

## *CHEMICAL PEELS AND SKIN RESURFACING*

The aging process occurs through many factors. Gravity does affect the skin and soft tissues and leads to a gradual drop of these structures. Muscular pull affects the skin, making wrinkles of the forehead and crow's feet area readily apparent. Finally, the intrinsic properties of the skin that make it look youthful change. The collagen that makes up the structure of the skin becomes randomly oriented rather than parallel, dark spots and small burst blood vessels are apparent on the surface of the skin, and fine wrinkling may appear. Pre-cancerous lesions, plaques and irregular lesions can occur. These changes are all hastened by smoking and sun exposure.

The appearance of the skin itself is not changed by surgery. Surgery can address jowling, droopy brows and eyelids and the "turkey gobbler" under the chin, but surgery alone will NOT change pore size, alter dark skin patches or eliminate fine wrinkles around the eyes. Such changes can only be made by treating the skin itself; stretching will not cause elimination of fine lines.

Many options exist for rejuvenation of the skin. Over the counter skin agents with fruit acids may help minimally. Prescription medication with Retinoids (such as Retin-A) offer more improvement for fine wrinkles. Prescription bleaching agents may temporarily help with skin pigment changes or brown spots. More invasive modalities include chemical peels and laser treatments. Most skin peels are based on acid, which allows the outer layer of skin to essentially be burned off. Removing the outer layer of skin is called ablative therapy. Non-ablative techniques do NOT take off the outer layer of the skin but stimulate the collagen underneath to become stronger. This includes Thermage. These techniques have variable results.

The ablative modalities remove the outer layer of skin (epidermis) and allow the underlying layer to reform a new epidermis- one that is more youthful, and therefore less wrinkled and discolored. Resurfacing can also remove pre-cancerous lesions (not true with non-ablative therapies). After the outer layer is removed, there is the appearance of a blister that has popped. The skin is raw and pink but does not bleed. The skin regrows over a period of 3-10 days, depending on the depth of the peel. Superficial, medium and deep peels may be performed, depending on the wishes of the patient and the downtime the patient will allow. More superficial peels have minimal downtime (3-5 days) but the results are not as dramatic as with a medium-depth or deep peel (downtime 7-14 days). The risks also increase with the depth of the peel.

During the peel:

1. No makeup should be applied on peel day
2. The skin will first be prepared with Acetone to remove oils
3. A slight stinging is common during the peel; a fan will help with discomfort
4. A dressing will be applied in the office

After the peel:

1. The face heals faster if it is moist!! Aquaphor and ONLY Aquaphor should be applied to the skin such that it is ALWAYS covered with a greasy layer. (Any Rashes should be reported to the office immediately).
2. Showering is MANDATORY: the peeled area should NOT be scrubbed. Water can run over the area and the wound can be patted dry, a minimum of twice a day.
3. Swelling is normal; bleeding is not
4. After the peel the skin will look like a popped blister; it will be red and weepy; the serum production will go away in a few days but the skin may stay pink for several weeks
5. Pain is unusual; Tylenol or Motrin may be taken for discomfort
6. Crusting and scabbing should NOT occur if the skin stays moist enough. If these do occur, do NOT pick at the crusts; simply apply more Vaseline
7. Sunlight should be avoided during the healing period. Following complete healing, a sunblock (SPF 35 or higher) should be always applied to prevent discolorations from the sun; the skin will be very sensitive to sunlight for about 6 months
8. Itching may occur; anti-histamines (Benadryl, Claritin, Allegra, etc) may help with the itch. Cool cloths also help, or a cold shower may take away the itch. Scratches on the face in the morning indicate the need for an anti-histamine and possibly mittens on the hands at night!
9. A lower dose of Benadryl may be used for daytime hours such as Children's Chewable Benadryl.
10. Infection is uncommon but is manifested as green discharge, increased redness, pain and fever- notify your doctor immediately if you see this
11. Cold sore activation is possible; notify your doctor if you have problems with these and preventative medicine will be given.
12. At your one week follow-up visit you will be given a post-peel treatment pack to care for your new skin for the following two weeks.
13. At your three week visit you will see the Aestheticians to determine the best course to maintain your new healthier skin.
14. Follow up as indicated by the doctor; once your doctor has indicated the face has healed, makeup can be applied; you may want to ask about concealers and special products carried in our office
15. A bleaching agent may be started after several weeks to prevent discoloration
16. Your normal skin care products may be restarted after the skin has healed. Discontinue Retinoids and prescription medication for the skin until your doctor tells you it is OK to use

For further questions about peels or postoperative care, call the office at 317-814-1104