



## Chemical peel treatments for the face

The concept of using a chemical agent to resurface the skin and improve appearance dates back to ancient times when Cleopatra used to bathe in sour goat's milk that contained lactic acid.

The goal of chemical peeling is to remove a predictable, uniform thickness of damaged skin. The wound healing process that follows causes the emergence of fresh, rejuvenated skin.

### Skin conditions that can be treated

Chemical peels are performed on the face, neck or hands. They can be used to:

- Reduce fine wrinkles
- Treat sun damage, ageing and hereditary factors
- Improve the appearance of mild scarring
- Treat certain types of acne
- Reduce age spots, freckles and brown pigmentation
- Improve the look and feel of skin that is dull in texture and colour
- Treat dilated pores
- Improve all of the above on hands, neck, chest and other areas.

Doctors can use medium and deeper peels to treat the following:

- Severe acne
- Seborrheic keratoses – these are related to age
- Solar keratoses – these are pre-cancerous lesions
- Warts
- Milia – white dots in the skin
- Medium and deep wrinkles
- Keratosis pilaris – bumpy pores on the skin.

### Types of chemical face peels

A nurse or beauty therapist can perform superficial peels or resurfacing. Doctors can perform deeper peels.

**Resurfacing** is a milder event than a peel. It produces an improvement of the superficial skin texture, along with some improvement of pigmentation. Using a weaker agent, e.g. glycolic acid, will change the pH of the skin enough to cause a shock to the superficial skin cells with some exfoliation. A resurfacing treatment results in superficial skin injury and is very well tolerated – the so-called 'lunchtime peel'.

**Superficial peels** can be performed using glycolic acid, salicylic acid and Jessner's peels. They produce destruction or death of part or all of the superficial skin layers.

Superficial peels remove thin lesions on the skin surface, reduce pigmentation and surface dryness. The result of one peel can be disappointing. However, after repeated peels, significant improvement is usually seen.

Superficial peels may result in mild facial redness and occasional swelling that usually resolves within 48 hours. If there is any peeling, it's similar to sunburn. Most people can continue with their normal activities and can apply make up within a few hours of the procedure.

**Anything beyond a superficial peel** is considered higher risk because of the depth and increased risk profile of the procedure. They should only be considered in experienced medical hands. Often, there are safer alternatives available in a well-run medical spa clinic.

## Frequency of peels

Superficial peels and resurfacing treatments can be repeated as necessary. Some people can have superficial peels every month. There's usually a course of six treatments, with results starting to show at around the third one.

For acne, peels can be used up to weekly. The peel, especially with salicylic acid, works mainly on the sebaceous follicles, and is not so much for skin rejuvenation. A series of peels can be used ahead of a laser treatment.

It's important to note that several superficial peels are not the same as a moderate peel, because you are not getting to the correct depth to affect photodamaged skin.

## Glycolic acid and salicylic acid peels

Alpha hydroxy peels include glycolic acid, lactic acid, tartaric acid, and malic acid. At low concentration, e.g. 30%, they cause exfoliation. Glycolic acid is the most popular peel because its effect stays in the very superficial layers of the skin. The ideal candidate for this peel is someone who wants to freshen the skin's appearance, as well as the improvement of fine lines, sallowness, uneven skin tone and dyspigmentation.

Salicylic acid has been used for decades. It's a good peeling agent for comedonal acne because it penetrates comedones better than other acids. Its anti-inflammatory effects as well as its anaesthetic effects make the peel more comfortable, so any redness and discomfort is reduced. The concentrations used are 20-30%. It can also be used for melasma, pigmentation, photodamage and improving texture. It can be used in any skin type.

## Peels your beauty therapist or cosmetic nurse may use

Beauty therapists and cosmetic nurses can use peels on their own, or as apart of their clients' skin rejuvenation programme.

Often you will have started with a good skin care regime. This regime will usually include a retinoid at night, an alpha hydroxy acid (glycolic or lactic) for some exfoliation, and a good sunscreen moisturizer with antioxidants in the morning.

Now you need to go to the next level – add in a series of resurfacing peels to enhance skin appearance. If there are texture issues, you may wish to alternate this with microdermabrasion.

A resurfacing peel can also precede light or laser treatment – it will enhance the therapeutic effect on the skin.

It is thought that, generally, mechanical abrasion such as microdermabrasion will improve scarring better than peeling agents, given the same depth of penetration. So if this is the case, don't bother with peels.

Then stay on your good skin care regime as ongoing management of your skin.

## Is a skin peel right for you?

The ideal candidate for peeling is someone who has pale skin with minimal skin sag, who has many fine lines. Superficial peels will not help deep wrinkles or sagging skin.

Although your resurfacing procedure is unlikely to cause problems, it's still wise to be aware of any background problems that may be lurking.

Peels are not recommended for everyone. People who should avoid it include those who have the following conditions:

- Allergy to the peeling agent
- Skin cancer present
- Active infection present, e.g. herpes cold sore, bacterial or fungal infection
- Immune deficiency of any sort, e.g. HIV, leukemia, undergoing cancer treatment
- Pregnant

- Recent pregnancy – increased risk of overpigmentation
- Darker skin type
- Inadequate pre-peel preparation
- Medications that can cause overpigmentation, e.g. combined contraceptive pill, hormone replacement therapy, tetracyclines. These medications can be stopped several weeks before and after a peel.
- Isotretinoin – thins the skin, and will make a superficial peel deeper. Wait 6 to 12 months.
- Other drugs that may thin the skin and increase peel penetration, e.g. Warfarin (blood thinner), aspirin, heparin, non-steroidal anti-inflammatory drugs, e.g. Brufen, Voltaren. Even Vitamin E, and some herbs.
- If you have a tendency to pick at peeling skin. This will increase the risk of scarring.
- If you don't think you can follow your programme, both pre- and post-peel, don't do it, because you won't get the results.

## Safe skin treatment

In conclusion, superficial peeling and resurfacing treatments are a safe, effective treatment in the beauty therapist's and cosmetic nurse's toolbox. Used alone, or in combination with other treatments and good skin care, good results can be achieved with minimal risk.