



Le Mieux

RENEW. REGENERATE. REVIVE

PEEL EXPECTATIONS

Le Mieux's exclusive line of professional peels offers a wide range of strengths to address various skin concerns and conditions. Applying peels through a series of treatments helps patients achieve the results they desire.

WARNING: For external use only by a licensed Skincare Professional. Le Mieux's line of professional peels should not be applied on patients who are sensitive to mandelic, lactic, glycolic, salicylic, arbutin and azelaic acids.

Instructions for licensed Skincare Professionals

PRE-PEEL DISCUSSION

- 1) **Expectations** - Discuss with the patient expectations of receiving a peel treatment. Have patient sign the **Patient Consent Document**.
 - a. Discussion points:
 - i. Patient's expectations
 - ii. Possible complications
 - iii. Limited sun exposure
 - iv. Pre and Post treatment protocols
 - v. Patient's medical history (allergies and tolerability to alpha hydroxy acids)
 - vi. A thorough skin and health assessment
 - vii. Scheduling treatment session dates

- 2) **Patient's Medical History** - Complete the **Patient Profile Document** and a comprehensive review of the Patient's medical history, including the following:
 - a. **Skin type/color** - Individual skin types require particular attention. Patients with sensitive skin may not be able to tolerate higher levels of peel treatments. Patients with darker complexions can be more prone to hyper- or hypopigmentation. Provide a series of gradual peel treatments for individuals who are at risk for pigmentary disorders and a delayed healing process.
 - b. **Allergies** - Review the Patient's complete history of allergies. Allergies may indicate how the Patient's skin will react to any of the ingredients in the peel solutions. If the patient is allergic to any ingredients, do not perform the peel treatment.
 - c. **Skin reactions** - History of atopic skin reactions, eczema, Rosacea, seborrheic dermatitis, and other sensitivities should be approached with extreme caution. If tolerable, provide a gradual peel treatment in very low concentrations with short exposures. Monitor patient for reactions and sensitivities.
 - d. **DO NOT RECOMMEND** peel treatments to patients with a history of collagen disease, autoimmune disease, herpes, diabetes or other viral infections.
 - e. **UV radiation and heat exposure** - Patients should avoid sun exposure until skin is completely healed. Sun protection with a minimum of SPF 15 should be worn on a daily basis to protect skin.
 - f. **Medications** - Patients who are on anticoagulants, immune suppressing agents, topical retinoids or isotretinoin should not use chemical peels due to unpredictable reactions.
 - g. **Drugs** - Patients who use tobacco or illegal substances may heal slower than others.
 - h. **Pregnancy** - It is not recommended to perform peel treatments during pregnancy or while nursing.

3) Product Use

- a. Patients who have used the following products should allow more than 14 days of discontinued use prior to receiving a peel treatment:
 - i. Exfoliating products (i.e. loofah, exfoliating and massaging brushes, Microdermabrasion tools)
 - ii. Hair dyeing treatments
 - iii. Permanent wave or straightening treatments
 - iv. Topical/systemic retinoids and other exfoliative/keratolytic drugs
 - v. Retin-A (tretinoin)
 - vi. Prior peels, dermabrasion, Microdermabrasion, non-ablative laser, light therapy, ablative laser, and tanning beds
 - vii. Masks/facials
 - viii. Waxing
 - ix. Electrolysis
 - x. Depilatories

4) Exemptions to peel treatments

- a. Active herpes simplex
- b. Warts
- c. Isotretinoin use within 6 months (i.e. Accutane)
- d. Topical actinic keratosis treatments within 6 months
- e. Healing wounds
- f. Radiation treatments
- g. Sunburns
- h. History of hypertrophic or keloid scarring
- i. Cryotherapy/cryosurgery within 6 months
- j. Pregnancy
- k. Nursing

SELECTING PEEL TREATMENTS AND TIMING

- 1) **Selecting Concentrations** - Peels should be carefully selected based on the current condition of the skin and the patient's medical and skin history. When applying peels, monitor the skin for signs of redness and/or discomfort. The peel should be neutralized and removed after a maximum time limit of 8 to 10 minutes when signs of irritations appear.
- 2) **Observe the result of the peel treatment.** Direct the patient to monitor the skin and the effects of the peel during the post-treatment protocol. Strongly advise patient to keep careful note of the healing time.
- 3) **When approaching a series of peel treatments, carefully examine the results of the previous peel:**
 - a. A positive response in the skin displays slight redness, light peeling, minimal discomfort and a complete healing time of 3 to 5 days. The patient will be more likely to tolerate a peel of the same concentration and time for the following treatment if a series of peel treatments is necessary. Depending on the outcome of the peel, the time of exposure to the peel solution may be increased. When increasing time of exposure, carefully monitor the treatment and experience.
 - b. If the patient's skin does not respond to the peel, the patient may be able to tolerate a slightly increased time of exposure of the same peel solution.
 - c. If extreme redness, heavy peeling, blistering, scabbing, extended healing time and pigmentation changes occur, allow for ample healing of the skin prior to approaching another peel treatment. When approaching another peel treatment, decrease time of exposure and solution strength. The following peel treatment should be determined based on the severity of the reaction.

POSSIBLE SIDE EFFECTS:

WARNING: If peel solutions are left on the skin longer than the suggested time, side effect may include moderate to severe conditions of erythema, epidermolysis, hyper- or hypo-pigmentation, blistering, peeling, scarring, and sensitivity.

Patients may experience:

Redness (erythema)stinging, itching, burning, tightness, minor swelling, and peeling of the skin following a peel treatment. These conditions will gradually diminish over the course of the week.

Peels may also cause:

Peri-oral dermatitis, acne flares, a herpes simplex flare, hyper- or hypopigmentation. These conditions generally heal over time. If symptoms continue to exist, seek medical attention immediately. Peel treatments should not be repeated on patients who have unresolved changes in pigmentation or wounds that are not completely healed.

To promote the healing process, strongly advise patients to:

1. Avoid products with AHAs, salicylic acid, retinoids, and possible irritating topicals.
2. Do not apply makeup after the peel treatment.
3. Always apply a physical sun protection prior to any sun exposure.
4. Reduce the amount of time spent in the sun during the healing process.
5. Do not peel or used abrasive products on the skin.
6. Do not pick or irritate the peeling process.