Peeling: Acient Treatment – New Posibilities How to make patients happy

Dansk Dermatologisk Selskab

Billund Denmark, Fredag 20.01.2023

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History of Peeling

	THE ADDRESS NO. AND A DRESS (MADE) IN THE RESIDENCE AND ADDRESS ADDRES
16th bc	keratolytic solution for rejuvenation
1882	Paul G. Unna
	Salcylic acid, TCA, Resorcin and Phenol to treat scars
1942	JJ.Ellers and S. Wolff
1	Phenol and Resorcin in combination of cryo therapy for ablative rejuvenation
1961	Thomas J. Baker and Howard L. Gordon, Miami
	present modificated Phenol solution with Septisol and Croton oi

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Peeling can be risky...

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Peeling on the face is save, when sticked on the protocol

/ Hankalas

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TO PEEL OR

NOT TO PEEL

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Dr. Neighbour

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I do it since ages...

Steve Mc Curry

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We do not want this, do we?

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sprinum bika noceres

Hippocrates 460 - 370 bc

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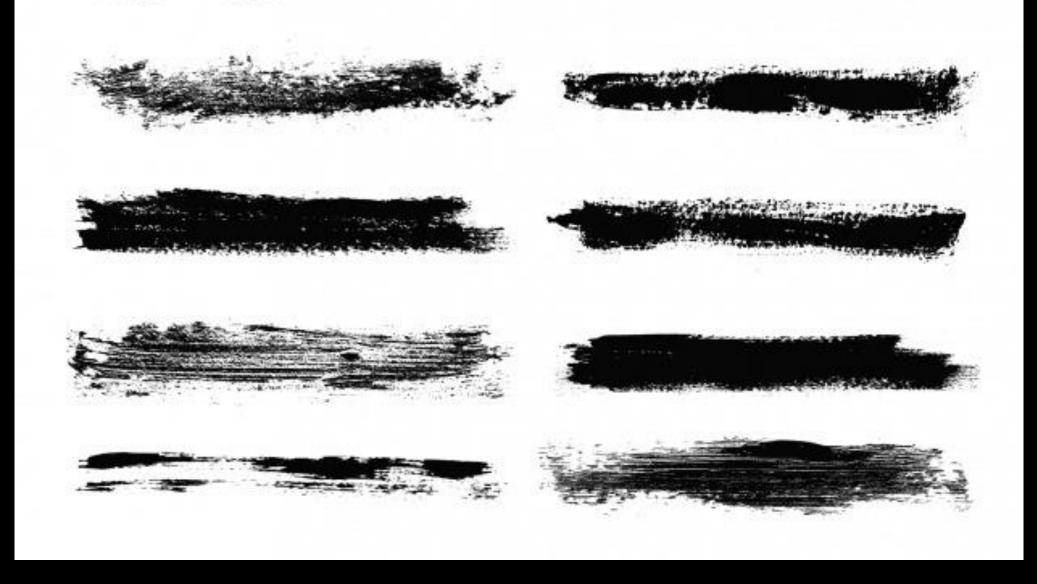
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PEELING IS NOT PEELING

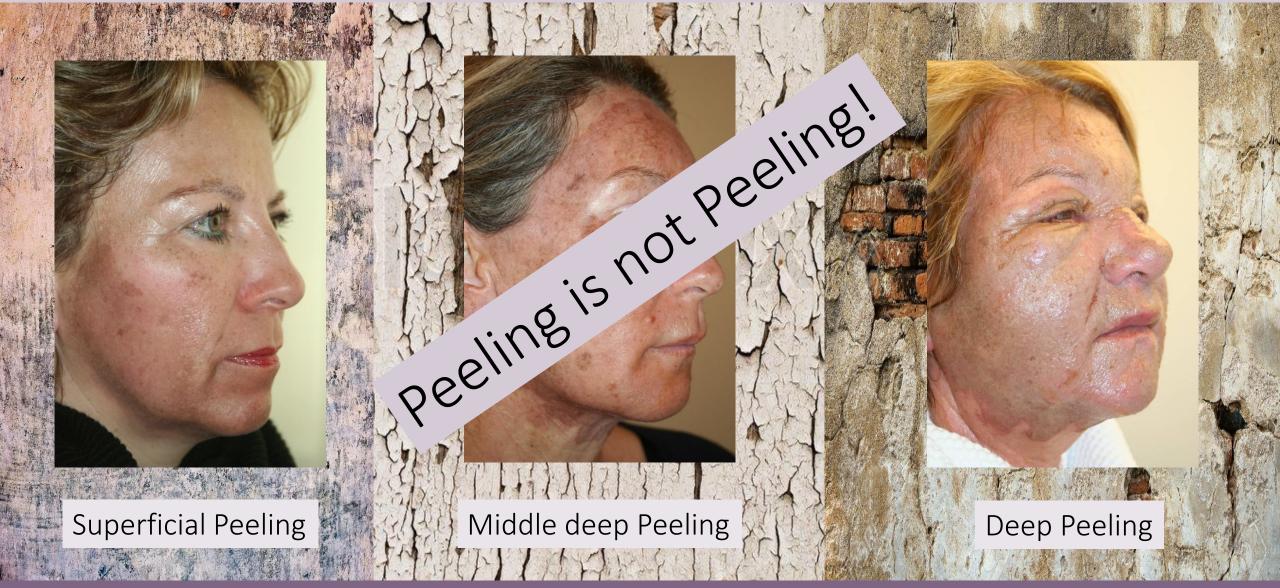
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However the Downtime as well!



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What is the Effect of Peelings?

Destruction
Exfoliation
Inflammation
Collagen Synthesis

... in a controlled manner

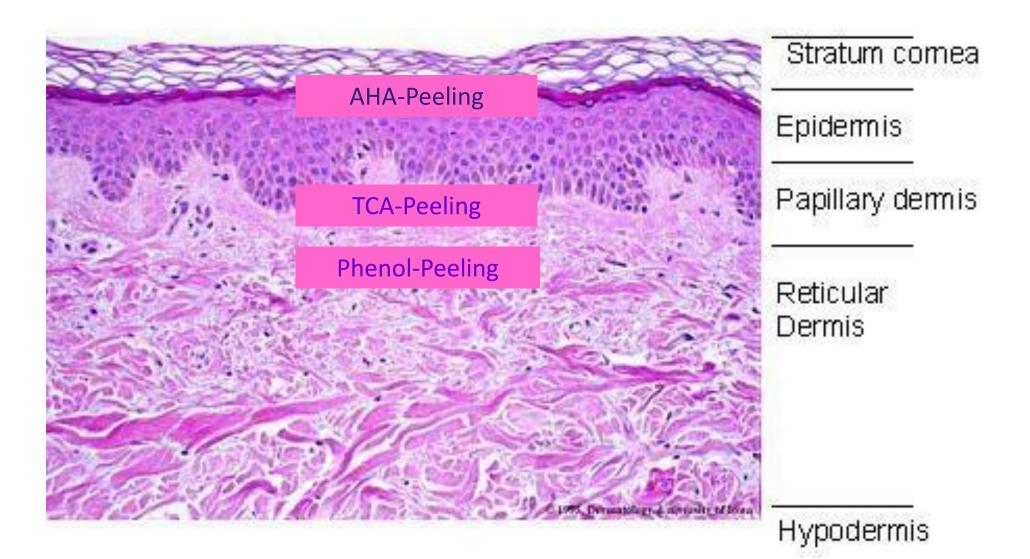
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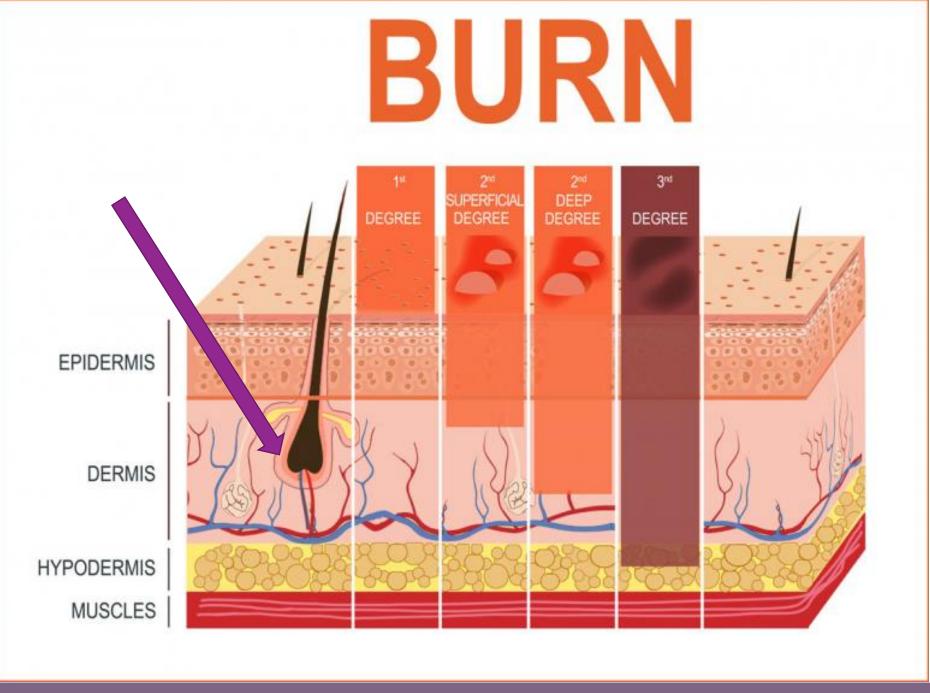
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Superficial – Middle Deep – Deep



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Understanding

- Different Peeling Solutions
- Indication and correct product choice
- Effect depends NOT only on the solution but also on the technique

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aesthetic patients can be difficult

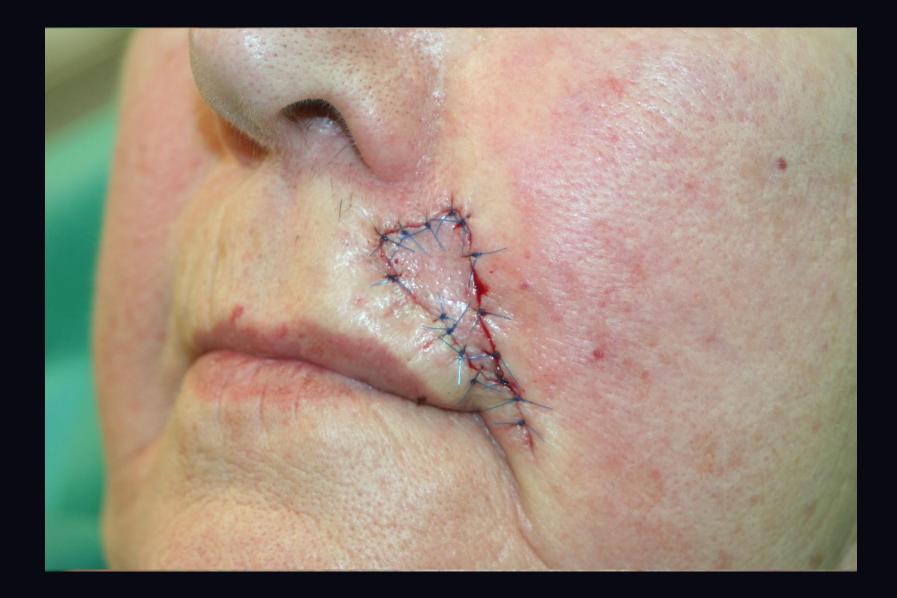
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The typically Patient in Classic Dermatology?



Patients are ill

- Disease can be diagnosed and treated
- Patients are cured after treatment and they appreciciate
- Patients are satisfied and accept even disfiguring scars or not a 100% «healing»

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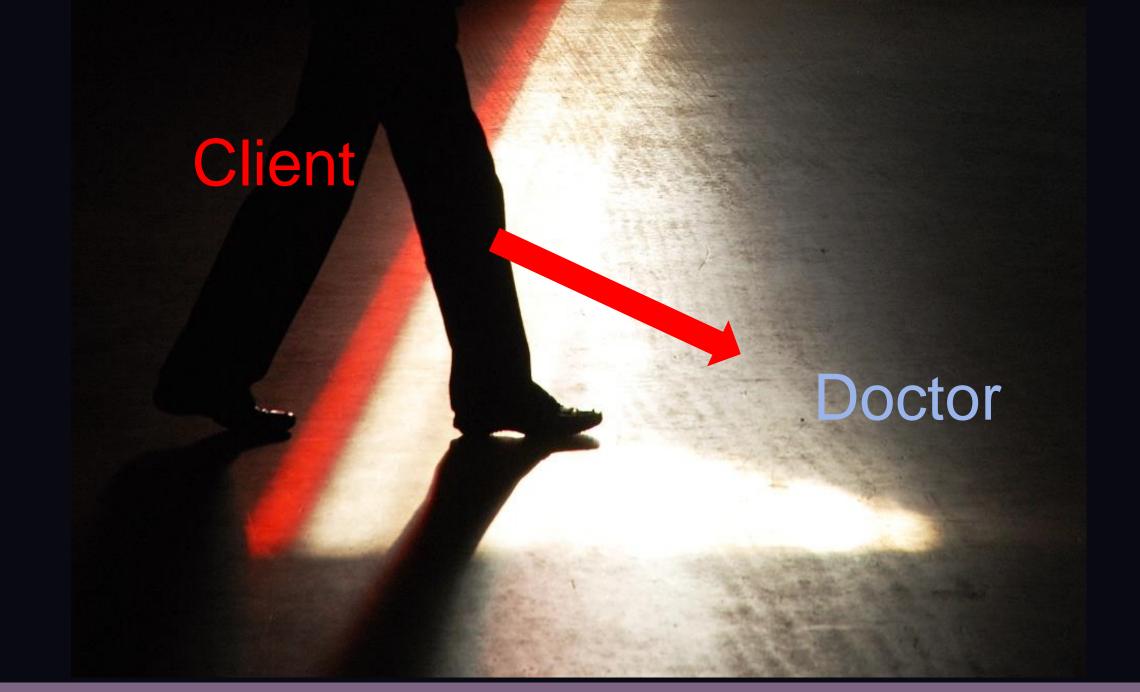
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The aesthetic patient

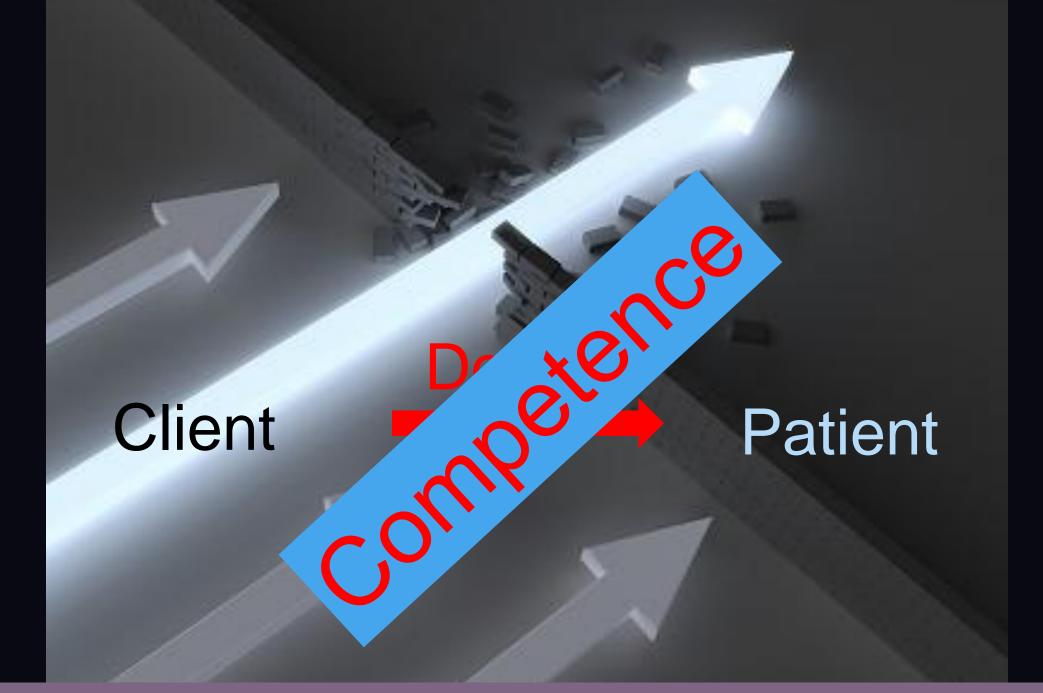
- Patients are healthy
- Patients become clients
- High end clients
- Every little changement will be considers as a complication
- Too less is as wrong as too much



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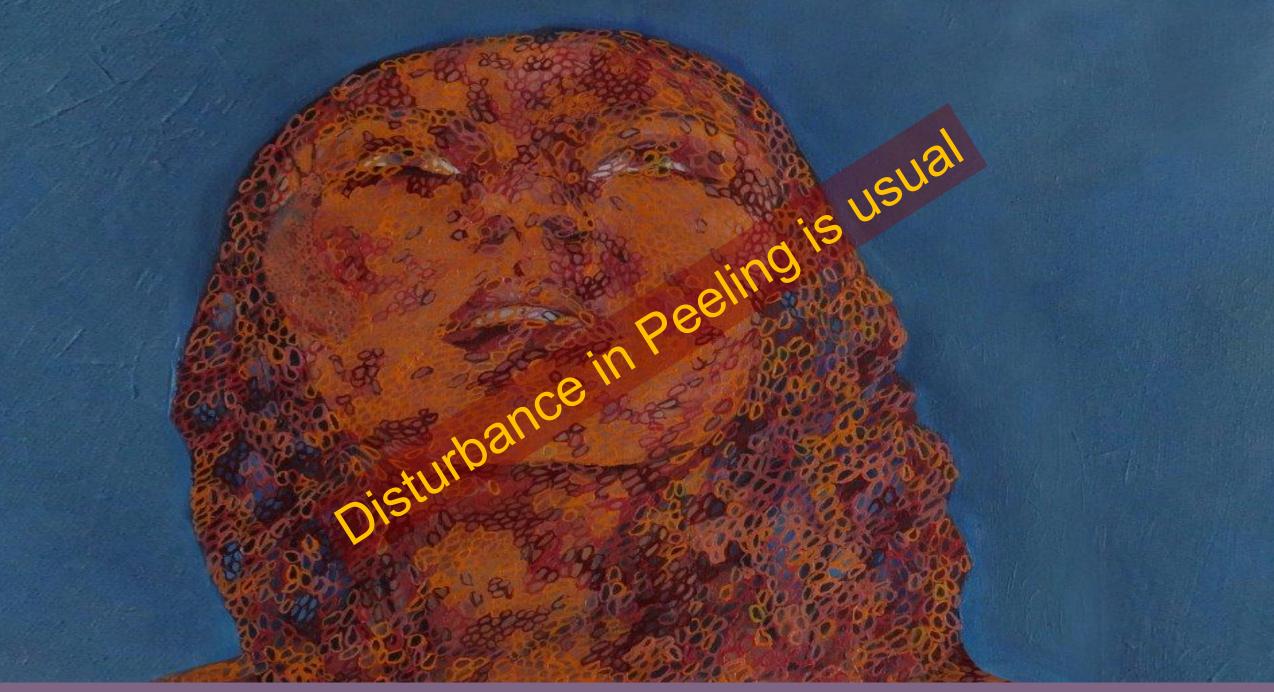
- Acne vulgaris
- «Unclean» skin
- Melasma
- Beginning photoageing
- Superficial hyperpigmentation
- Very superficial wrinkles

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Indication Middle Deep Peeling

Superficial wrinkles Hyperpigmentations Beginning Photodageing Superficial actinic keratosis Superficial acne scars Lentigines Melasma Elastosis of the skin

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Be prepared for the Chemical Reaction!

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Superficial Peeling Alphahydroxy - Acids

tempory skin improvement



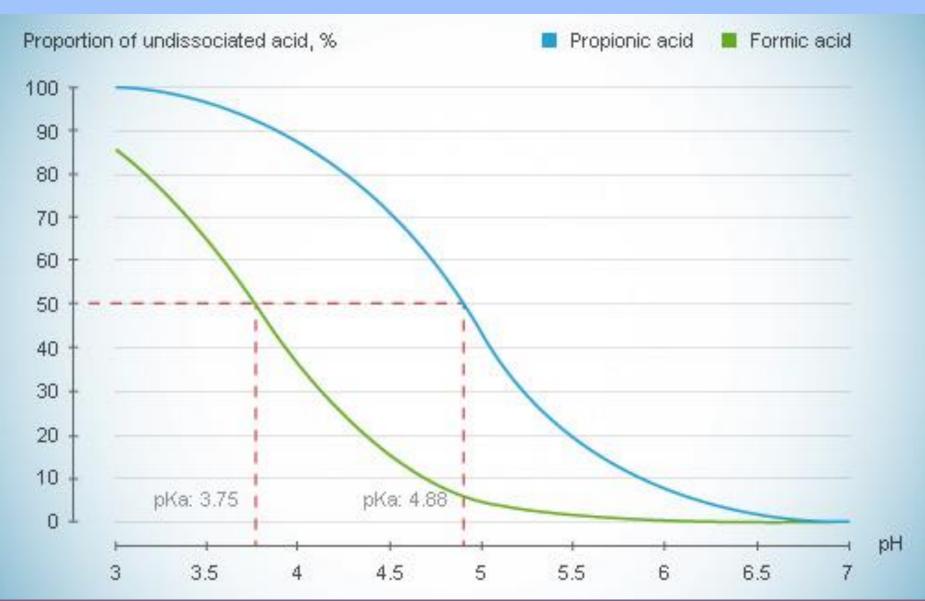
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Alphahydroxy Acid (AHA)

Superficial Peeling



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Indication for Superficial Peeling

Excellent rejuvenation after 4 sessions
Improvement of the skin texture
Fresh and youthful look
Many demands in autumn before dance ball, meeting of former school class, X-Mas, New Year

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Middle Deep Peeling TCA Peeling

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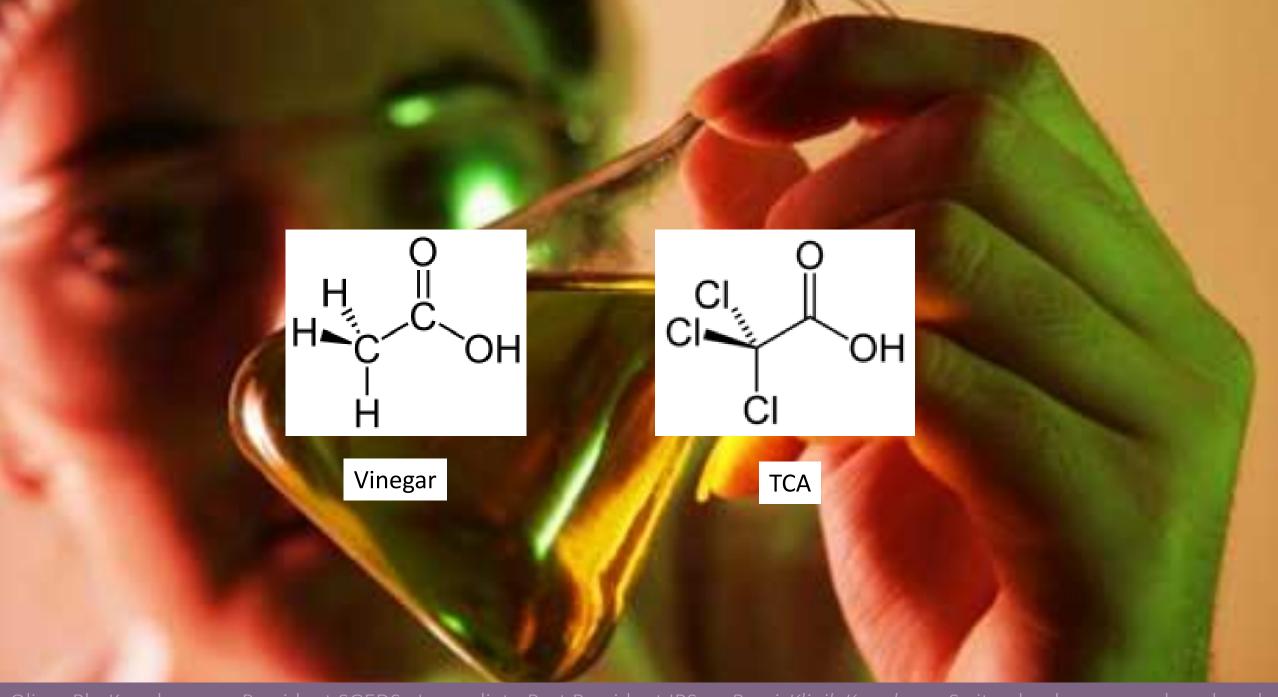
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Mechansism of Action - TCA

- Triple chlorinated carboxylic acid
- 15 35% Solutions
- Denaturation of the proteins
- Penetration depending from:
 - Concentration of the solution
 - Pretreatment
 - Condition of the skin (seborrhoic, dry)
 - Application (degreasing, appl. pressure, number of passes)
 - Treatment area (seborrhioc area)

Schürer NY, Wiest L. Bildatlas Peeling, 2012

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Middle Deep & Deep Peeling TCA 35 % & Phenol

Defect is irreversable...

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Material of Sucess

Vasolini

Hair band

TOLERI

- Demaquillage
- Desinfectant
- Gloves
- Different applicitaors
- Vaseline to protect eyes
- Serile sodium chloride to rinse eyes in emergency
- Liquid nitrogene for anaesthesia (altenative hand fan or ventilator)
- Ingredients (of course)

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Phenol Peeling– The Lion King in Chemical Peels

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Baker Gordon Formulation

- 9.0 ml Phenol 88% USP (United States Pharmacopeia)
- 3 drops
 Croton Oil
- 2.0 ml d H20
- 8 drops Hexachlorophen (0.23% in Prpylenglykol)

TCA and Phenol

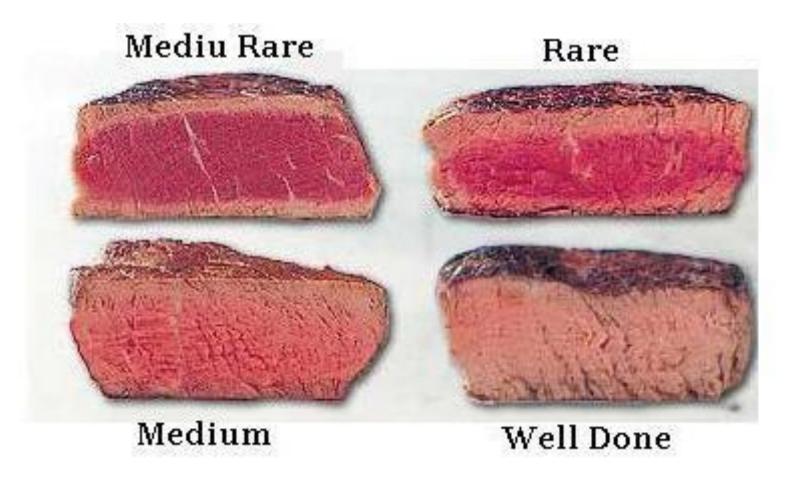
- Denaturation of the proteins
- Damage is irreversible
 - Regeneration of the skin via follicle system
- The more follicle the better the healing!
- Be careful in treating seborrhoic poor areas!
- Prolonged healing
- Hyper- and hypopigementation often

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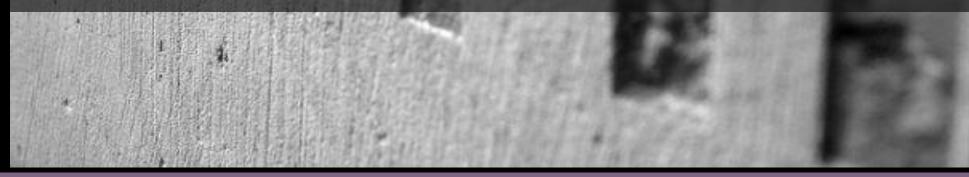
Difference between TCA and Phenol



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- Get educated theoretically
- Get trained and use your learned
- Get skilled
- Quality is the only way in AeD to get patients and to earn money!
- Be empathic and try to understand your patient without beeing a vendor
- Do NOT enter in AeD for money reasons!



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Complications

We have to distinguish mandatory side effects from unexspected complications The deeper the peeling the more probable are side effects and complications

- Delayed wound heeling
- Hyperpigmentation
- Persistant Erythema
- Teleangiectasia
- Scarring
- Herpes simplex infection
- Unsatisfied patient

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To prevent Complications

Only peel when trained! Systemic Herpes Simplex prophylaxis Get in contact with a local anaesthesiologist No deep peel without monitoring! Addapt your peeling to the clinic! Addapt application pressure to the frosting Wound controll every day after treatment React when it gets complicate! If everything smooth be smooth as well!

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How to do it then?

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Get trained!

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Do your first peel!

- Beginn with patient you know, where you have already a band of trust
- Start with superficial peelings
- Do it «lege artis» without any compromise

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Control, Control, Control!

Be critical to yourself and learn of your own cases!

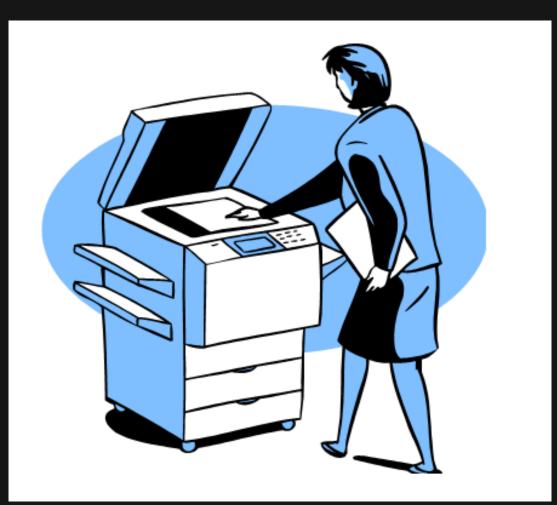
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Be a Doctor!



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