**WHAT TO EXPECT:**

It is important to remember that a chemical peel is the willful application of an acid to produce a controlled injury to the skin. By intentionally causing damage, you prompt the body into:

1. Amping up the production of collagen and elastin which form the support system for the epidermis.
2. Causing the outermost layers of the epidermis to slough off, revealing newer, fresher skin.

- **Frosting** - skin turns opaque or powdery white.
- **Swelling**, inflammation, redness or sensitivity.
- **Gradual darkening** of the skin in the area treated.
- **Scabbing**, crusting, oozing or flaking.

Not all solutions produce results in the same way. For example, AHA’s are much less likely to yield visible flaking while TCA generally causes significant shedding, especially at high percentages.

**BASIC BENEFITS OF PERFORMING A PEEL:**

- **Improves** skin tone, texture and over all appearance.
- **Minimizes** fine lines, lip creases, dark spots and scars.
- **Brightens** dull, blotchy, uneven complexion.
- **Stimulates** collagen and elastin production for firmer skin.
- **Fades** discoloration due to sun damage, hormones and scarring.
- **Peels** can be used on other areas of the body for similar benefits.

**WHAT YOU WILL NEED:**

- **Gel cleanser**
- **Clean face towels**
- **Peel solution**
- **Neutralizer Solution**
- **Pre-Peel Solution or Alcohol for defatting**
- **Applicators** (gauze or cotton pads, Q-tips)
- **Post peel care** (serum, moisturizer, spf)
- **Hand held fan** (optional)

**MAXIMUM PEEL APPLICATION TIMES:**

All directions are geared toward facial applications only. Peels applied to the body may require longer processing times. It’s important to know that the maximum peel frequency is once every two weeks or longer, depending on the peel type and strength.

**DO NOT USE PEEL IF / RULES & ADVICE**

- You are currently taking Accutane or have within the past 12 months
- You are pregnant or nursing
- You have a tendency to form keloid scars
- You have a STD such as herpes, HIV/AIDS or similar condition
- You are undergoing cancer treatments, including chemo and/or radiation
- You have unrealistic expectations. Most chemical peels are designed to be a progressive treatment and need multiple applications to achieve a goal
- You have recently been treated with a hair removal system
- You have open wounds, sunburn, rash, etc
- Stop using Retin A or similar chemical exfoliators 2 days prior to peel
- Use sun protection at all times when performing chemical peels
- Never pick or pull the shedding skin if it is firmly attached
- Do not apply the peel to any area where the skin is broken, scratched or open
- Make sure you have selected the correct peel prior to applying and always do a patch test
- Check with your doctor or pharmacist before performing a peel if you are taking any medications or are pregnant

**WHAT TO EXPECT:**

It is important to remember that a chemical peel is the willful application of an acid to produce a controlled injury to the skin. By intentionally causing damage, you prompt the body into:

1. Amping up the production of collagen and elastin which form the support system for the epidermis.
2. Causing the outermost layers of the epidermis to slough off, revealing newer, fresher skin.

- **Improves** skin tone, texture and over all appearance.
- **Minimizes** fine lines, lip creases, dark spots and scars.
- **Brightens** dull, blotchy, uneven complexion.
- **Dissolves** blackheads, kills bacteria and controls acne.
- **Stimulates** collagen and elastin production for firmer skin.
- **Fades** discoloration due to sun damage, hormones and scarring.
- **Peels** can be used on other areas of the body for similar benefits.

**PRECAUTIONS**

**COMMON SENSE / RULES & ADVICE**

- **Pre-Peel Solution or Alcohol for defatting**
- **Applicators** (gauze or cotton pads, Q-tips)
- **Post peel care** (serum, moisturizer, spf)
- **Hand held fan** (optional)

**DO NOT USE A CHEMICAL PEEL IF YOU HAVE ANY OF THE FOLLOWING:**

- **Skin Allergies**
- **Red Colored Skin**
- **Skin Grafts**
- **Recent Surgery**
- **Inflamed Skin**

**WE DO NOT PROMOTE ANY OF OUR PEELS FOR THE FOLLOWING USES:**

- **Permanent Make Up Removal**
- **Tattoo Removal**
- **Stretch Mark Removal**
- **Scar Removal**

**MAXIMUM PEEL APPLICATION TIMES:**

All directions are geared toward facial applications only. Peels applied to the body may require longer processing times. It’s important to know that the maximum peel frequency is once every two weeks or longer, depending on the peel type and strength.

**DO NOT USE A CHEMICAL PEEL IF YOU HAVE ANY OF THE FOLLOWING:**

- **Sunburn**
- **Open Wounds/Lesions**
- **Recent Surgery**
- **Inflamed Skin**

1 week prior to the peel, you will want to treat your skin with an AHA or BHA daily exfoliator or cream. This will not only prepare the skin and produce enhanced results but may alert you to the possibility of complications or a negative skin reaction. Additionally, a daily exfoliation product is recommended for post peel care to maintain your peel results and keep the skin turning over in between peels.

In order to get the best results and fastest healing time, we recommend using a hyaluronic acid serum and moisturizer containing SPF 30 or higher. In most cases, you will be able to resume your normal daily skin care routine the next day. The deeper the peel, the longer the expected recovery time.
**PATCH TEST:**

It is strongly recommended that you perform a patch test of the peel solution prior to full application. 3 days prior to the peel, apply a small patch of the solution to the skin behind the ear. If no negative or unusual reactions are noted, you can safely proceed with your treatment.

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**Steps for correctly applying your chemical skin peel:**

1. Begin by washing the skin with your transparent gel cleanser. It is important that you not use a cream, lotion, or pearlescent cleanser which may leave residue. After washing and patting the skin dry, use a cotton pad/ball to wipe down the area to be treated with your Pre-Peel Solution or alcohol.

2. Apply a small amount of peel solution to the gauze pad. Next, apply the solution in a thin layer to your skin. Be sure to avoid the immediate eye area, lips, and inside the nostrils.

3. You may need to reapply solution to the gauze pad several times to complete the entire face or treated area. The skin should not be dripping but should be slightly damp with the solution. Some mild types of peels may be gently buffed into the skin with the gauze pad while the peel solution is processing.

4. Once you are ready to remove the peel you will apply the Neutalizer Solution directly over the peel to stop the action of the acid and then rinse everything off with cool water for 30 seconds. Gently pat the skin dry and apply a hyaluronic serum and/or moisturizer.

5. Moisturize the skin as needed after the peel and always apply a minimum of SPF 30 to protect the skin during the day. In the event you have used too strong of a peel or opted for a very deep exfoliation and the skin is raw and or oozing, you should apply a barrier ointment (Neosporin, Aquaphor, etc.) over the hyaluronic serum until the skin can resume its normal function.

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**SALICYLIC PEELS**

Salicylic - salicylic only requires that the skin be clean and dry. This peel ceases to process after 7-8 minutes and should be rinsed from the skin upon completion. All salicylic peels should cause visible skin shedding. Expect moderate to heavy skin shedding lasting up to 7 days once process begins.

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**GLYCOLIC PEELS**

*There are two important things to note when it comes to glycolic peels:*

1. With long term use the skin eventually becomes tolerant to glycolic peels, and for noticeable results users will need to advance in peel strength or try a different solution.

2. The longer you leave the peel on, the deeper it will go. Unlike other peel solutions, AHA’s do not stop until neutralized. It’s also important to note that this peel does not normally produce visible peeling, no matter the strength. Not all solutions produce results in the same way. For example, AHA’s are much less likely to yield visible skin shedding while TCA generally causes significant shedding, especially at high percentages. If your ultimate goal is to SEE skin coming off, select a different peel.

**AHA Peels (glycolic, lactic, kojic)** - Lower percentages will most likely have no down time and no visible shedding. Higher percentages should produce minimal to moderate flaking 3 days after applying and continue for 3-4 days

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**JESSNER PEELS**

**Jessner Peels (salicylic, lactic, and resorcinol)** – the depth of this peel is determined by the number of layers applied during a treatment. 2-3 coats produce a light exfoliation that lasts 3-4 days, 4-6 coats produce a moderate exfoliation that lasts 4-7, and 7+ coats produce heavy shedding that can last up to 10 days.

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**TCA PEELS**

Lower percentages will have 0-3 days down time and yield minimal to mild flaking. If desired, lower percentages may be layered to achieve a deeper exfoliation. This allows for more control over the results, depth, and recovery time verses a mid to high range TCA peel. Mid range TCA strength will have 3-7 days down time and produce moderate to heavy skin shedding. High range TCA should only be used by experienced peelers and has an expected down time anywhere from 5-14 days with heavy skin shedding and a compromised skin barrier for at least 4-6 days. It is important to note that permanent damage can be induced with TCA and is **NOT RECOMMENDED** for darker skin tones.