



CHEMICAL PEELS MANUAL

CHEMICAL PEEL OVERVIEW

Within this Training Manual you will learn all of the techniques necessary to complete Chemical Peel treatments. This manual covers safety, environment, legislation, practitioner guidance, client care, theory and practical knowledge.

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IDEAL CLINIC SET UP

- Wipeable Flooring
- Sink
- Hand Sanitiser
- Paper Towels
- Clinical Waste Contract
- Insurance
- Bed
- Light
- Stool
- Trolley's
- Sharps Bins
- Clinical Waste Bins
- Disinfectants
- Tools
- Couch Roll
- Gloves & PPE
- Air Conditioning or Ventilation
- Stress Balls



Clinical waste, also known as healthcare or medical waste, is any waste generated during healthcare activities that may pose a risk of infection or other harm. This includes items contaminated with blood, bodily fluids, or other potentially infectious substances, as well as sharps like needles and syringes.

INFECTIOUS WASTE:

This includes items contaminated with blood, bodily fluids, and other potentially infectious substances. Examples include dressings, swabs, and personal protective equipment (PPE) that have been in contact with infectious materials or patients.

SHARPS:

This includes items that can puncture or cut, such as needles, syringes, scalpels, and lancets.

ANATOMICAL WASTE:

This includes human or animal tissues and body parts.

PHARMACEUTICAL WASTE:

This includes expired medications, medications in excess, and empty containers.

CONTAMINATED EQUIPMENT:

This includes items like bedpans, liners, stoma bags, and urine containers that have been contaminated.

Clinical waste needs to be handled and disposed of carefully to prevent the spread of infection and ensure safety, often requiring specialised disposal methods like incineration or autoclaving.



- 1 Set up a clinical waste contract with a local supplier
- 2 Organise regular clinical waste collections - monthly, weekly or adhoc
- 3 Ensure to use correct coloured sharps bins (aka Purple for Cytotoxic Waste - Botox)
- 4 Purchase sharps bins, clinical waste bins and clinical waste bags from supplier
- 5 Ensure to have a smooth clinical waste system throughout your clinic

Consultation forms are important because they ensure informed consent, gather essential client information, and help professionals understand client needs and preferences before a treatment. They also provide a record of discussions, agreed-upon treatments, and any allergies or conditions, acting as a paper trail for potential issues. Additionally, they can help with aftercare instructions and demonstrate a professional approach to treatment.

WHY MUST WE ENSURE THESE ARE DOCUMENTED?

INFORMED CONSENT AND LEGAL PROTECTION:

Consultation forms ensure clients understand the treatment, including risks, benefits, and aftercare instructions, demonstrating informed consent. They can act as a legal record, protecting professionals from potential disputes or misunderstandings.

GATHERING CLIENT INFORMATION:

- Forms allow professionals to collect crucial information like allergies, medical conditions, and previous treatments, helping them tailor the treatment plan.
- They enable professionals to understand client goals, expectations, and desired outcomes, ensuring a better experience.

BUILDING RAPPORT AND TRUST:

- Consultations provide an opportunity for professionals to establish a relationship with clients, fostering trust and understanding.
- Open communication and personalised attention, documented in the form, can lead to greater client satisfaction and loyalty.

STREAMLINING THE PROCESS:

- Forms can save time during the appointment by gathering information beforehand and streamlining the discussion.
- They can be accessed quickly, allowing for efficient review of client history and treatment plans.

WHO WE RECOMMEND?

We use Faces Consent App, however any reputable consent company will be sufficient.



Scan the QR code to sign up to Faces Consent
www.facesconsent.com

CONTRAINDICATIONS

A contraindication in medicine is a factor that makes a particular treatment or procedure inadvisable for a specific individual because it could cause harm or be ineffective. It's essentially a reason not to use a certain treatment due to potential risks or adverse reactions.

WE ADVISE NOT TO GO AHEAD WITH THE TREATMENT OR TO OBTAIN A DOCTORS NOTE FOR ANY OF THE BELOW CONDITIONS:

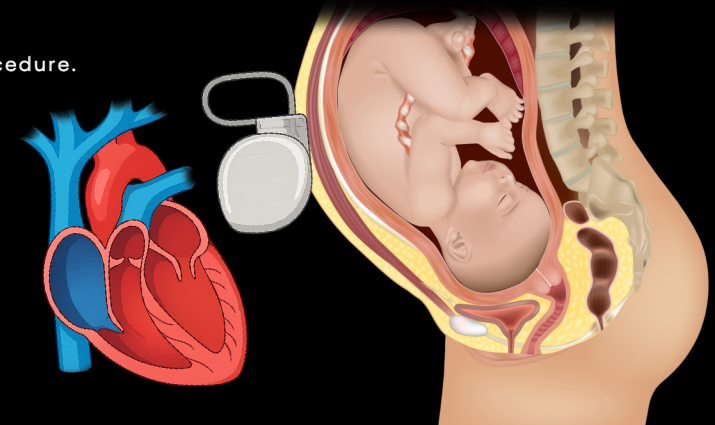
- Allergies to chemical ingredients.
- Active cold sores, herpes simplex in area to be treated.
- History of radiation therapy within the application area (6 months post chemo & radiotherapy).
- Pregnant or breastfeeding.
- Skin cancers - melanoma.
- Active eczema, psoriasis or rosacea if inflamed skin, pustules, or papules at the time of treatment fine to treat if completely resolved.
- Skin infections including any bacterial, viral, fungal, or herpetic infection.
- Wounded (open sores or lesions), sunburned, excessively sensitive skin.
- Inflammatory acne within the application area - wait until inflammation has subsided.
- Oral retinoids (Roaccutane) use within 6 months prior to treatment.
- History of drugs with photosensitising potential such as Isotretinoin within 6 months.
- Pre existing inflammatory dermatoses (eg, psoriasis, atopic dermatitis, pemphigus).
- Use of anti ageing creams containing retinol, glycolic acid or strong active ingredients in the last 2 weeks.
- For REFRESH peels, history of abnormal scarring, keloids, atrophic skin, or isotretinoin use in the last 12 months.
The Refresh peel should not be done on patients with Fitzpatrick skin types 5 and above.
- For GLOW peels, a patch test should be carried out for patients with nut allergies due to mandelic acid content.
- For PURE peels, a patch test should be carried out for patients with Fitzpatrick skin types 5 and above.
- Unrealistic expectations or uncooperative patient (patient is careless about sun exposure or following aftercare advice).

CONTRA-ACTION

A contra-action refers to an undesirable or adverse reaction that can occur during or after a treatment or procedure.

ALLERGIC REACTIONS:	→	Redness, swelling, or irritation.
SKIN IRRITATION:	→	Any form of irritation or discomfort.
SENSITISATION:	→	An increased sensitivity to a product or treatment.
PAIN OR DISCOMFORT:	→	Physical pain or discomfort during or after the treatment.
HEIGHTENED EMOTIONAL STATE:	→	Emotional release during or after a treatment.
MUSCULAR ACHE AND/OR HEADACHES:	→	These can occur after deep work during treatment.
FREQUENT URINATION:	→	This can occur due to stimulation of the lymphatic system.

Should your client experience any of these, we would recommend seeking medical advice.



FIRST AID

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WE HIGHLY ADVISE ENSURING YOU ARE FIRST AID AND ANAPHYLAXIS TRAINED.

First aid training is important because it empowers individuals to confidently respond to emergencies, potentially saving lives, preventing injuries from worsening, and promoting recovery. It also boosts confidence, increases awareness of risks, and encourages teamwork, both in personal and professional settings.



Anaphylaxis training is crucial because anaphylaxis is a severe, life-threatening allergic reaction that can develop rapidly.

Training equips individuals with the knowledge and skills to recognise the signs and symptoms of anaphylaxis, understand the appropriate treatment (including adrenaline auto-injectors), and deliver first aid until professional help arrives. This knowledge is vital for protecting individuals with allergies and ensuring workplace safety.

HERE'S WHY IT'S SO IMPORTANT:

RAPID ONSET:

Anaphylaxis can develop quickly, often within minutes of exposure to an allergen. Prompt recognition and treatment are essential to prevent serious complications or death.

LIFE-THREATENING NATURE:

Anaphylaxis can cause airway obstruction, breathing difficulties, and circulatory collapse, making it a life-threatening emergency.

IMPORTANCE OF RECOGNITION:

Recognising the signs and symptoms of anaphylaxis (such as difficulty breathing, throat swelling, dizziness, and skin reactions) is the first critical step in providing timely treatment.

ADRENALINE AUTO-INJECTOR (AAI) USE:

Training includes learning how to correctly use an AAI (like an EpiPen) to administer adrenaline, which is the primary treatment for anaphylaxis.

CPR AND AED:

Some anaphylaxis training courses also cover basic life support (CPR) and the use of an Automated External Defibrillator (AED), which may be needed if the individual loses consciousness.

Ensure to have a First Aid kit and Bodily Fluids spill kit accessible within your work space.

ABOUT CHEMICAL PEELS

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Chemical peels are professional skin treatments that use a chemical solution to exfoliate and remove the outer layers of dead or damaged skin. This process stimulates cell renewal and promotes the growth of smoother, healthier skin underneath.

Depending on the strength and type of peel—superficial, medium, or deep—they can target a variety of skin concerns such as fine lines, acne, uneven texture, hyperpigmentation, and sun damage. By encouraging skin regeneration, chemical peels help improve overall tone and clarity, leaving the complexion brighter, softer, and more youthful-looking.

WHAT WE COVER?

BIO RE PEEL

The BioRePeel is an advanced, medical-grade chemical peel that revitalises the skin without the downtime or irritation typically associated with traditional peels. Originating from Italy, this innovative treatment uses a unique biphasic technology that combines exfoliating acids, amino acids, and vitamins to stimulate skin regeneration while deeply hydrating and protecting the skin barrier.

The BioRePeel works from the inside out—promoting collagen production, improving texture, reducing fine lines, acne, and pigmentation, and giving the skin an immediate, radiant glow. Suitable for all skin types and seasons, it offers a gentle yet powerful resurfacing effect, making it ideal for clients seeking visible rejuvenation with minimal peeling or recovery time.



CLINICCARE PEELS

CLINICCARE (by 4T Medical) offers a line of superficial chemical peels designed to improve skin tone, texture, and clarity with minimal downtime. Their peel formulas combine a blend of acids - such as glycolic, lactic, salicylic, azelaic, kojic.

The CLINICCARE range is divided into three targeted peels:

PURE	→	
GLOW	→	
REFRESH	→	

to address specific skin concerns like acne, pigmentation, or signs of aging.

In practice, the peel is blended (using a “Peel Blender”) to match skin sensitivity, applied for a short period (typically 2-7 minutes), and then neutralised and followed by soothing care and sun protection. Users often report a gentle tingling sensation during treatment, light peeling or flaking, and steady improvement over subsequent days in skin smoothness, brightness, and evenness. Due to its superficial nature and customisable strength, CLINICCARE peels are generally well tolerated across skin types, making them a popular choice for practitioners seeking effective but gentler resurfacing options.



ABOUT BIO RE-PEEL

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BioRePeelCl₃ FND contains 35% of TCA and can be used for face, neck, décolletage and intimate area.

INDICATIONS

- Dull and inelastic skin
- Acne in the acute stage, comedonal form of acne and post-acne
- Skin pigmentation
- Photoaging and fine lines

WHY BIOREPEELCL₃ FND



BIOREPEELCL₃ FND IS...

6 ACIDS

- 1 TCA (35%)
- 2 Lactobionic acid
- 3 Salicylic acid
- 4 Tartaric acid
- 5 Citric acid
- 6 Aminobutyric acid (GABA)

4 AMINOACIDS → Glycine, Proline, Hydroxyproline and Arginine.

C, B2 → Vitamins

≤ 2ML → Per treatment

≤ 6 → Sessions

HOW IT WORKS

LIPHILIC

Its biostimulating and revitalizing actions ensure fibroblasts' activity, activate cutaneous proliferating and biosynthetic processes, as well as increase cellular turnover and collagen and elastin production. In addition, hydrophilic phase promotes exfoliation, reduces fine lines by neutralization of free radicals, and helps battling acne, enlarged pores and comedones.

HYDROPHILIC

Has stabilizing and protective actions, reduces trans-epidermic water evaporation and assists active principles vehiculation. Also, restores and maintains the cutaneous hydro-lipidic film. Its moisturizing action increases overall hydration.



BIOREPEELCL₃ PROTOCOL OF USE

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- 1 Clean the zone of interest with specific deterston products (acetone, surfactants...)
- 2 Shake the ampoule for a few seconds until the colour turns green for a temporary emulsion.
- 3 Using a syringe, prelate the quantity of product for the treatment without removing the butyl stopper.
- 4 Apply the product with nitrile gloves until it is completely absorbed.
- 5 Let the product performs:

FND → Face, Neck and Decollete'

BODY → Hands, Knees, Elbows, Glutes, Feet

It is possible to treat every body zone up to doctor's discretion.

- 6 Clean the zone with a gauze soaked with water.

ADVISED QUANTITIES:

FND	VOLUME ML
Face	1.5-2
Neck	1-1.5
Decolleté	2-2.5

BIOREPEELCL₃ FND → Applied every 7/12 days for 4 to 6 times.

BIOREPEELCL₃ BODY → Applied every 10/15 days for 4 to 6 times.

BODY	VOLUME ML
Hands	2 each hand: 1 back and 1 palm
Elbows	0.5-1
Glutes	4
Knees	1
Feet	1.5 each feet
Other zones	1 each dm ²



ABOUT CLINICCARE PEELS

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CLINICCARE GLOW PEEL²

For hyperpigmentation, age spots, sun damage and dull, tired skin.

MAIN ACTIVE INGREDIENTS:

- GLYCOLIC ACID 28%** → Derived from sugar cane, it exfoliates the epidermis, has a mild peeling effect and stimulates the growth of new skin.
- MANDELIC ACID 7%** → Derived from bitter almonds, it has depigmenting properties, inhibits melanin synthesis, exfoliates and rejuvenates skin.
- KOJIC ACID 5%** → Derived from a variety of fungi and organic substances, it is used to diminish dark areas resulting from excessive pigmentation in the skin
- ALPHA-ARBUTIN 3%** → Acts by reversibly suppressing melanosomal tyrosinase activity and has a skin brightening effect.

CLINICCARE PURE PEEL²

For troubled skin, acne-like conditions and the improvement of skin texture.

MAIN ACTIVE INGREDIENTS:

- AZELAIC ACID 16%** → Kills acne bacteria, prevents future blackheads and whiteheads from forming, lightens acne scars and has anti-inflammatory properties.
- GLYCOLIC ACID 14%** → Exfoliates the epidermis and stimulates the growth of new skin. Glycolic acid also reduces the amount of surface skin oil.
- LACTIC ACID 14%** → Has water binding properties and stimulates collagen synthesis.
- SALICYLIC ACID 2%** → Derived from willow tree bark, this has keratolytic, comedolytic, anti-inflammatory and antiseptic properties.

CLINICCARE REFRESH PEEL²

For fine lines, wrinkles and skin rejuvenation by renewing and stimulating collagen synthesis.

MAIN ACTIVE INGREDIENTS:

- GLYCOLIC ACID 50%** → Derived from sugar cane, it exfoliates the epidermis, has a mild peeling effect and stimulates the growth of new skin.
- KOJIC ACID 5%** → Derived from a variety of fungi and organic substances, it acts by delaying hyperpigmentation and gives a slight brightening effect on existing pigmented areas.



Scan the QR code watch the Clinicare Peel Webinar

GLOW, PURE AND REFRESH CHEMICAL PEEL PROTOCOL

PRE TREATMENT

- 1 Discuss patient medical history and peel contraindications, assess patient's skin and determine Fitzpatrick skin type.
Careful patient selection is the key to the success of any peel. It is important to determine the state of the skin that is undergoing superficial chemical peel. Patients who use retinoids, undergo frequent facials or microdermabrasion, engage in salon laser procedures, or use waxing as a method of hair removal may experience unpredictable deeper peel penetration due to loss of the stratum corneum.
- 2 Carry out a patch test if necessary, especially for Pure Peel with Fitzpatrick types 5 and above to prevent post inflammatory hyperpigmentation and for Glow Peel for patients with nut allergies.

TREATMENT PROTOCOL

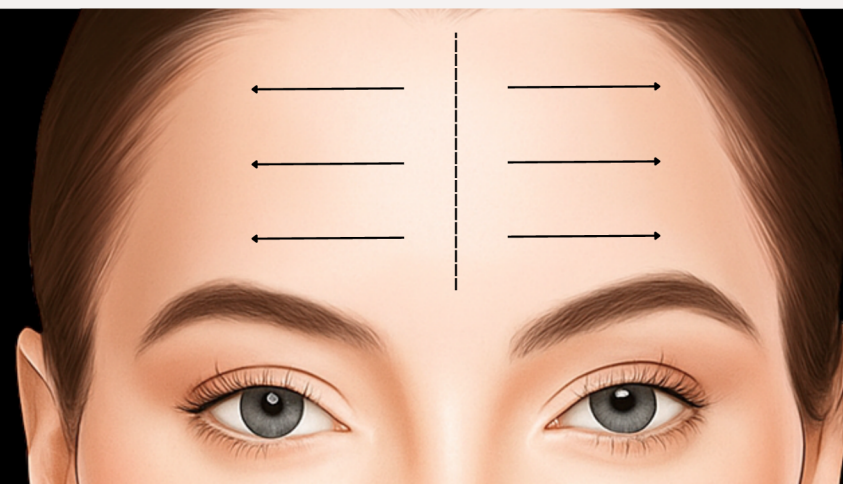
- 3 Clean the skin thoroughly using CLINICCARE Concentrated Cleansing Foam. Mix a small amount of Concentrated Cleansing Foam with water and make a light foam. Massage the skin and remove with lukewarm water and pat dry.
OPTIONAL → For persons with thicker skin and with no skin sensitivity problems - Apply 1 full pump of CLINICCARE Instant Painless Peel and rub in circular movements for 1-2 minutes. Cleanse skin using CLINICCARE Skin Toner.
- 4 Remove grease and oils using Vitasept H Skin Antiseptic and let it dry.
- 5 Use a plaster or Vaseline to protect the eyes, nostrils and lips.
- 6 Mix peel and peel blender according to Mixtures & Treatment plan. Mix thoroughly for 30 seconds before application. Always commence a series of peels with the weakest mix.

APPLICATION OF PEELINGS

- Always follow the sequence as outlined.
- Slightly overlap each area.
- Apply peel using gauze around a gloved finger with slight pressure to allow for a more even and controlled application.
- Follow the skin lines.

DIRECTION OF APPLICATION

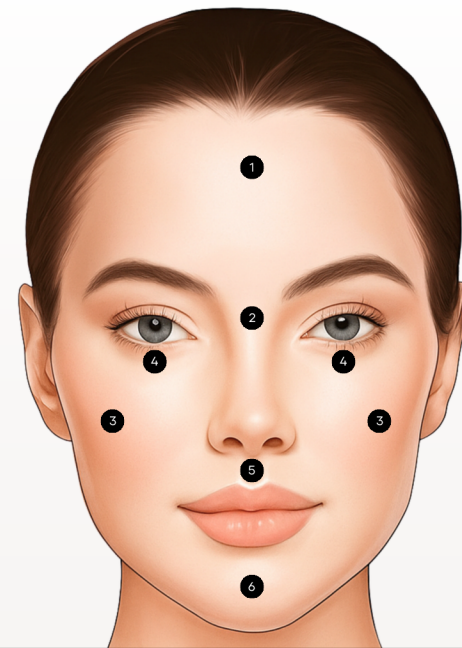
Always apply from the middle moving in the outwards direction slightly overlapping the areas with each stroke.



ORDER OF APPLICATION

1-4 LAYERS

- 1 Begin with the forehead and eyebrows (in a horizontal direction).
On completion of the forehead, apply one stroke on each eyebrow.
- 2 Down the bridge of the nose and both sides of the nose (vertical, semi-circular direction, with cotton buds if necessary).
- 3 The cheeks (semi-circular, follow nasal/lip line to and including jaw line).
- 4 Below the eyes extending out to the temples (horizontal with cotton buds if necessary, maintaining a distance of 3mm under the lower eye lid).
- 5 Above the upper lip area (horizontal/circular direction, in combination with the chin).
- 6 The chin area.



NEUTRALIZATION AND BOOSTER

It is important to keep a close eye on your patient's skin and any reaction. The peel should be actively neutralized after 2 to 7 minutes (or when the patient reaches a pain level of 4 or 5 on a 10-point scale OR the skin starts to go red), by cleansing the skin with CLINICCARE Skin Toner. The skin needs to be completely rinsed at least 3 times, taking care to thoroughly remove the acid from the corners of the nose, mouth and any wrinkles or folds.

OPTIONAL BOOST TREATMENT RESULTS → Apply 1 - 2 layers of CLINICCARE AHA + EGF Skin Booster and wait for 2 - 3 minutes.
Remove using CLINICCARE HYAL+ Liquid Moisturizer (was called Skin Toner).

Soothe and cool the skin using a suitable CLINICCARE EGF Mask for about 20 - 30 minutes.

GLOW PEEL → EGF GLOW Mask

PURE PEEL → EGF PURE MASK

REFRESH PEEL → REFRESH/TIGHT Mask

Apply CLINICCARE Dermo Corrective SPF50 which has healing and repairing properties and will provide optimal protection against the sun.

NO FROSTING should occur. In the event of accidental frosting, neutralize immediately with CLINICCARE Skin Toner. Avoid all contact with the eyes. Should the solution come into contact with the eyes, wash with plenty of physiological saline solution. Please note for Pure peel some crystalization may occur - simply wipe away with toner.

AFTERCARE

- The patient must follow aftercare advice including avoiding sun exposure and using adequate sunscreen following treatment.
- A series of treatments should be performed for optimum results.

CHEMICAL PEEL MIXTURES AND TREATMENT PLAN

SA

CLINICCARE PURE PEEL

Suitable for combination, oily, sensitive or acne prone skin. Suitable for Fitzpatrick skin types 1 to 4 (patch test required for 5 and above).

CHEMICAL PURE PEEL² & PEEL BLENDER² (30 ML) → 1 pipette / 0.5 ml

PEEL BLENDER (30 ML) → 1 pipette / 0.5 ml

You can also draw up peel and blender solution with 2 separate small slim syringes instead of pipette. Do not use the same syringe for peel and blender. Ensure peel² and blender² are mixed continuously for 30 seconds minimum before application.

MIX PURE PEEL² WITH PEEL BLENDER² (2ND GENERATION PURE PEEL & 30ML BLENDER)

MIX	PURE PEEL ²	PEEL BLENDER ²	ACID %	PH
1	2ml (4 pipettes)	0.25ml (0.5 pipette)	41.60	2.71
2	2ml (4 pipettes)	0.5ml (1 pipette)	37.20	3.14
3	2ml (4 pipettes)	0.75ml (1.5 pipettes)	28.16	3.33

MIX	SUITABLE FOR	PURE TREATMENT PLAN	PEELING DEPTH
1	Skin with severe acne problems	6 treatments: 1 treatment every 2-4 weeks. Wait 8 weeks, repeat if necessary.	Superficial
2	Skin with medium to severe acne problems	4-6 treatments: 1 treatment every 2-3 weeks. Wait 6-8 weeks, repeat if necessary.	Superficial
3	Skin with mild acne or oily skin or sensitive skins	4 treatments: 1 treatment every 1-2 weeks. Wait 6 weeks, repeat if necessary.	Very superficial

Please note with the Pure peel some crystalization may occur - simply wipe away with toner.

TREATMENT INTERVALS → Treatment intervals for peels vary from 1 week to 4 weeks during a series of 4 to 6 treatments, and the interval is determined by the treatment intensity and sensitivity of the patient's skin. Very superficial peels are commonly performed at the beginning of a series and treatment intervals are usually every 1-2 weeks, as the skin recovers rapidly from these treatments. More intense superficial peels are associated with a greater degree of exfoliation and require more time for epithelial regeneration.



CHEMICAL PEEL MIXTURES AND TREATMENT PLAN

SA

CLINICCARE GLOW PEEL

Suitable for hyperpigmentation, sun damage and uneven skin tone. Can be used on all Fitzpatrick skin types.

CHEMICAL PEEL² & PEEL BLENDER² (30 ML) → 1 pipette / 0.5 ml

PEEL BLENDER (30 ML) → 1 pipette / 0.5 ml

You can also draw up peel and blender solution with 2 separate small slim syringes instead of pipette. Do not use the same syringe for peel and blender. Ensure peel² and blender² are mixed continuously for 30 seconds minimum before application.

MIX GLOW PEEL² WITH PEEL BLENDER² (2ND GENERATION GLOW PEEL & 30ML BLENDER)

MIX	GLOW PEEL ²	PEEL BLENDER ²	ACID %	PH
1	2ml (4 pipettes)	0.25ml (0.5 pipette)	39.00	2.08
2	2ml (4 pipettes)	0.5ml (1 pipette)	35.00	2.46
3	2ml (4 pipettes)	0.75ml (1.5 pipettes)	31.00	2.84

MIX	SUITABLE FOR	GLOW TREATMENT PLAN	PEELING DEPTH
1	Skin with severe hyperpigmentation	6 treatments: 1 every 2-4 weeks. Wait 8 weeks, repeat if necessary.	Superficial
2	Skin with medium to severe hyperpigmentation	4-6 treatments: 1 every 2-3 weeks. Wait 6-8 weeks, repeat if necessary.	Superficial
3	Skin with mild hyperpigmentation	4 treatments: 1 every 1-2 weeks. Wait 6 weeks, repeat if necessary.	Very superficial

TREATMENT INTERVALS → Treatment intervals for peels vary from 1 week to 4 weeks during a series of 4 to 6 treatments, and the interval is determined by the treatment intensity and sensitivity of the patient's skin. Very superficial peels are commonly performed at the beginning of a series and treatment intervals are usually every 1-2 weeks, as the skin recovers rapidly from these treatments. More intense superficial peels are associated with a greater degree of exfoliation and require more time for epithelial regeneration.



CHEMICAL PEEL MIXTURES AND TREATMENT PLAN

SA

CLINICARE REFRESH PEEL

Suitable for skin rejuvenation including ageing, sun damage, fine lines and skin laxity. Suitable for Fitzpatrick skin types 1 to 4 only.

CHEMICAL PEEL² & PEEL BLENDER² (30 ML) → 1 pipette / 0.5 ml

PEEL BLENDER (30 ML) → 1 pipette / 0.5 ml

You can also draw up peel and blender solution with 2 separate small slim syringes instead of pipette. Do not use the same syringe for peel and blender. Ensure peel² and blender² are mixed continuously for 30 seconds minimum before application.

MIX REFRESH PEEL² WITH PEEL BLENDER² (2ND GENERATION REFRESH PEEL & 30ML BLENDER)

MIX	REFRESH PEEL ²	PEEL BLENDER ²	ACID %	PH
1	2ml (4 pipettes)	0.5ml (1 pipette)	44.20	2.55
2	2ml (4 pipettes)	0.75ml (1.5 pipettes)	38.80	2.82

MIX	SUITABLE FOR	REFRESH TREATMENT PLAN	PEELING DEPTH
1	Skin with medium to severe sun damage and/or ageing	6 treatments: 1 every 2-4 weeks. Wait 8 weeks, repeat if necessary.	Superficial
2	Skin with medium sun damage and/or mild fine lines, laxity	4-6 treatments: 1 every 2-3 weeks. Wait 6-8 weeks, repeat if necessary.	Superficial

TREATMENT INTERVALS → Treatment intervals for peels vary from 1 week to 4 weeks during a series of 4 to 6 treatments, and the interval is determined by the treatment intensity and sensitivity of the patient's skin. Very superficial peels are commonly performed at the beginning of a series and treatment intervals are usually every 1-2 weeks, as the skin recovers rapidly from these treatments. More intense superficial peels are associated with a greater degree of exfoliation and require more time for epithelial regeneration.



CLINICCARE have created a home daily beauty plan recommended for your client, post treatment, to optimise and maintain skin health until their next visit. There are three ranges targeted to specific skin concerns:

- GLOW PEEL** → For hyperpigmentation, age spots and dull tired skin.
- PURE PEEL** → For sensitive, irritated or inflamed skin (e.g. acne-like conditions).
- REFRESH/TIGHT PEEL** → For fine lines, wrinkles, firmness and moisture.

YOUNGER SKIN (NORMAL TO OILY)

MORNING AND EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Follow with suitable X3M EGF Essence to face and neck
- Finish with Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50 (morning only)

YOUNGER SKIN (NORMAL TO DRY)

MORNING AND EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Follow with suitable X3M EGF Serum to face and neck
- Finish with Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50 (morning only)

MATURE SKIN

MORNING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam or Cleansing Lotion
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Layer suitable X3M EGF Essence to face and on top of that
- Follow with suitable X3M EGF Serum, or Premium Time Reverse Cream, or Retinol Renewal Cream to face and neck
- Finish with Sun Shield Cream SPF30 or Dermo Corrective Cream SPF50

EVENING

- Cleanse the face, neck and lower neck using Concentrated Cleansing Foam or Cleansing Lotion
- Optional - Use X3M Glow Booster on the face or specific areas of pigmentation if needed
- Tone skin by spraying the face with suitable X3M EGF Liquid Moisturizer
- Apply Lip & Eye Renewal Cream to the eye and lip area
- Layer suitable X3M EGF Essence to face and on top of that
- Follow with suitable X3M EGF Serum, or Premium Time Reverse Cream, or Retinol Renewal Cream to face and neck



PRE/POST TREATMENT ADVICE

REACTIONS FROM TREATMENT

Reactions from treatment include: skin redness and flushing, peeling, dryness, irritation, tightness, itching, tenderness, accentuated lines & wrinkles due to dryness, stinging and swelling.

Effects will usually typically resolve within hours and many people are able to return to their normal activities the same or next day. Some people may react differently and may experience these reactions for longer. However, these reactions are temporary and typically resolve within 3-7 days as the skin returns to normal.

There is a small risk of side effects causing the skin to turn very red, blister, swell, peel and later scab and crust. In severe cases infection and ulceration may result, although this is not expected to occur due to the sterility of the procedure and the minimally invasive nature of the peel.

There is a small risk that hyperpigmentation of the skin can occur after the procedure, although this is not normally expected due to the superficial type of peel used. Failure to follow the advice detailed below can increase this risk.



POST TREATMENT ADVICE

- The skin may peel or flake but refrain from touching, picking or pulling at any loose skin as this may compromise results.
- The skin can be cleansed with a gentle cleanser with warm / tepid water but the use of soap should be avoided until the skin normalises. Do not scrub. Pat to dry only.
- Avoid the use of benzoyl peroxide or glycolic acid facial skin products for 2 - 3 days after the skin has healed
- Avoid facial products containing fragrance for 5-7 days after treatment as these may irritate the skin.
- Avoid the use of exfoliants, further peeling agents, retinoids, retinols and vitamin A products for 5-7 days after treatment.
- Refrain from saunas, steam baths and hot showers for 24 hours.
- Avoid high impact aerobic exercise or vigorous physical activity for 24 hours after treatment.
- Avoid intensive sun exposure, tanning booths or extreme weather conditions for a minimum of 2 weeks.
- Use daily sunscreen protection with a minimum of 30 SPF for at least 1 week after treatment.
- Avoid electrolysis, depilatory creams, waxing and laser hair removal for a minimum of 7 days after treatment.
- Avoid strong chlorinated water (swimming or cleaning) for approximately 14 days.
- Use of an intensive moisturiser is advised for at least a week as skin may feel drier or tighter after treatment.
- Minimal make-up can be applied once skin has settled.
- Any concerns should be reported to your practitioner as soon as possible.

OVERVIEW OF THE SKIN

The skin is the body's largest organ, serving as the first line of defence against environmental damage, pathogens, and dehydration. Understanding its structure and function is essential for performing safe and effective chemical peel treatments.

THE SKIN HAS THREE MAIN LAYERS, EACH WITH DISTINCT ROLES:

1 EPIDERMIS

- Outermost layer of the skin.
- Provides a protective barrier and is responsible for skin renewal through cellular turnover.

COMPOSED PRIMARILY OF KERATINOCYTES, ARRANGED IN SEVERAL SUB-LAYERS:

STRATUM CORNEUM	→ Outermost layer of dead cells (corneocytes) that protect against pathogens and moisture loss.
STRATUM LUCIDUM	→ Found only in thick skin (palms, soles).
STRATUM GRANULOSUM	→ Cells begin keratinization (hardening process).
STRATUM SPINOSUM	→ Provides strength and flexibility.
STRATUM BASALE (GERMINATIVUM)	→ Deepest layer where new cells are produced.

- Melanocytes within the basal layer produce melanin, which determines skin colour and provides UV protection.

2 DERMIS

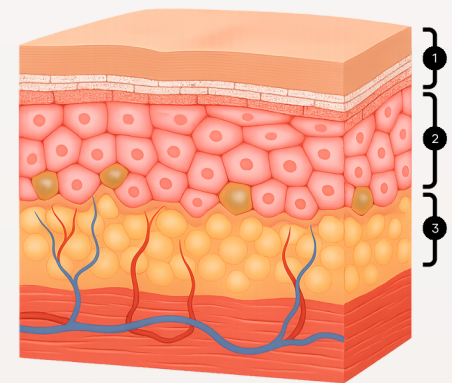
- Lies beneath the epidermis and is composed of connective tissue.
- Provides strength, elasticity, and nourishment to the skin.

CONTAINS

COLLAGEN AND ELASTIN FIBERS	→ Responsible for firmness and elasticity.
BLOOD VESSELS	→ Deliver oxygen and nutrients, assist in thermoregulation.
NERVE ENDINGS	→ Allow sensations such as touch, temperature, and pain.
SEBACEOUS AND SWEAT GLANDS	→ Regulate moisture and temperature.
HAIR FOLLICLES	→ Anchor hair and play a role in oil distribution.

3 SUBCUTANEOUS LAYER (HYPODERMIS)

- Made up of fat cells (adipose tissue) and connective tissue.
- Acts as insulation and cushioning, protecting underlying organs and bones.
- Provides a reserve of energy and helps anchor the skin to deeper structures.



EACH DEPTH TRIGGERS SPECIFIC PHYSIOLOGICAL RESPONSES:

SUPERFICIAL PEELS

Mild erythema, light exfoliation; immediate glow.

MEDIUM PEELS

Erythema, edema, and visible peeling; collagen stimulation begins.

DEEP PEELS

Controlled wound formation; fibroblast activity increases to rebuild skin matrix.

SKIN FUNCTION RELEVANT TO PEELING

PROTECTION	→	Barrier against mechanical, chemical, and microbial damage.
ABSORPTION	→	Certain substances (including peel agents) can penetrate the stratum corneum.
EXCRETION	→	Sweat and sebum help eliminate waste.
THERMOREGULATION	→	Blood vessels and sweat glands maintain body temperature.
SENSATION	→	Nerve endings respond to touch, pain, and temperature.
REGENERATION	→	Continuous cell renewal allows for controlled exfoliation and healing after peels.

CELLULAR TURNOVER

- In healthy skin, cell turnover occurs approximately every 28 days, though this slows with age.
- Chemical peels accelerate this process by removing dead skin cells and stimulating new cell growth, resulting in smoother texture and a more even complexion.
- The goal of peeling is to reach a controlled depth of exfoliation — enough to rejuvenate without causing harm.

WOUND HEALING RESPONSE

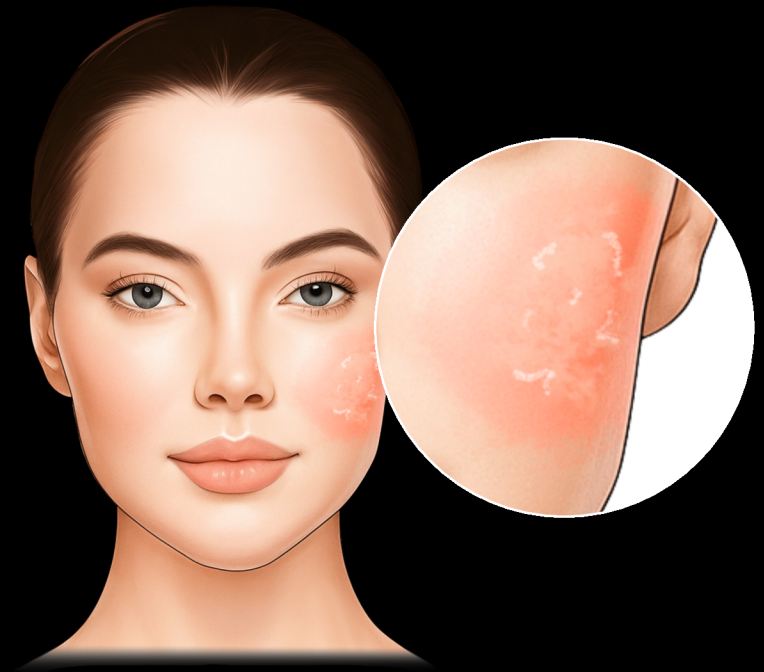
After a chemical peel, the skin undergoes a controlled wound healing process:

- 1 **INFLAMMATION PHASE** → Skin may appear red and warm as blood flow increases.
- 2 **PROLIFERATION PHASE** → New cells and collagen fibres form, improving texture and tone.
- 3 **REMODELLING PHASE** → Skin strengthens and pigmentation evens out over several weeks.

SUMMARY OF IMPORTANCE

UNDERSTANDING ANATOMY AND PHYSIOLOGY ENSURES:

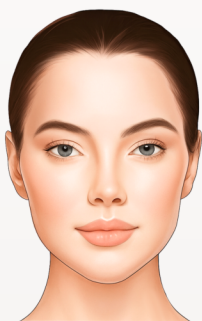
- Safe and effective application of peel solutions.
- Correct depth assessment (epidermal vs. dermal peels).
- Prevention of complications such as burns or pigmentation issues.
- Improved client outcomes and confidence in professional practice.



THE FITZPATRICK SCALE

SA

Understanding skin type is crucial for determining peel strength and risk level.



TYPE I

DESCRIPTION

Very fair, often with freckles

REACTION TO SUN

Always burns, never tans

PEEL CONSIDERATIONS

Use mild/superficial peels



TYPE II

DESCRIPTION

Fair

REACTION TO SUN

Usually burns, minimal tan

PEEL CONSIDERATIONS

Mild peels recommended



TYPE III

DESCRIPTION

Medium

REACTION TO SUN

Sometimes burns, tans gradually

PEEL CONSIDERATIONS

Moderate strength possible



TYPE IV

DESCRIPTION

Olive

REACTION TO SUN

Rarely burns, tans easily

PEEL CONSIDERATIONS

Caution: risk of post-inflammatory hyperpigmentation (PIH)



TYPE V

DESCRIPTION

Brown

REACTION TO SUN

Very rarely burns, tans deeply

PEEL CONSIDERATIONS

Use gentle peels, monitor closely



TYPE VI

DESCRIPTION

Dark brown/black

REACTION TO SUN

Never burns, deeply pigmented

PEEL CONSIDERATIONS

Gentle/superficial peels only to avoid PIH

Chemical peels are classified by how deeply they penetrate the skin. Each depth targets specific layers and concerns. The practitioner’s goal is to select a peel that achieves therapeutic results while maintaining skin integrity and safety.

LAYERS OF THE SKIN AFFECTED

Understanding where the peel acts is key to predicting outcomes and managing healing.

- STRATUM CORNEUM** → Target of very superficial peels; exfoliation results in smoother texture and enhanced product absorption.
- EPIDERMIS (BASAL LAYER)** → Superficial peels reach this depth to encourage faster cell turnover and address pigmentation or acne.
- PAPILLARY DERMIS** → Medium-depth peels reach this level, stimulating collagen production and improving elasticity.
- RETICULAR DERMIS** → Deep peels penetrate this layer; however, due to risk of scarring and pigment alteration, these should only be performed under medical guidance.

FACTORS INFLUENCING PEEL PENETRATION

Several variables affect how deeply a peel penetrates:

- SKIN THICKNESS & OILINESS** → Thicker, oilier skin may resist penetration.
- PRE-TREATMENT PREP** → Proper priming (with retinoids, AHA/BHA products) ensures even peel absorption.
- PH AND CONCENTRATION OF THE ACID** → Lower pH and higher concentration increase peel strength.
- APPLICATION TIME & LAYERS APPLIED** → Longer duration or multiple passes intensify effect.
- SKIN TYPE (FITZPATRICK)** → Darker skin types require more conservative approaches to prevent PIH.

PEEL DEPTH	TARGET LAYER	EXAMPLES OF ACIDS	TREATMENT GOALS	DOWNTIME
Very Superficial	Stratum corneum (outermost layer)	Enzymes, Lactic Acid (20%), Mandelic Acid	Brightening, smoothing, hydration	Minimal to none
Superficial	Entire epidermis (down to basal layer)	Glycolic (20-40%), Salicylic (10-30%), Lactic (30-50%), Jessner's Solution	Texture refinement, acne control, mild pigmentation	Mild redness or flaking
Medium Depth	Papillary dermis (upper dermis)	TCA (20-35%), Jessner + TCA combo	Fine lines, pigmentation, moderate scarring	5-7 days peeling
Deep	Reticular dermis (lower dermis)	Phenol, TCA (>40%)	Severe photoaging, deep wrinkles, scars	10-14 days healing; medical supervision required

COLLAGEN & ELASTIN STIMULATION

Medium and deep peels stimulate fibroblast activity in the dermis, leading to:

- Increased collagen production for firmness.
- Improved elastin fibres, restoring skin's flexibility.
- Enhanced dermal remodelling, reducing wrinkles and scars.

PHASES OF SKIN HEALING

INFLAMMATORY PHASE (DAYS 1-3)

- Begins immediately after the peel.
- The skin may appear red, tight, and warm, similar to mild sunburn.
- Vasodilation occurs to increase blood flow, bringing oxygen, nutrients, and immune cells to the site.
- Cytokines and growth factors (such as EGF and TGF- β) are released to initiate tissue repair.
- The outermost damaged cells begin to detach.

CLIENT CARE → Avoid touching, picking, or applying active products. Use only gentle, soothing and hydrating skincare as recommended.

PROLIFERATIVE PHASE (DAYS 3-10)

- Fibroblasts migrate into the dermis, synthesising collagen, elastin, and glycosaminoglycans.
- Keratinocytes in the basal layer begin rapid cell division, leading to re-epithelialisation (formation of new skin).
- Visible peeling or flaking typically occurs in this phase.
- The skin may feel dry, tight, and sensitive.

CLIENT CARE → Maintain hydration and barrier protection with occlusive moisturisers. Strictly avoid exfoliation, actives (retinoids, acids), and direct sun exposure.

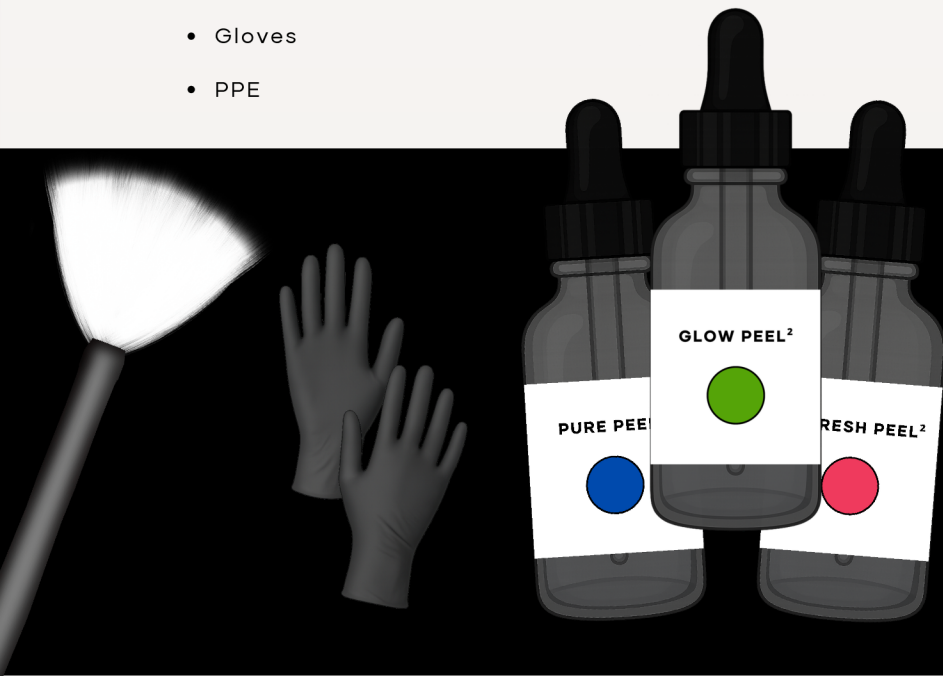
REMODELLING (MATURATION) PHASE (DAYS 10-28+)

- The newly formed epidermis continues to strengthen.
- Collagen fibres reorganise, improving skin texture, tone, and elasticity.
- Hyperpigmentation may temporarily appear but usually resolves with proper care.
- The skin achieves its final result—brighter, smoother, and more even.

CLIENT CARE → Introduce antioxidants, peptides, and SPF daily to support ongoing repair.

PRODUCTS NEEDED

- Chemical Peel
- Facial Products
- Face Masks (Incase of frosting)
- 18G Drawing Needles
- 1-2ml Syringes
- Towels
- Water Bowl
- Facial Brushes
- Facial Sponges
- Gauze Pads
- Clinisept
- Gloves
- PPE





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