Skin Retrieval
POST TREATMENT
SKIN RECOVERY

BODY & HAIR

Strimatix®
REDUCES THE APPEARANCE
OF STRIAE DISTENSAE

Cellutrix®
REDUCES THE APPEARANCE
OF ORANGE SKIN

ScalpFit
PRE-TREATMENT
SCALP & HAIR DEEP CLEANSING

Revitalix
POST-TREATMENT
SCALP & HAIR HYDRATION

Hair
HAIR GROWTH
SPRAY
Outstanding technology for amazing skin rejuvenation

First phenol peel certified as Medical Device Class IIa

Successful solution for advanced photo aging
Recommended for skilled practitioners

www.peeldeep.com

Learn more about the application protocols
Register yourself on educational courses in EU
Find Textbook of Chemical Peels 2nd ed. by Dr. Philippe Deprez
New Educational Center in Spain, dedicated to advanced training for phenol peel