The Perfect Derma Peel contains Glutathione, Kojic Acid, TCA (Trichloroacetic Acid), Phenol, Salicylic Acid, Vitamin C and Retinoic Acid. The pH range is 1.3 – 1.4.

The Perfect Derma Peel requires no special pre-peel skin preparation. Patients using a skin care regimen of retinoids should discontinue use for 3 days prior to treatment.

This product is suitable for all skin types and ethnicities, and on all areas of the body. However, the face, neck and chest are the areas most commonly treated.

CONTRAINDICATIONS
• Patients who are pregnant or breast feeding
• Patients with an allergy to any peel ingredient listed above, or to aspirin
• Patients who have used Accutane within the past 4 months
• Patients who have open wounds, sunburn, infected skin, cold sores or lesions. Patients with a history of cold sores (herpes simplex) may be given an antiviral 3 days prior to the peel
• Patients who have recently had treatments such as waxing, electrolysis or chemical exfoliants
• Patients who are undergoing chemotherapy and/or radiation therapy
• Patients with a history of an autoimmune disease or any condition that may weaken the immune system

Please Note: Do not peel more than two body areas in one session, do not use more than two vials of product in any one session.

CLEANSE AND DEGREASE
For best results, the treatment areas must be thoroughly cleansed. Remove all make-up and cleanse treatment area. Next, apply 100% pure acetone solution with gauze pads and degrease the skin thoroughly.

PEEL
Use caution when opening the peel vial, as the solution may spray/pop from pressure. Pour the peel solution into the application cup. Using the included rough gauze square, apply The Perfect Derma Peel evenly to the entire area to be treated. This first application will sting slightly and serve to numb the treatment areas. The following applications will cause minimal to no discomfort. It’s a good idea to have a fan handy in case the patient feels any discomfort upon application. Skin will appear pink or red after the first layer. In some cases, you will see a light frost on the skin. The frost is more likely to occur on damaged areas such as acne, scars or pigmentation.

REPEAT
Continue applying layers of The Perfect Derma Peel until all solution is used (5 ml. per vial). The solution should be applied generously and vigorously to damaged or wrinkled areas. If you notice that the treatment area displays a moderate to heavy (opaque) white frost, stop applying in that area. To continue beyond a moderate frost may cause irritation, especially for Asian, Hispanic or African American patients. However, you may continue to layer the peel solution on areas without a frost.

The solution can be applied to the eye lids and underneath the eyes, but avoid getting it in the eyes. If you choose to peel the eye area, apply 1-2 light passes only. If any solution gets in the eyes, rinse eyes thoroughly with water and saline for 15 minutes and contact the supervising physician.

On male patients, apply less solution over the beard area. When peeling a Fitzpatrick skin type 6 patient for the first time, use 1 ml. less solution until you can judge the skin’s sensitivity.

FINISH
The Perfect Derma Peel solution remains on the treated areas. The patient receives a Patient Take Home Kit and is reminded that the treated areas should not be washed or touched for at least 6 hours. The patient should wear a hat on day one as no SPF will be applied post peel. The solution may also be left on overnight if there is no irritation.
THE PERFECT DERMA BOOSTERS
Choose the appropriate booster as needed depending on patient’s skin condition:

The Perfect Derma Plus Booster contains the same acids as The Perfect Derma Peel indicated for thick, oily or resilient skin types or patients with excessive sun damage. This booster is highly effective for stubborn hyperpigmentation including melasma, sun spots, acne scars and actinic keratosis.

The Perfect Derma Clear Booster for Acne contains the same acids as The Perfect Derma Peel with the addition of BPO and hydrocortisone. This booster is indicated for acneic patients who are not sensitive to benzoyl peroxide.

DIRECTIONS
Each booster is to be mixed with The Perfect Derma Peel in the provided medical cup, then administered. Boosters are NOT to be used as a spot treatment. To do so may cause complications or irritation. The boosters are not suitable for sensitive skin types or first time Perfect Derma Peel patients. Use extra caution on Fitzpatrick Skin Types 4-6. As the skin on the neck is thin and sensitive, apply 1-2 light layers only.

Continue using The Perfect Derma Moisturizer or 1% hydrocortisone until all flaking has subsided.

WARNING
Patients may experience additional downtime, irritation and redness.

Please note: All Peel products must be stored in a cool, dry place. Products have a 24-month shelf life if stored properly.

MAINTAINING PEEL RESULTS
The Perfect Derma Peel may be repeated 2-4 times per year to maintain the appearance of the skin. For severely damaged skin, a series of 3 – 4 treatments spaced four weeks apart is recommended.

PATIENT POST-PEEL INSTRUCTIONS

Days 1 – 2: The treated area will feel tight and may appear slightly darker. The day of the peel application is “Day 1.” The peel solution should remain on the treated areas for at least 6 hours. During the first 6 hours, do not wash, touch, rub, or apply make-up to the treated area. The Perfect Derma Moisturizer with 1% hydrocortisone (included in Patient Home Care Kit) may be used after 6 hours if:

- The skin feels excessively irritated
- Patient is Fitzpatrick Type 4-6 or has melasma or hyperpigmentation
- Either Perfect Derma booster was added to the peel treatment

If you are not experiencing any irritation or discomfort, the peel solution can remain on until your evening cleansing or it may be left on overnight.

Day 2 (AM): Gently wash and dry the treated area. Vigorously apply the 1st Post-Peel Towelette to the treated areas. Let dry thoroughly. Towelette solution should be left on for 30 minutes before applying an SPF 30 or above. Make up may be applied if desired.

Day 2 (PM): 30-60 minutes before bedtime, gently wash and dry the treated area. Vigorously apply the 2nd Post Peel Towelette to the treated areas. Leave the solution on overnight. If you are experiencing excessive irritation or discomfort, apply a small amount of The Perfect Derma Moisturizer 2-3 times daily. You may also apply a cold compress against the irritated area for relief. If there is no significant irritation, do not use any moisturizing products on the treated areas until peeling begins (usually Day 3). Avoid excessive sweating, sauna or heavy exercise during peel process.
Days 3-6: Peeling generally begins on Day 3.
After peeling begins, apply The Perfect Derma Moisturizer (included in the Patient Home Care Kit) to the treated areas 2-3 times a day to control the peeling and relieve the tightness. This moisturizer should be used for 1-2 weeks for Caucasian patients and 2-3 weeks for Asian, Hispanic and African American patients. If The Perfect Derma Moisturizer runs out, a 1% hydrocortisone cream may be substituted. Do not rub, pick or pull on the peeling skin, let the peeling occur naturally. Rubbing, picking or pulling may cause scarring.

Gently wash (do not scrub) and dry the treated area morning and night, and apply The Perfect Derma Moisturizer as needed. An SPF 30 or above should be applied every 2 hours during sun exposure.

Days 7 and After: The peeling process is generally complete.
Mild sloughing may still be occurring in some treated areas. Continue to protect the skin with an SPF 30 or above.

Acne Patients: Day 10+
You may resume use of your normal skin care products. For active and severe acne patients, a series 3-4 The Perfect Derma Peel treatments can be done 3 – 4 weeks apart. Continue to protect the skin with an SPF 30 or above.
The Perfect A - use at night

Hyperpigmentation (including Melasma) Patients: Day 10+
The Perfect A - use at night
The Perfect Bleaching Cream - combine with The Perfect A at night, or as advised by physician
The Perfect Bleaching Cream may also be used during the day if advised by physician

For active, mild or severe Melasma patients, a series of 3-4 Peel treatments should be used 3-4 weeks apart for optimal results, followed by the above skin care regimen. Continue to protect the skin with an SPF 30 or above.

Anti Aging: Day 10+
You may resume use of your normal skin care products. For optimal results, incorporate these products into your home care regimen:
The Perfect C - use day and night
The Perfect A - use at night or as advised by physician

Continue to protect skin daily with an SPF 30 or above.
FOR OPTIMAL RESULTS

• Always apply the peel solution with the provided rough gauze pad, not any other application method such as a brush, etc.

• Advise patients not to use any strong products, or a loofah sponge, rough washcloth or Clarisonic brush during the 1st week post peel. It is important to let skin shed at its own pace and not force the exfoliation process.

• Refrain from using products containing retinoids or other strong ingredients for 10 days.

• Do not apply the moisturizer until peeling starts, unless it is needed for irritation, tightness or dryness. Additional moisturizer may be used if needed.

• If the skin feels irritated or appears red post peel, apply The Perfect Derma Moisturizer. Aloe vera gel, fresh aloe vera leaf or Calendula cream (found at Whole Foods or health food stores) will also soothe the skin.

BODY PEEL PROTOCOL

The Perfect Derma Peel can be used to treat acne, hyperpigmentation and sun damage on the chest and hands, or any area on the body. Since the body peels differently and more slowly than the face, we have a different protocol, including The Perfect Skin Care System. This protocol should be followed to achieve optimal results.

• The same contraindications apply to the Body areas and the Face.
• Patient should dress appropriately as peel solution may stain fabric.
• Up to two areas may be peeled in one appointment. Do not use more than two vials of product in one appointment.

PREP & CLEANSE

Cleanse the patient’s skin thoroughly. Next, apply pure acetone solution applied with rough gauze to degrease the skin. It is important to remove all oils for proper peel penetration.

Use caution when opening the peel vial, as the solution may spray/pop from pressure. Pour the peel solution into the application cup. If patient has significant pigmentation or acne, add the appropriate booster and mix the two solutions together.

Most patients feel less stinging on body areas as compared to the face.

1st Layer  Apply peel solution with firm pressure, using the included rough gauze pad.
2nd Layer  Apply in same manner but with more pressure on the pigmented areas. A pinkish or red tone is desired. If a moderate to heavy frost appears, do not apply additional solution on these areas.
3rd Layer +  Continue layering the peel solution on areas without a frost, or until you run out of product.

Note: Rubbing the peel into skin is important and helps prevent evaporation of the solution. Patient should be instructed not to apply any products to the skin for 6 hours post peel.

POST-PEEL CARE

Patient leaves the office with The Perfect A, The Perfect Bleaching Cream (hyperpigmentation patients only), and the Patient Take Home Kit (which includes 2 Post Peel Towelettes, The Perfect Derma Moisturizer & instruction sheet/ SPF 30 is optional).
Day 1
6 hours post peel:
Cleanse the peeled area with The Perfect Cleanser and rinse with water. Dry thoroughly. If desired, solution may also be left on until bedtime, or overnight. Note: If peel solution is left on overnight, apply the 1st Post Peel Towelette after cleansing on the morning of Day 2.

30-60 minutes before bedtime:
Apply the 1st Post Peel Towelette, rubbing it into the skin and doing multiple passes over treated areas.

Day 2
Morning:
Cleanse the peeled area with a mild cleanser and rinse with water. Dry thoroughly. Use an SPF 30 or above on exposed areas.

30-60 minutes before bedtime:
Cleanse the skin with a mild cleanser and rinse with water. Dry thoroughly. Apply the 2nd Post Peel Towelette as before, rubbing it into the skin and doing multiple passes over damaged areas.

Day 3
Apply a mixture of The Perfect A and The Perfect Bleaching Cream (hyperpigmentation patients only) to the peeled areas morning and evening. This will help ensure best results, a deeper peel and a faster exfoliation process. Avoid sun exposure to peeled areas, or use an SPF 30 or above during the day. Reapply every 2 hours or as needed.

Day 4 and beyond
Peeling typically begins on Day 4 or 5, although timing may vary slightly. When peeling begins, discontinue use of The Perfect A & The Perfect Bleaching Cream.

Begin using The Perfect Derma Moisturizer 2 - 3 times a day once peeling begins.

If The Perfect Derma Moisturizer runs out, a 1% hydrocortisone cream may be substituted.

It is important not to rub, pull or pick at the skin or force the exfoliation process in any way. Treat the skin gently. Use an SPF 30 or above during sun exposure and/or keep the area covered for the initial two weeks post peel.

Day 10-14 and beyond
Once peeling is complete, patient will resume use of The Perfect A and The Perfect Bleaching Cream (hyperpigmentation patients only) to maintain results.

Patients may require of series of 2-3 peels spaced 4 weeks apart for optimal results.

Disclaimer: The protocols are provided as a guideline to our providers. Each physician has the ultimate authority as to how to treat their patients and takes all responsibility in doing so.

VARIATIONS IN THE PEELING PROCESS

It is important to educate patients properly and to set realistic expectations in terms of the peel process.

Actual visible peeling will vary with each patient. Some patients shed layers of skin for several days, while others experience a light flaking process. Many factors can affect the amount of shedding, but as long as the peel is applied properly, left on for six hours, and our home care protocol is followed, results will be achieved.
FACTORS THAT CAN AFFECT THE PEEL PROCESS

Skin type
Oily skin types tend to peel less than dry or sensitive skin. Prep oily or acneic skin types thoroughly with pure acetone solution.

Application technique
Skin prepped thoroughly with acetone, followed by rubbing the peel solution in and applying multiple passes, will peel more than if application is light/gentle. Be sure to use the entire vial of peel, unless a moderate-heavy frost is achieved.

Method of application
Use of the included rough gauze pad will give better results than if a brush or more absorbent “soft” gauze is used.

Sun damage
Patients with very resilient skin and/or significant sun damage may not peel deeply on the 1st treatment; prepping with a retinoid will help achieve desired results.

Previous treatments
Patients who have undergone other anti aging treatments (lasers, etc.) or who regularly use retinoids at home may be well exfoliated and thus may not shed as much as untreated patients.

Area peeled
The face will peel more quickly and heavily than body areas, where skin is thicker.

Home protocol
If the patient does not use both post peel towelettes, peeling will be lighter and optimal results will not be achieved.

Other factors may also affect the amount of peeling, such medications used, where the patient is in her/his cellular cycle, weather conditions, etc. Even if visible peeling is light or barely visible, cellular exfoliation occurs and will benefit the skin and stimulate collagen and elastin.

FITZPATRICK SKIN TYPES 5-6 & ASIAN PATIENTS:
NOTES FOR OPTIMAL RESULTS

Asians and Fitzpatrick Types 5 & 6 generally have chemically sensitive skin. Therefore, it’s best to monitor the reaction to the peel application to avoid an overly aggressive application. For these patients, it is recommended that after the first application or layer of the peel is applied, the skin is assessed. If there is irritation or significant frosting, do not apply another layer. Continue to apply to areas without a heavy frost.

Skin pre conditioning prior to The Perfect Derma Peel is not absolutely necessary, but may help patient avoid post-peel complications such as post-inflammatory hyperpigmentation.

The following adjunctive agents may be started 3-4 weeks prior to peeling:

- Retin A 0.05 – 0.1% is the most critical component of this regimen, as it results in decreased skin thickness, increases the kinetics of epidermal turnover and decreases skin adhesion.
- Exfoliants such as glycolic acid or lactic acid result in decreased skin adhesion and stimulate epidermal growth by disrupting the stratum corneum.
- Bleaching products such as hydroquinone 4-8% are particularly useful in patients with discoloration of the skin and in patients with Fitzpatrick Skin Type 3-6.
If irritation occurs after the first application, the skin will be fine, but the patient does not require another application. After the results of the first peel with one application prove safe and result in a light peel that is not aggressive enough, then the next time you may increase to two applications of peel solution. If no irritation occurs after the first application of the peel is administered, continue as normal.

**ACNE**

It is important to note that those with severe acne need to be addressed differently. Doing two applications of the peel is fine, but in cases of severe acne, the doctor will likely recommend that the patient add on a prescription to treat acne during the peel. Because the peel causes skin to purge and shed damaged layers, acne and the skin’s general appearance can be worsened somewhat before desired results are achieved.

Hydrocortisone and additional medication may be needed. Our medical director recommends Minocyclin 50mg (2 times a day for 3 days) but the patient will need to see their dermatologist for an accurate assessment. The peel provider should be able to assist/prescribe.

**USING THE PERFECT DERMA PEEL IN COMBINATION WITH OTHER TREATMENTS**

**Botox/Fillers/Injectables**

A series of peels & injectables provides dramatic anti-aging results for patients who prefer to avoid surgery or more invasive treatments. Injectables may performed in the same appointment as *The Perfect Derma Peel*. It is recommended to apply the peel first.

**Laser treatments**

Wait 4 weeks or more post peel before performing a laser treatment, or 4 weeks post laser to perform the peel (depending on the depth of the laser).

**Hydra Facial**

Perform two weeks post peel, or perform peel at least one week post Hydra Facial.

**Microdermabrasion**

For patients with very oily or thick skin, using microdermabrasion as a prep to increase peel penetration can be helpful. However, it is not necessary and is not advised for those with sensitive skin or for first time peel patients.

**Micro Needling**

Wait 4 weeks between peel and micro needling treatments.