

# SAFETY GUIDELINES FOR CHEMICAL PEEL PROCEDURES

CONTRAINDICATION	RECOMMENDATION
Allergy to any constituent of the peel being performed	Choose an alternative peel solution to which the patient is not allergic to any constituents
Diabetes, active asthma, a compromised immune system, open wounds, cuts, abrasions, piercings, tattoos	No chemical peels should be performed
Pregnant or lactating	No clinical acids or CO <sub>2</sub> during pregnancy or lactations; home products may be used with attending physician's approval.
Cystic acne or herpes outbreak	Wait 4-6 weeks after lesion has healed

## RECOMMENDED WAIT TIME BEFORE OR AFTER A CHEMICAL PEEL

PRODUCTS & MEDICATIONS	
High levels of unbuffered AHAs, salicylic acid, vitamin A, hydroquinone, and retinol	At least 1 week
Excessively drying or irritating products	At least 1 week
Oral retinoids	3-6 months post-oral retinoid therapy and only with physician approval
TREATMENTS	
Electrolysis, hair chemicals, waxing, depilatories, or threading	At least 1 week
Botox or fillers	At least 2 weeks
CHEMICAL PEELS	
Very superficial chemical peel	1-2 weeks
Superficial chemical peel	2 weeks
Medium chemical peel	At least 4 weeks
Deep chemical peel	At least 6-8 weeks, which may be too soon for some patients; should be at the discretion of the doctor
SURGERY & PROCEDURES	
IPL or Non-ablative lasers	2-4 weeks post-procedure
Ablative lasers or cosmetic facial surgery	3-6 months post procedure

# OSHA REQUIREMENTS FOR ALL MEDICAL SKINCARE CLINICS

1. An eyewash station accessible within 15 seconds of a treatment area
2. A metal trash container with a lid for acetone disposal
3. CO<sub>2</sub> tanks secured in a stand/holder or chained to the wall
4. An OSHA approved scalpel blade remover to remove blades
5. A Sharps container for disposal of all blades, lancets, sharps, etc.
6. Lab coats to protect the technician's street clothes
7. Eye protection (safety glasses) for the technician
8. Gloves for the technician (non-latex/non-vinyl recommended)
9. Disinfection medical grade solutions & equipment for instruments, treatment tables, etc., (cold sterilization/autoclave)
10. Hepatitis B vaccine is recommended. Technicians must keep their records on file and have their titers checked annually. If an employee refuses to receive Hepatitis B vaccine, this must be documented in his/her employee file.
11. Material Safety and Data Sheets (MSDS) are required to be on file in medical offices and can be requested by the account through SkinCeuticals Customer Service at [customerservice@skinceuticals.com](mailto:customerservice@skinceuticals.com)

# PREVENTION OF SIDE EFFECTS

## *GENERAL RULES TO PREVENT SIDE EFFECTS FROM OCCURRING:*

### *CLINICAL PROCEDURES*

- Do not dermaplane an acne patient
- Do not use acids on patients with sensitive skin
- Do not use CO<sub>2</sub> on skin of color (Fitzpatrick types V & VI)

### *GENERAL RULES TO REMEMBER IF A SIDE EFFECT OCCURS*

- Substitute active homecare products with more gentle alternatives
- Reduce the application of topical vitamin A (both the frequency of use and amount)
- The patient must be evaluated by the attending physician the same day
- Check the patient's status frequently
- Reduce the frequency of clinical procedures
- Be less aggressive with clinical procedures
- Report side effects to SkinCeuticals Customer Service (800.811.1660) and advise patient to report side effects to L'Oreal Consumer Affairs (877.998.0196)

### *TO CONTROL THE DEPTH OF A PEEL A TECHNICIAN MUST BE:*

- Aware of the concentration of peeling agent
- Cognizant of the stratum corneum - watch for abraded or red areas. Never apply any acid to reddish areas. Protect these areas with a thin layer of SkinCeuticals Hydra Balm
- Astute at limiting the number of coats applied
- Perceptive about the anatomic location being treated
- Light handed to avoid pressure and irritation
- Judicious about the time a peeling agent is left on the skin
- Respectful of the pH of a peeling agent. pH indicates potential aggressiveness

# TREATMENT OF SIDE EFFECTS

## SEVERE PEELING SIDE EFFECTS

Have patient use SkinCeuticals **Gentle Cleanser** to cleanse and SkinCeuticals **Hydra Balm** to soothe and protect healing skin twice daily and as needed for comfort until peeling subsides. Instruct patients not to pick, scratch, or pull off the peeling skin. This is a normal process and will subside in a few days. When peeling subsides, introduce **Epidermal Repair** twice daily or as needed.

## IRRITATION / RASHING / RED BUMPS SIDE EFFECTS

### CLINICAL PROCEDURES

- Discontinue all chemical applications until problems no longer exist.
- Schedule clinical procedures every 3-4 weeks instead of every 2 weeks.

### RECOMMENDED HOMECARE

Have patient discontinue all active products until proper evaluation and use the regimen below.

AM

- Cleanse with **Gentle Cleanser**
- Alleviate inflammation with 1% OTC Hydrocortisone
- Moisturize as needed
- Protect skin with or **Physical UV Defense SPF 30, Sheer Physical UV Defense SPF 50** or **Physical Fusion UV Defense SPF 50**

PM

- Cleanse with **Gentle Cleanser**
- Alleviate inflammation with 1% OTC Hydrocortisone
- Moisturize as needed
- When rash is clear, slowly re-introduce homecare products one at a time

## BURNS FROM CLINICAL PROCEDURES

### CLINICAL PROCEDURES

- Patient must be seen immediately by the attending physician and then continue to be seen every two days if a burn has occurred during the treatment.

### RECOMMENDED HOMECARE

- If the wound (burn) is open, it is important to have the attending physician prescribe a topical antibiotic ointment.
- Cleanse with SkinCeuticals **Gentle Cleanser** and protect skin with SkinCeuticals **Hydra Balm**, using sparingly to prevent scab maceration, and have patient stay out of the sun.
- Instruct the patient to never pick at scabs or crusted skin.
- Once skin is re-epithelialized introduce **Epidermal Repair** as-needed, along with **Physical UV Defense SPF 30**.

## HAIR GROWTH

Exfoliation of the skin including Dermaplaning does not promote new hair growth, nor does it promote denser or darker hair growth. Dermaplaning removes facial hair much like shaving. Hair is blunt ended and the root is left undisturbed. Rarely do patients complain about feeling re-growth as it grows back. As an alternative bladesless exfoliation for the Micropeel use SkinCeuticals Micro Polish mixed with **Gentle Cleanser** as an easy alternative for step number one of the Micropeel.

## HYPERPIGMENTATION / HYPOPIGMENTATION

### CLINICAL PROCEDURES

- Discontinue CO<sub>2</sub> indefinitely

### RECOMMENDED HOMECARE

- Avoid all sun exposure
- Discontinue all photosensitizing medications and hormones

#### AM

- Cleanse and tone with a SkinCeuticals cleanser and toner
- Prevent with **Phloretin CF**<sup>®</sup>
- Resurface and Smooth with **Retexturing Activator**<sup>®</sup> or **Blemish + Age Defense**
- Brighten with **Pigment Regulator**
- Moisturize as needed
- Protect skin with a SkinCeuticals broad-spectrum sunscreen

#### PM

- Cleanse and tone with a SkinCeuticals cleanser and toner
- Resurface and Smooth with **Retexturing Activator**<sup>®</sup> or **Blemish + Age Defense**
- Brighten with **Pigment Regulator**
- Moisturize as needed
- Two weeks post-procedure, apply **Retinol 0.5** or **Retinol 1.0** twice weekly in the evening to a dry face in place of **Retexturing Activator**<sup>®</sup> and **Pigment Regulator** thirty minutes before applying a moisturizer. Increase Retinol usage as tolerated

## ACNE

### CLINICAL PROCEDURES

- This is part of a normal purging process. Acne will frequently clear up on its own
- Reduce clinical acid strengths
- Recommend CO<sub>2</sub> therapy between treatments

### RECOMMENDED HOMECARE

#### AM

- Cleanse with **LHA Cleansing Gel**
- Tone with **LHA Solution**
- Resurface and decongest with **Retexturing Activator**<sup>®</sup> or **Blemish + Age Defense**
- Moisturize as needed
- Protect skin with **Sheer Physical UV Defense SPF 50**

#### PM

- Cleanse with **LHA Cleansing Gel**
- Tone with **LHA Solution**
- Resurface and decongest with **Retexturing Activator**<sup>®</sup> or **Blemish + Age Defense**
- Moisturize as needed

# SAFETY GUIDELINES FOR SKIN OF COLOR

## *USE CAUTION WHEN TREATING FITZPATRICK V-VI*

Due to the tendency to pigment easily, especially post-inflammation, it is best to treat skin of color conservatively and slowly over a longer period with a required ongoing long-term maintenance skincare program.

## *HOMECARE – TREATMENT OF HYPERPIGMENTATION*

- Using appropriate pharmaceuticals and homecare products improves the results of in-office treatments and aids in improving the appearance of dyschromias
- Requires stringent patient education and compliance
- Requires strict use of sunscreen all day, every day
- Corrective homecare regimen should include: SkinCeuticals **Pigment Regulator**, topical antioxidant, **Retexturing Activator**<sup>®</sup> and retinol as tolerated

## *CLINICAL PROCEDURES*

- Micropeels with dermaplaning, as tolerated, every 10-14 days or Micropeel Plus treatments every 4 weeks.
- Do not use CO<sub>2</sub> on darker skin types (Fitzpatrick Scale V - VI).
- Instruct patients to discontinue hydroquinone prescriptions every 6 months for 4-6 weeks.
- No hormone or antibiotic therapies are recommended during corrective treatment for hyperpigmentation.
- Always take photos prior to beginning a treatment program.