Advance Exfoliation Techniques
presented by

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Distributorship: Med/Spa Distributors, Inc
Today’s Class

Chemical and Mechanical Types of Exfoliation
Enzymes, Glycolic, Latic, Jessner and more…

This class is equipment oriented specifically designed to share knowledge on Altair Instruments family of exfoliation systems: DiamondTome™, NewApeel®, NewApeel® Petite and HydroWand®
Learning Objectives: To Gain Basic Information

A skin care professional should be able to

- Define exfoliation.
- Understand cosmetic exfoliating procedures.
- Be able to complete a client consultation form, client medical and lifestyle history, maintain treatment documentation and obtain an informed consent and signed release form.
- Identify indications and contraindications for this facial treatment.
- Perform a procedure.
- Discover benefits of combining exfoliation and hydro infusion
- Perform pre and post treatment skin care.
- Make recommendations for home care and follow-up.
Plus be among the first to see what’s new!
Exfoliate everywhere we show signs of aging
Dry Chap Lips?
Exfoliate and Hydrate
Body Treatments
Great before Self Tanning
Definition of Exfoliation and the Various Types

Definition

A. The ability to dissolve and decompose the dead cells on the surface of the skin. The theory is that when the surface cells are removed, the skin metabolism is increased. Exfoliation stimulates the skin to produce new cells more rapidly by increasing the blood supply to the surface of the skin. Since the skin has to replace the dead cells, it will work harder to regenerate new skin cells. As the new skin cells rise to the surface, the old ones are sloughed off.

B. The purpose is to remove dead surface cells, and to uncover follicles (pores) that have been blocked by cellular build-up, and to prevent the formation of blackheads and other skin blemishes. Skin texture and color are also improved by exfoliation. The skin should feel smoother, follicles appear smaller and the number of blackheads are reduced. By removing the outer layer of the skin, it is more easily moisturized after the dry hard surface cells are removed. This is particularly beneficial to most skins that have begun to show signs of aging.

C. Skin Care Professional
A skin care professional is a person licensed or otherwise authorized by an appropriate state government regulatory agency to administer microdermabrasion procedures who is practicing as regulated by local or state ordinances or laws.

Types of Exfoliation

A. Manual
1. Pumice, almond meal, walnut and other coarse materials have been used since ancient times to polish and cleanse the skin.

B. Enzymatic
1. The use of an enzyme which is a biological catalyst of vegetable origin that is able to accelerate or to produce a chemical change. The most common enzymes are those from a papaya (papain). Enzymes are used to dissolve the dead, superficial cells of the stratum corneum by means of a proteolytic action.

C. Acids
1. Chemical exfoliation is the process of removing epidermal layers by the means of chemical solutions (acids) such as lactic, glycolic, salicylic, jessner, etc.

D. Mechanical
1. Through the use of machinery, the dead skin cells are removed and vacuumed off the skin.
A Little History

The ancient Egyptians are said to be the first to use dermabrasion skin care techniques to improve their skin. Kings and queens used alabaster and pumice to remove blemishes and rough spots and make their skin smooth and soft.

Introduction to Crystal Microdermabrasion

A. In the late 80’s a skin care technique using aluminum oxide powder for microdermabrasion was developed in Italy. The process uses vacuum and a small orifice to accelerate the powder. Aluminum oxide abrades the skin and the vacuum cleans out blocked pores. This process was quickly adopted in the United States in 1996. The procedure was originally called epidermabrasion because the dermis is not actually being abraded. It later became identified as microdermabrasion.

Advance technology in microdermabrasion

A. Traditional microdermabrasion systems abrade the skin with a “high-pressure flow of crystals”. The primary crystal used was aluminum oxide. However since then other loose particles such as salt and baking soda have been utilized.

B. The use of any loose crystals has been proven to be problematic. Issues related to the use of loose crystals could be irritation to the eyes, triggering allergic reactions, being embedded into the skin and possibly causing respiratory damage.

C. Particle-free microdermabrasion was introduced in 1999 to offer an alternative to the use of loose crystals. In some opinions, particle-free microdermabrasion has made skin rejuvenation the clean controlled procedure it should be to exfoliate skin. Altair Instruments holds the patent and invented the diamond exfoliation process!
Manul

- **Salty Sea Scrub**
  The ultimate exfoliation ritual; infused with nourishing oils and skin loving botanicals this scrub helps the skin to regain softness and glow while reviving and detoxifying your body.

- **Shikoma~ Sugar Dust Exfoliating Scrub**
  This luxurious Cream exfoliater is a blend of nourishing turbinado sugars and hydrating butters that promotes a silky smooth and intensely hydrated body.
# Pumpkin Scrub

Foaming enzymatic mix of lactic acid and pumpkin extracts actively stimulates cell renewal, unveiling a smoother, softer and healthier-looking complexion. Pumpkin Scrub is Excellent for sensitive and problematic skin types.

## Conditions / Recommendations:
- Delaying wrinkle formation and concealing stretch marks
- Brings out skins natural healthy glow
- Moisturizes and repairs
- Beneficial for smokers and sun lovers
- Great for dry, sensitive skin, problematic skin and those with fair skin
- Use post-microdermabrasion treatments to digest any attached skin
- Apply and leave on for 3 minutes with steam
- Superior product in preparation for peels

## Active Ingredients:
- **Certified Organic Aloe Vera**: Natural anti-inflammatory; Superior for soothing irritated skin; Natural humectant with proven healing properties
- **Papain**: Protein digesting ability
- **Walnut Shell**: Finely milled Walnut Shells release an enzyme that helps to heal severe cases of Rosacea, Psoriasis, and Eczema; Also for exfoliation
- **Lactic Acid**: Exfoliates the top layer; Stimulates new growth in basal layer; Stimulates Hyaluronic acid in the lower levels of the epidermis; Acts as an accelerator for skin lighteners
- **Malic Acid**: An AHA (derived from apples) that peels but also acts as an antioxidant
- **Seaweed Extracts**: Stimulating collagen and elastin synthesis

## Directions for Home Use:
Use once or twice a week or as needed. Apply to clean, dry face and neck. Gently exfoliate. Leave on 5 to 10 minutes. Rinse with tepid water.
Green Apple Enzyme Masque gently purifies, soothes, and clarifies all skin types. Perfect therapy for Acne, Rosacea, and skin brightening treatments, Green Apple Enzyme Masque is fortified with vitamins and antioxidants to replenish, nourish, and protect the skin.

Protocol Directions:
- Cleanse skin thoroughly with NuCleanse, rinse with warm water.
- Wipe skin with a soft gauze moistened with Pure Solution.
- Apply Green Apple Enzyme Masque to entire face, leave on for 5-7 minutes. Steam may be used.
- Remove masque completely with warm water, then proceed with extractions.
- Cleanse skin again with NuCleanse, then tone with Pure Solution.
- Apply small amount of Veggie Clay Masque to the skin, leave on for 5 minutes, then rinse completely with cool water.
- Apply Pure Solution, then apply 4-5 drops of Regenerating Serum to the face.
- Finish with Purifying Day Lotion SPF 30.

Active Ingredients:
- Azelaic Acid: Anti-bacterial, brightens the skin.
- Lactic Acid: Exfoliates the top layer; Stimulates new growth in basal layer; Stimulates Hyaluronic acid in the lower levels of the epidermis; Acts as an accelerator for skin lighteners.
- Chlorella: (80% peptide) Exhibits anti-collagenase and anti-elastinase inhibition protecting the cutaneous structural collagen and elastin; Macromodules to maintain reduction of wrinkles.
- Vitamin K: Heals damaged tissue; supports the body’s ability to reabsorb the blood in surrounding tissues; helps to fade bruises.
- Kojic Acid: Natural skin lightener and antibacterial agent; Derived from mushrooms.
- Bromelain: Extract that comes from the stem of the pineapple that effectively digests.
Variety of DiamondTome™ Wands and how we can exfoliate face and body
Advance Technique

Crystal Free Benefits

- Eliminates the mess and expense of clogging from particles
- Less risk to clients
  Example: corneal abrasion
- More control over the degree of exfoliation
Let’s not get old and wrinkly..
Remove your clients’ dead skin and hydrate in the same session

Now we can remove the dead layers plus feed and hydrate the skin in one treatment
Ready to see the new addition?

The Hydro Wand®
**General Reminders before professional exfoliation techniques**

**Be sure to remember…**
- Have fan ready. Spare batteries on hand are always a good idea.
- Never do extractions before a peel.
- Watch with second hand or a timer available.
- Have Ice or Cold Water ready.
- Eye wash in case peel product gets in client’s eyes.

**Benefits of Peeling**
- Lifts away dead skin cells
- Stimulates at the basal layer, which increases cell renewal
- Smoothes the outer texture of the skin
- Evens skin tone – lightens and brightens skin
- Firms and tones skin – increases and strengthens skin integrity
- Diminishes fine lines
- Minimizes enlarged pores
- Reduces sebaceous activity
- Improves acne conditions
- Surfaces impurities making for easier extractions
- Promotes overall healthier skin

**Licensure and Liability**
- Have the appropriate license for your state and know the laws of your state in regard to acid use
- Purchase professional liability, even if someone else employs you, make certain you are covered under his/her plan

**Room Preparation – ‘Tools of the Trade’**
- Facial bed in semi reclined position
- Hand held fan available
- Use disposable bonnets and gauze as much as possible
- Glass beakers, timer and cotton eye pads
- Good visual – magnifying lamp or glasses
- Wear disposable gloves, aware of latex allergies
What to tell your client about skin peeling

You are transitioning from basic skin care and facials to a completely different dimension
Skin peeling is not a relaxing experience
Skin peeling does not feel good, in general (be honest!)
The skin will be uncomfortable and will be hot, a burning prickly sensation
The skin becomes red and tight
The client may not look great for up to a few days
It is always better to prepare client for the worst reaction

Consultation
Do Not do a peel on a clients first visit
Become familiar with the client, their expectations and their skin before choosing a peel

Skin History
Look for history of topical usage of certain medications such as Retin A and antibiotics
Previous experience with chemical peels, laser, cosmetic surgeries
Allergic reactions/aspirin sensitivity/Lactose intolerant
Accutane
Herpes simples/Cold sores
Goals and Expectations
Products currently using
Waxing/Electrolysis/Laser services (has to Waite 2 weeks)
Overall health
Stress level of client
Lifestyle
Hormones/Birth Control/Hormone Replacement Treatment
Be sure client signs off on skin history form
**Skin Assessment**

Pigmentation – Background/Nationality
Hyper pigmentation
Hypopigmentation
Demarcation
Photo Aging – Fine Lines – Furrows
Hydration – Moisture, water content
Sebaceous Activity – Oils and Lipids
Pore Size
Congestion
Lesions – Comedones, Pustules, Papules
Capillaries
Texture
Overall health of skin

**Determine Type of Peel**

Skin Type – Fitzpatrick – Ethnic Background
Goal
Depth of Peel – Progressive, Mid or Intense
Type of Acid

**Patch Test**

Perform test on back of neck at hairline, not on face
Apply acid the same way it is used on the face
Perform test at least 48 hours before a peel
How to determine if a patch test is negative
Systemic reaction – nausea, headache, lightheadedness
Irritation at site of test – raised rash, excessive itching
Give Client Information sheets for post operative care

**Day of Procedure**

Informed Consent signed off – Initial each paragraph
Cleanse skin and take photograph
Document treatment and acids used
Following treatment – give another copy of post care instructions
Client to sign Acknowledgment of Receipt for post care instructions
Send client home with post peel product care
Schedule a post follow up treatment
Post Peel – One week
Cleanse and Enzyme for final exfoliation
Do extractions and eliminate surface impurities
Provide skin with proper nourishment – antioxidants
Assess results of peel and discuss next treatment
Recommend appropriate home care
Document treatment plan

Complications – Never perform a peel you cannot treat the complications of
Swelling
Recommend Post Care Home Regimen
Severe swelling refer to physician
Redness
  Usually part of the process and diminishes within a week of exfoliation
Redness indicates healing is still in progress
Premature Peeling from picking or scratching – Regenerating Serum
Surface Scarring – An area peeled before the rest of the skin and left a demarcation – Regenerating Serum
Discomfort or pain – Generally pain passes after first 24 hours
Acne – perform light extractions – usually abates within a few days
Post Inflammatory Hyper Pigmentation – mild bleaching treatments – home care skin brightener and sun block – Repair CBHQ, Reflect
Infection – Refer to physician

Contraindications for a Skin Peel
Retin A (must be off Retin A for two weeks)
Accutane (must be off Accutane for 6 months)
Pregnancy or lactating
Individuals taking multiple prescription medication
Open wounds, eczema, psoriasis and contact dermatitis
Illness
Unrealistic Expectations
During menstrual cycle – intensifies peel
Waxing services less than 2 weeks of scheduled peeling
Evaluation

I. Evaluation of Skin Type
   A. A client evaluation or screening for skin suitability and skin type should be mandatory prior to performing any microdermabrasion treatments. Even though microdermabrasion can be beneficial for any skin type, skin care professionals should thoroughly document each client seeking treatment.
   B. Utilization of a Classification Scale—
      1. Fitzpatrick Skin Type Classification
         a. Dr. Fitzpatrick’s skin type classification presents a useful scale to determine sensitivity levels based on pigmentation and sensitivity to UV radiation exposure.
      2. Glogou Classification of Photo Age Groups
         a. Dr. Glogou’s classification is an ideal method for managing client’s expectations while educating them as to problems associated with future UV radiation exposure

Both scales should be used in combination with the use of a Wood’s lamp and charted into the client’s file. Remember these charts are not indicative of the sensitivity levels to microdermabrasion.
## Fitzpatrick Skin Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Color</th>
<th>Reaction to First Sun Exposure Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Caucasian, Blond or Red Hair, Freckles, Fair skin, Blue Eyes</td>
<td>Always Burn / Never Tan</td>
</tr>
<tr>
<td>II</td>
<td>Caucasian, Blond or Red Hair, Freckles, Fair skin, Blue Eyes or Green Eyes</td>
<td>Usually Burn / Tan with Difficulty</td>
</tr>
<tr>
<td>III</td>
<td>Darker Caucasian, Light Asian</td>
<td>Sometimes Mild Burn / Tan Average</td>
</tr>
<tr>
<td>IV</td>
<td>Mediterranean, Asian, Hispanic</td>
<td>Rarely Burn / Tan with Ease</td>
</tr>
<tr>
<td>V</td>
<td>Middle Eastern, Latin, Light Skin Black, Indian</td>
<td>Rarely Burn / Tan very Easily</td>
</tr>
<tr>
<td>IV</td>
<td>Dark Skinned Black</td>
<td>Never Burn / Tan very Easily</td>
</tr>
</tbody>
</table>
GLOGAU PHOTOAGING CLASSIFICATION

- **Type I** - Patient shows mild, early photoaging consisting of mild pigmentary changes, absence of keratoses and minimal wrinkles, usually a younger patient in his/her 20’s or 30’s. Patient requires minimal or no makeup.

- **Type II** - Patient has “wrinkles in motion”, wrinkles that appear when making facial gestures or other dynamic facial muscle activity. Early to moderate photoaging is recognized by early senile lentigines, keratoses that are palpable but not visible and the emergence of parallel smile lines. Patient is usually in his/ her 30’s or 40’s. Female patients usually wear some foundation.

- **Type III** - Patient has “wrinkles at rest”. Advanced photoaging is recognized by obvious dyschromia, telangiectasias, visible keratoses and wrinkles at rest. The patient is usually 50 or older and female patients almost always wear heavy foundation.

- **Type IV** - Patient has “only wrinkles”. Severe photoaging is characterized by yellow-gray coloration of the skin, prior history of skin malignancies and skin that is thoroughly wrinkled. Patient is usually in his/her 60’s or 70’s and cannot wear makeup because it cakes and cracks.

- Use the Classification Systems to outline client skin types. Identify client expectations / wants / needs before you begin treatment.
### Client History Form

#### Patient Consultation and History

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever seen a dermatologist for skin?</td>
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<tr>
<td>Are you pregnant or lactating?</td>
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<tr>
<td>Have you used Accutane?</td>
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<td></td>
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<tr>
<td>Have you used Benz-A-Glo?</td>
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<td></td>
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<tr>
<td>What topical medicaments do you use or have you used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td></td>
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<tr>
<td>Hormones or Birth Control</td>
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<tr>
<td>Hair products</td>
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<tr>
<td>Have you ever had a skin or ear piercing?</td>
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<tr>
<td>Have you ever had a biopsy or dermatology?</td>
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<tr>
<td>Have you ever had laser surgery or dermatology?</td>
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<tr>
<td>Have you ever had a surgical procedure?</td>
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<tr>
<td>Have you ever had a suction or incision?</td>
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<td></td>
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<tr>
<td>Have you ever had a sound or laser procedure?</td>
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<tr>
<td>Do you get fules?</td>
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<tr>
<td>What type of skin care products are you using?</td>
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<tr>
<td>Hypersensitivity &amp; allergies</td>
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<td></td>
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<tr>
<td>Have you ever had a skin allergy?</td>
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<tr>
<td>Do you have any known drug allergies?</td>
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<tr>
<td>Do you experience any cellulite?</td>
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<tr>
<td>What type of disease do you prefer?</td>
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<tr>
<td>What level do you consider your pain threshold to be?</td>
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<td></td>
</tr>
<tr>
<td>What temperature of water do you use to cleanse?</td>
<td></td>
<td></td>
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<tr>
<td>Free Radical Exposure</td>
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<td></td>
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<tr>
<td>Do you use alcohol?</td>
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<td>Do you use alcohol?</td>
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<tr>
<td>Do you have regular periods?</td>
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<td></td>
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<tr>
<td>Are you going through menopause?</td>
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<tr>
<td>During pregnancy, did you get hyperpigmentation or moles?</td>
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<td></td>
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<tr>
<td>Are you taking any contraceptives?</td>
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<tr>
<td>Are you trying to become pregnant?</td>
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<tr>
<td>Are you currently having or due to your menstrual period?</td>
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<tr>
<td>Sun History &amp; Lifestyle</td>
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<tr>
<td>What percentage of time do you spend in the sun?</td>
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<tr>
<td>In the past have you used a suntan and suntan products?</td>
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<td></td>
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<tr>
<td>In the past have you neglected to use sunscreen?</td>
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<td></td>
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<tr>
<td>Do you go to a tanning salon?</td>
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<td></td>
</tr>
<tr>
<td>Circle your level of stress (1 low, 10 high)</td>
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<td></td>
</tr>
</tbody>
</table>

#### Skin Type

<table>
<thead>
<tr>
<th>Skin Type</th>
<th>Skin Color</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>White</td>
<td>Always burn, never tan</td>
</tr>
<tr>
<td>II</td>
<td>White</td>
<td>Usually burn, tan less than average</td>
</tr>
<tr>
<td>III</td>
<td>White</td>
<td>Sometimes mild burn, tan about average</td>
</tr>
<tr>
<td>IV</td>
<td>White</td>
<td>Rarely burn, tan more than average</td>
</tr>
<tr>
<td>V</td>
<td>Brown</td>
<td>Rarely burn, tan profusely</td>
</tr>
<tr>
<td>VI</td>
<td>Black</td>
<td>Never burn, deeply pigmented</td>
</tr>
</tbody>
</table>

#### PIMPLES

<table>
<thead>
<tr>
<th>Type of papule</th>
<th>Size of papule</th>
<th>Depth of papule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
</tbody>
</table>

#### Fasting

<table>
<thead>
<tr>
<th>Time of last meal</th>
<th>Time of test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>2 hours</td>
<td></td>
</tr>
</tbody>
</table>

#### Treatment Plan

- [ ] Acne treatment
- [ ] Sun protection

### Patient Objective

- [ ] Acne treatment
- [ ] Sun protection
Contra-indicators and Precautions

I. Contra-indicators and Precautions

A. Type of Conditions involving your clients personal history.
   1. Active Acne
   2. Uncontrolled diabetes
   3. Eczema, Dermatitis
   4. Skin Cancer
   5. Viral Lesions, Herpes
   6. Vascular lesions
   7. Oral Blood Thinners-an aspirin a day
   8. Pregnant Woman
   9. Tattoos-not effective
   10. No tanning while undergoing these treatments-going to a high sun exposure area
   11. Strongly suggest not to have Restylane, Collegan injections or Botox within 10-14 days prior

II. Patron Precautions

A. Patron Precautions– The proper draping of a client minimizes any risks that could incur during a microdermabrasion treatment.
Post Treatment Care

I. Recommendations for best post treatment care
   A. First 24 hours strenuous exercise or any activity that causes excessive perspiration is not recommended
   B. No tanning should be done while undergoing these treatments
   C. Drink additional water
   D. The use of cold compresses can provide relief from the “windburn” feeling
   E. Recommended make up may be applied within one hour post treatment
   F. Retinol/AHA or any exfoliating products should be discontinued for 3 days following microdermabrasion treatment
   G. Sun exposure should be limited for three days following treatment (Always use sunscreen.)
   H. Refrain from waxing, electrolysis or depilatories for at least 7 days

II. Treatment Post 1-7 Days
   A. Day 1-3 AM/PM– Cleanse with a gentle non AHA cleanser, pat dry. Apply toner if desired. Apply hydrating serums, moisturizers, and SPF sunscreen 30 as recommended by your selected product line. (Remember: No AHA or exfoliating product recommended for the first three days post.)
      1. If treating hyperpigmentation use of appropriate serum is recommended if approved by your product line’s educator.
   B. Day 4-7– In the absence of irritation, you may begin using your prescribed home care products or other AHA products
   C. Day 7+- Retinol products may be resumed as tolerated.
Use _____________________________ Post-peel Moisturizer for 3 days after treatment. Apply AM and PM or as directed by esthetician. If irritation occurs, contact your esthetician at ________________.

- Avoid use of AHA products, masks, scrubs, facial waxing, or any other exfoliating products or treatments for at least two days.
- Retin A and AHA usage should be discontinued for three days post-peel.
- Use of cold compresses can provide relief from the windburn feeling.
- Avoid direct sun exposure and/or tanning beds after treatment.
  - Use make-up as desired.
  - Use sunscreen.

Days 1—3
AM/PM

Use _____________________________ Cleanser AM/PM
Use _____________________________ moisturizer.

- If treating hyperpigmentation use of a lightning product is recommended.
- In the absence of irritation, you may begin using your prescribed home care products or other AHA products 3 days after treatments.
Clean

- Follow proper guidelines from your manufacture and the state you are regulated by on in regards to proper cleaning of all equipment.
Sanitation, Sterilization and Patron Protection

I. Difference between sterilization and disinfections
   A. Definition of sterilization—The destruction of all forms of microbial life (bacterial spores, fungi, and viruses) in or about an object, by heat, chemical sterilant, or gas.
   B. Definition of disinfectant—The process that eliminates many pathogen micro-organisms on inanimate objects with the exception of bacterial spores. (Spores are the reproductive element and more resistant to cleaning.)

II. Discussion on the methods of sterilization and disinfections
   A. There are 5 widely used methods
      1. Dry Heat
      2. Steam (Auto Clave)
      3. Sterilants/Liquid Disinfectants
      4. ETO (ethylene oxide gas)
      5. Chemiclave

III. Personal Protective Equipment
   A. Appropriate personal protective equipment means that the equipment does not permit blood or other potentially infectious materials to pass through or reach the estheticians skin, eyes, mouth or mucous membranes under normal conditions of use.
   B. Protective equipment recommended
      1. Hypoallergenic gloves-latex, PVC or vinyl (Vinyl is recommended due to its ability to be resistant to oils and allergic reactions to latex.)
      2. Eyewear-Goggles or glasses with shields.
      3. Bandana or mask shields
      4. Lab jacket

IV. Housekeeping
   A. OSHA requires the workplace be maintained in a clean and sanitary condition
   B. A written schedule of cleaning and method of decontamination should be maintained at the worksite.
   C. A checklist of housekeeping chores should be completed at the end of each work shift
Agents/Agencies for Health & Safety

A. OSHA-Occupational Safety and Health Act governs the storage of supplies and chemicals
   1. Right to Know Act is about chemical ingredients contained in products or cleaning supplies that an employees may come in contact with and how employees have protection in the workplace. This must be a written plan, including all products must have a MSDS sheets.
   2. BPA-Bloodborne Pathogen Act is issued by OSHA to regulate and control Hepatitis/HBV/HIV Aids. Facilities/employers are required to keep records.

B. EPA-Enviromental Protection Agency regulates sterilants/disinfectants and regulates the hazardouswaste of it’s disposal.
   1. Examples of items needing to be properly dead skin cells, any thing removed from the skin.

C. CDC-Center for Disease Control regulates time, strength, pressures of steam/vapors in chemiclavés and autoclaves and disinfectants in existence to kill bacteria.
   1. Universal Precautions is the name for the CDC’s recommended policy for workers regarding blood and body fluid. The general rule is to protect the service provider from the transmission of bloodborne pathogens. Example is to wear gloves and other protective barriers (lab coat).

D. Specific cleaning instructions on the cleaning
   1. Use appropriate cleaning solution or autoclave for wands or tips
   2. Use appropriate cleaning solution for console
   3. Use appropriate cleaning solution for tubing
Example of a Material Safety Data Sheet

MATERIAL SAFETY DATA SHEET

PRODUCT: ENDOZINE AW TRIPLE PLUS with APA

---

SECTION I

Manufactured By: RUOHOF CORPORATION
393 SAGMORE AVENUE
MINEOLA NY 11501-1919

Emergency Phone: 1-800-424-9300
Information Phone: 516-294-5888
Date Prepared: 10/20/06
Signature of Preparer (optional):

D.O.T.: Not Regulated ☐ or Regulated ☑
Shipping Name (If regulated): 

---

SECTION II - HAZARDOUS INGREDIENTS/IDENTITY INFORMATION

<table>
<thead>
<tr>
<th>Hazardous Components:</th>
<th>OSHA PEL</th>
<th>CAS #</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Chemical Identity (Common Name):</td>
<td>2-PROPAHOL</td>
<td>400 ppm</td>
<td>67-63-0</td>
</tr>
</tbody>
</table>

Sara Hazard: Fire? NO Pressure? NO Reactivity? NO Acute? NO Chronic? NO

---

SECTION III - PHYSICAL/ CHEMICAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiling Point</td>
<td>212°F</td>
</tr>
<tr>
<td>Specific Gravity (water=1):</td>
<td>1.0</td>
</tr>
<tr>
<td>Melting Point</td>
<td>N/A</td>
</tr>
<tr>
<td>Evaporation Rate</td>
<td>1.0</td>
</tr>
<tr>
<td>Evaporation Standard</td>
<td>WATER</td>
</tr>
<tr>
<td>Appearance &amp; Odor</td>
<td>COMPLETE BLUE LIQUID WITH TROPICAL ODOR</td>
</tr>
</tbody>
</table>

---

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used): NONE
Flammable Limits in Air (%): N/A Lower: N/A Upper: N/A
Extinguishing Media: WATER, FOAM, CO2, DRY CHEMICAL
Special Fire Fighting Procedures: FIGHT SURROUNDING FIRE. USE EQUIPMENT AS IF CHEMICAL FIRE.

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>1 0</td>
</tr>
<tr>
<td>Fire</td>
<td>0 0</td>
</tr>
<tr>
<td>Reactivity</td>
<td>0 0</td>
</tr>
</tbody>
</table>

---

SECTION V - REACTIVITY DATA

Stability: Unstable ☐ Stable ☑
Conditions to Avoid: DO NOT FREEZE
Materials to Avoid: STRONG OXIDANTS
Hazardous Decomp/Byproducts: NONE KNOWN
Hazardous Polymerization: May Occur ☐ Will Not Occur ☑
Conditions to Avoid: NONE
Let's Begin

Facial Steps
Step 1. Before any facial explain, evaluate, take history, and gain consent.
Step 2. Cleanse skin and pat dry.
Step 3. Exfoliate with dry method
Step 4. Penetrate products with Hydro Wand
Step 5. Apply finishing products
Step 6. Discuss post care, home products, chart, and book next appointment
Step 7. Next day follow up with your client
Cleanse, Rinse and Pat Dry
Use the best wands for your client depending on skin type and area.
Show and Tell Mini Disc
Clients love to have proof that cells have been removed
Introducing an innovative new addition and solution

The Hydro Wand®
With the addition of the HydroWand®

A. The greatest benefits are found when packaged with a complete facial treatment. The results of this exfoliation procedure means an increase in trans-dermal water loss and is therefore dehydrating. Remember this particular exfoliation treatment removes the upper most stratum corneum including many of the cells that observe moisture. By using the HydroWand® following will help to elevate the tight dry effect and the potential flaking condition. Microdermabrasion as part of a facial and performed in a series of treatments allows the technician to gradually and safely take the skin to new levels of health and beauty without comprising its delicate nature.

B. While performing microdermabrasion at selected settings some clients will experience a low level of discomfort, while others will require the selected settings to be reduced.

C. Pigmentation evident to the naked eye but that disappears under a woods lamp is generally seated in the epidermis. This type of pigmentation will respond favorably to microdermabrasion sessions. In combination with tyrosainase-inhibitors and bleaching cream even more favorable results are achieved. This may be a type of serum to add to your HydroWand®.

D. Clients can expect benefits to lessen fine lines, hyperpigmentation, sun damage, acne scarring because the microdermabrasion removes dead cells and the below surface activity created by the micromassage of the system. Add a serum in your HydroWand® which will be of most benefit to your client.

E. Clients will notice immediate improvement in the skin’s texture and appearance. Hyperpigmentation, age spots, and fine lines are diminished. Acne scars will be less obvious. Clients report their skin looks softer, smoother and younger.
Choose serum which is best for your client—Your Choice!
Remember to protect the skin after treatment! Recommend products for home use and between visits.
Chemical Peels

- Chemical peels have been widely used by Dermatologists for over fifty years, and more recently, Plastic Surgeons and Estheticians are also providing these peels or their patients.

- Chemical peeling is a fundamental part of skin care therapy.

- A chemical peel is the process of applying chemicals to the skin with the intention of causing exfoliation, destruction, and/or inflammation of the skin in a controlled fashion.

- The depth and strength of your peeling agent will determine the amount of reaction in the skin. The level of penetration, destruction, and inflammation determines the level of peeling.
BRIEF HISTORY

- Chemical peels have been widely used by Dermatologists for over fifty years, and more recently, Plastic Surgeons and Estheticians are also providing these peels or their patients.

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- The depth and strength of your peeling agent will determine the amount of reaction in the skin. The level of penetration, destruction, and inflammation determines the level of peeling.
BENEFITS

*Lifts away dead skin cells
*Stimulates at the basal layer, which increases cell renewal
*Smoother the outer texture of the skin
*Evens skin tone - lightens and brightens skin
*Firms and tones skin - increases and strengthens skin integrity
*Diminishes fine lines
*Minimizes enlarged pores
*Reduces sebaceous activity
*Improves acne conditions
*Surfaces impurities making for easier extractions
*Promotes overall healthier skin
# UNDERSTANDING ACIDS

<table>
<thead>
<tr>
<th>Acid</th>
<th>Derivative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycolic</td>
<td>Sugar cane</td>
</tr>
<tr>
<td>Lactic</td>
<td>Milk</td>
</tr>
<tr>
<td>Malic</td>
<td>Apples and Pears</td>
</tr>
<tr>
<td>Tartaric</td>
<td>Grapes</td>
</tr>
<tr>
<td>Salicylic</td>
<td>Wintergreen leaves</td>
</tr>
</tbody>
</table>
Alpha Hydroxyl Acids (AHA) are sometimes referred to as fruit acids. However, not all are derived from fruits. The way AHA’s work is by seeping into the skin and loosening the glue like substance (desmosomes) that holds skin cells together. AHA’s are water soluble. The most popular of AHA’s is due to its ability to penetrate the stratum corneum faster than any other acid.

Beta Hydroxy Acids (BHA) work in the same manner as AHA’s. However, BHA’s are oil soluble, and for this reason they can penetrate deeper into the pore and through the skin’s oil (sebum). This affinity allows the acid to remove debris and skin cells in the oil gland itself, without all the irritations associated with Glycolic acid.

Salicylic is a familiar and effective anti-acne ingredient, and is the most commonly used BHA for the treatment of blackheads and blemishes whereas AHA’s are better suited for treating conditions affecting the outer layer of the skin. Unlike AHA’s, salicylic acid does not require neutralization. Salicylic Acid is as effective as one-fifth the concentration as glycolic acid products.
CONCENTRATION vs. pH

- NOT ALL PEELS ARE CREATED EQUAL

The key factor to determine the efficacy of the procedure is the pH more so than the concentration.

The pH of the skin (the measurement of its acidity) is 5.5 which is slightly Acid, so that anything that is applied to the skin deviating from the pH of 5.5 will tend to cause some irritation and “burn” the skin. The burning of the skin causes a healing process. It is in the process of healing that the benefits are obtained.

- An Alkali, such as Lye, could be used to increase the skin’s pH, but is not as reliable as Acid, therefore, all Chemical Peels are performed with Acids.

- BUFFERING IS THE REMOVAL OF ACIDS
DEPTH OF PEEL

- **Superficial Peels**: stimulate epidermal growth by removing the stratum corneum without necrosis. Through exfoliation, the epidermis is thickened with qualitative, regenerative changes. Improve surface texture irregularities, lighten hyper-pigmented areas, and also treat acne and other skin conditions.
  - Glycolic Acids, Lactic Acids, Salicylic Acid, Jessner Peels
  - Mild sun damage, general poor skin texture, uneven skin tone

- **Medium Depth Chemical Peels**: deeper destruction of epidermis and induction of inflammation within the papillary dermis constitutes a medium depth chemical peel
  - TCA 15-30%
  - Moderate sun damage, lines, and pigment patches

- **Deep Chemical Peel**: causes a further inflammatory response in the deep reticular dermis and induces new collagen production
  - TCA 35%-50%, Phenol
  - Severe chronic sun damage, lax tone, & seeking radical skin rejuvenation
SKIN HISTOLOGY

SKIN STRUCTURE DIAGRAM

- EPIDERMIS
- DERMIS
- SUBCUTANEOUS LAYER

Collagen
Provides infrastructure for elastin and hyaluronic acid

Elastin
Helps the skin retain its elasticity

Hyaluronic Acid
Water binds to hyaluronic acid, keeping the skin moist
FUNCTIONS OF THE SKIN THAT DECLINE WITH AGE

- Cell Replacement
- Injury Response
- Barrier Function
- Chemical Clearance
- Sensory Perception
- Immune Responsiveness
- Vascular Responsiveness
- Thermoregulation
- Sweat Production
KEY FACTORS TO CONSIDER WHEN DETERMINING THE TYPE OF TO PERFORM ON PATIENT

- Goal
- Skin Type
  - Fitzpatrick – Ethnic Background
- Skin Condition
- Type of Acid
- Depth of Peel
- Downtime client willing to accept
CONTRAINDICATIONS

- Retin A
- Accutane
- Benzoyl Peroxide
- Pregnancy or lactating
- Clients under multiple prescription medication
- Open wounds, eczema, psoriasis, and contact dermatitis
- Client undergoing chemotherapy
- Waxing
- Clients under menstrual cycle
- Cold sores or Herpes simplex infection
Recommended to use Pre Peel 14 days prior to peel treatment and 5-6 days Post Peel.

- **Papaya Cleanser:** formulated to digest and exfoliate lifeless skin cells while stimulating new cell growth.
- **Pumpkin Scrub:** Foaming enzymatic mix of lactic acid and pumpkin extracts actively stimulates cell renewal, unveiling a smoother, softer and healthier complexion
- **Alimaline:** an alternative to Vitamin A, contains a powerful blend of acids
- **Reverse A:** speeds cellular turnover and stimulates healing ability of the skin
- **Reflect:** Sun protection is imperative when prepping the skin for any procedure, and should be continued afterwards to maintain the results of the peel
- **Restore:** Through the night this antioxidant rich cream recharges and boosts dehydrated skin
- **NuCleave:** contains Alpha Bisabolol (Chamomile) to calm and soothe post procedures. Mild enough to use several times a day, if needed.
- **Regenerating Serum:** by strengthening the epidermal/dermal junction, helps speed the skin’s healing post procedure, also helps to combat irritation
- **Radiant C Brighten:** helps prevent hyper pigmentation, maintains the health of the skin through the healing process
- **AM/PM Hydrating Masque:** Soothing and calming masque with ingredients to help calm inflamed skin and re-hydrate also contains DMAE to boost other antioxidants and stimulate muscle to prevent sagging skin.
PATIENT SELECTION

The most important step in a successful chemical peel program is patient selection. You must have the correct candidate for the procedure, and your choice of peeling agent should correspond with the conditions you are treating.

- Initial consultation
- Skin care history
- Medications
- Conditions to correct
- Patients lifestyle
- Create skin care treatment plan
- Follow up
CONTRAINDICATIONS

- Retin A
- Accutane
- Benzoyl Peroxide
- Pregnancy or lactating
- Clients under multiple prescription medication
- Open wounds, eczema, psoriasis, and contact dermatitis
- Client undergoing chemotherapy
- Waxing
- Clients under menstrual cycle
- Cold sores or Herpes simplex infection
LEGAL CONSIDERATIONS AND CONSENT

• Patient should sign a consent form before each chemical peel, even if they are having a series of peels, consent should be signed at each visit.

• The consent form protects you as a practitioner, and also helps to protect your patient by providing them with an additional opportunity to review possible complications with you.

• The consent form should be signed and dated by the patient, as well as witnessed by someone other than the esthetician performing the peel.
Exfoliation Protocol

- Cleanse the skin with NuCleanse, rinse thoroughly with warm water
- Sprits the skin with Refresh
- You may precondition the skin by applying 10% Lactic Acid Peel for 1-2 minutes. This step is optional and should be determined by the overall condition of the client’s skin.
- Perform Microdermabrasion treatment.
- Then sprits with Refresh.
- Apply an even layer of Green Apple Enzyme Masque to the skin, leave on for 5-7 minutes, and then rinse off with cool water.
- Apply Radiant C Brighten to the skin, massaging it gently until absorbed.
- Apply Renewal Eye Crème to the eye area
- Finish with Sun Protectant.
PRANA SPACEUTICALS™
CHEMICAL PEELS

10% Lactic Peel
30% Glycolic Peel
14% Salicylic Peel
**INDICATIONS:**
- Sensitive
- Rosacea
- Pre-extraction
- Dry/ Dehydrated/Dull skin
- In conjunction with Microdermabrasion
- Any skin requiring effective exfoliation and moisturization
- As a pre-treatment for Glycolic Acid, or Salicylic Acid Peels

- Cleanse the skin with NuCleanse.
- Degrease: Apply Pure Solution to treated area.
- Apply 10% Lactic Acid Peel and leave on for 2-3 minutes, and then neutralize with cool water.
- Extractions if needed.
- Apply Refresh after extractions or high frequency.
- Massage using Facial Massage Serum.
- Apply Hydrating Masque for 5-10 minutes (Can apply masque around the eyes and use hydrating pads for an add-on treatment for $10.00.)
- Hydrate skin with Radiant C Brighten.
- Apply Natural Defense or Reflect.
30% GLYCOLIC PEEL (pH 2.7)

INDICATIONS

Mild Acne Scarring - Uneven Texture/Tonal Irregularities - Pre-Mature Aging - Sun-induced Epidermal Damage - Oily/Acne Rosacea - Skin that flushes – Grade I Acne with Eerythema

1. Cleanse the skin with Nucleanse.
2. Degrease: Apply Pure Solution to treatment area or Lactic Acid Peel (pH 2.9)- Apply to treated area with brush, and leave on skin for 2-3 minutes
3. Remove Lactic Acid Peel with cool water
4. Apply Glycolic Peel for 2-6 minutes (watch for redness)
5. Leave fan directly on skin
6. Neutralize peel with cold water
7. Extractions/High frequency if needed.
8. Use Refresh after extractions or high frequency.
9. Apply DMAE Hydrating Masque for 5-10 minutes
10. Hydrate Skin with Radiant C Brighten
11. Apply Reflect to moisturize and protect skin
14% SALICYLIC ACID PEEL (pH1.7)

INDICATIONS
- Acne Grades I-III
- Pre Extractions
- Extremely Oily Skin types
- Aging Skin
- May be used on the back, chest, or other areas of the body experiencing breakouts
  - Cleanse skin with Nucleanse
  - Degrease: Lactic Enzyme Gel Peel (pH 2.9)- Apply to treated area leave on 2-3 minutes, remove with cool water
  - Apply 14% Salicylic Acid Peel; 2-3 passes, evenly covering/frosting entire face
  - Leave fan directly on skin for 5-6 minutes after last pass
- **DO NOT NEUTRALIZE**
  - Extractions if needed
  - Apply Reflect to moisturize and protect skin
  - Recommend not to wash face that P.M.
  - Resume normal A.M. protocol
PRE & POST PEEL CARE

- Preparation for a chemical peel should be thorough, greatly emphasizing sun protection before, and especially, after the procedure. Prescribing the correct prepeel regimen can increase the efficacy of the peel, as well as speed healing and reduce complications. Effective post peel care should protect the result of the treatment plan and help your patient recover from the procedure comfortably.
- Written pre and post instruction

- Phone follow up with patient during the initial recovery period

- In office follow up to ensure patient is complying with instructions and recovering well
POST PEEL INSTRUCTIONS

Immediately Following Your Peel…

- You may experience stinging, burning, tightness, flaking, and peeling of the skin as it renews itself. These sensations will diminish in a day or two. If swelling occurs, use ice water compresses for 24-48 hours intermittently, as necessary.

- Your skin is very sensitive: wait a minimum of 12 hours before applying make-up on the treated areas, and you should skip the evening portion of the At-Home Regimen on the day of your peel.

For The Next 24 Hours…

- Wash the treated area very gently, using only the cleanser recommended by your doctor. **DO NOT PEEL, PICK, SCRAPE, SCRATCH, or USE A MASK or FACIAL SCRUB on your skin.**

- Do not use abrasive cloths or exfoliating sponges on any of the treated areas.

For The Next Week…

- Excessive sunlight should be avoided for at least one week following a peel and one week prior to your next peel visit. Always use a sunscreen, beginning the day after the peel. We recommend using Sport Shield SPF-45.

- If you have any questions or concerns call your doctor or skin care professional.
Recommended to use Pre Peel 14 days prior to peel treatment and 5-6 days Post Peel.

- **Papaya Cleanser**: formulated to digest and exfoliate lifeless skin cells while stimulating new cell growth.
- **Pumpkin Scrub**: Foaming enzymatic mix of lactic acid and pumpkin extracts actively stimulates cell renewal, unveiling a smoother, softer and healthier complexion
- **Alimaline**: an alternative to Vitamin A, contains a powerful blend of acids
- **Reverse A**: speeds cellular turnover and stimulates healing ability of the skin
- **Reflect**: Sun protection is imperative when prepping the skin for any procedure, and should be continued afterwards to maintain the results of the peel
- **Restore**: Through the night this antioxidant rich cream recharges and boosts dehydrated skin
- **NuClease**: contains Alpha Bisabolol (Chamomile) to calm and soothe post procedures. Mild enough to use several times a day, if needed.
- **Regenerating Serum**: by strengthening the epidermal/dermal junction, helps speed the skin’s healing post procedure, also helps to combat irritation
- **Radiant C Brighten**: helps prevent hyper pigmentation, maintains the health of the skin through the healing process
- **AM/PM Hydrating Masque**: Soothing and calming masque with ingredients to help calm inflamed skin and re-hydrate also contains DMAE to boost other antioxidants and stimulate muscle to prevent sagging skin.
ClearChoice® Chemical Peels

- 10% Lactic Enzyme Gel Peel
  - Rosacea Peel
  - 50% Glycolic Peel
  - Acne Peel
  - 70% Lactic Peel
  - Jessner
ClearChoice® Recommended
Pre & Post Conditioning Products

- **Anti-Wrinkle Retinox**: speeds cellular turnover and stimulates healing ability of the skin.
- **Enlighten**: contains Hydroquinone and other lightening ingredients, helps suppress melanocytic activity reducing incidence of hyper pigmentation due to the peel.
- **Lumi-Lacti C**: also suppresses melanocytic activity without containing hydroquinone.
- **12% Elimaderm Serum**: an alternative to vitamin a, contains a powerful blend of acids.
- **Vita C B5 Complex**: helps prevent hyper pigmentation, maintains the health of the skin through the healing process.
- **Matrix Repair Serum**: by strengthening the epidermal/dermal junction, helps speed the skin’s healing post procedure, also helps to combat irritation.
- **Sport Shield SPF 45**: Sun protection is imperative when prepping the skin for any procedure, and should be continued afterwards to maintain the results of the peel.
- **Gentle Foaming Cleanser**: contains Alpha Bisabolol (Chamomile) to calm and soothe post procedures. Mild enough to use several times a day, if needed.
- **Hydrating Masque plus PM Therapy**: Soothing and calming masque with ingredients to help calm inflamed skin and re-hydrate, also contains DMAE to boost other antioxidants and stimulate muscle to prevent sagging skin.
Pre and Post Peel Care

- Preparation for a chemical peel should be thorough, greatly emphasizing sun protection before, and especially, after the procedure. Prescribing the correct prepeel regimen can increase the efficacy of the peel, as well as speed healing and reduce complications. Effective post peel care should protect the result of the treatment plan and help your patient recover from the procedure comfortably.

- Written pre and post instruction
- Phone follow up with patient during the initial recovery period
- In office follow up to ensure patient is complying with instructions and recovering well
Post Peel Instructions

Immediately Following Your Peel...

- You may experience stinging, burning, tightness, flaking, and peeling of the skin as it renews itself. These sensations will diminish in a day or two. If swelling occurs, use ice water compresses for 24-48 hours intermittently, as necessary.
- Your skin is very sensitive: wait a minimum of 12 hours before applying make-up on the treated areas, and you should skip the evening portion of the At-Home Regimen on the day of your peel.

For The Next 24 Hours...

Wash the treated area very gently, using only the cleanser recommended by your doctor.
- **DO NOT** PEEL, PICK, SCRAPE, SCRATCH, or **USE A MASK** or FACIAL SCRUB on your skin.
- Do not use abrasive cloths or exfoliating sponges on any of the treated areas.

For The Next Week...

- Excessive sunlight should be avoided for at least one week following a peel and one week prior to your next peel visit. Always use a sunscreen, beginning the day after the peel. We recommend using Sport Shield SPF-45.
- If you have any questions or concerns call your doctor or skin care professional.
Lactic Enzyme Gel Peel (pH 2.9)

- Indications:
- Pre-extraction
- Dry, dull skin
- In conjunction with microdermabrasion
- Any skin requiring effective exfoliation and moisturization
- As a pre-treatment for Jessner, 70% Lactic Acid Peel, and glycolic peels

- Cleanse the skin with Gentle Foaming Cleanser.
- Degrease: Apply ClearBalance pad to treated area.
- Apply Lactic Enzyme Gel Peel and leave on for 2-3 minutes, and then neutralize with cool water.
- Extractions if needed.
- Apply Hydrating Balance after extractions or high frequency.
- Massage using Intense Moisture.
- Apply Hydrating Masque for 5-10 minutes (Can apply masque around the eyes and use hydrating pads for an add on treatment for $10.00.)
- Hydrate skin with Vita CB 5 Complex.
- Apply Sport Shield SPF 45.
Rosacea Peel (pH 2.3)

- Indications:
  - Rosacea
  - Acne Rosacea
  - Skin that flushes
  - Grade I acne with erythema
  - Over stimulated skin

- Cleanse the skin with Gentle Foaming Cleanser.
- Degrease: ClearBalance - Apply pad to treated area or Lactic Enzyme Gel Peel (pH 2.9) - Apply to treated area with brush, and leave on skin.
- Apply Rosacea Peel over the top of Lactic Gel Peel or apply to skin after degreasing with ClearBalance.
- **NOTE:** Lactic Enzyme Gel Peel can only be layered with the Rosacea Peel; otherwise it needs to be neutralized before applying any acids.
- Leave fan directly on skin for 5-6 minutes, watch for redness.
- Neutralize peel with cold water.
- Extractions if needed.
- Use Hydrating Balance after extractions or high frequency.
- Massage using Intense Moisture.
- Apply Hydrating Masque for 5-10 minutes (Can apply masque around eyes and use hydrating pads as an ad on treatment for $10.00.)
- Hydrate Skin with Vita CB5 Complex.
- Apply Sport Shield SPF-45.
Glycolic Peel 50% (pH1.7)

- Indications:
  - Mild acne scarring
  - Textural irregularities
  - Tonal irregularities
  - Signs of premature aging
  - Sun induced epidermal damage
  - Alipidic skin

- Cleanse the skin with Gentle Foaming Cleanser.
- Degrease: ClearBalance- Apply pad to treated area or Lactic Enzyme Gel Peel- Apply to treated area leave on 2-3 minutes, remove with cool water.
- Apply 50% Glycolic Peel, leave on 2-6 minutes watch for redness, and remove with cold water.
- Extractions if needed.
- Apply Hydrating Balance after extractions or high frequency.
- Massage using Intense Moisture.
- Apply Hydrating Masque for 5-10 minutes (can apply masque around the eyes and use Hydrating Eye Pads as an add on treatment for $10.00.
- Hydrate skin with Vita C B5 Complex.
- Apply Sport Shield SPF 45.
Acne Peel 35% Salicylic (pH1.7)

**Indications:**
- Acne Grades 1-3
- Pre Extractions
- May be used on the back, chest, or other areas of the body experiencing breakouts

Cleanse skin with Gentle Foaming Cleanser
- Degrease: Lactic Gel Peel (pH 2.9) - Apply to treated area leave on 2-3 minutes, remove with cool water.
- Apply Acne Peel; 2-3 passes, evenly frost entire face.
- Leave fan directly on skin for 5-6 minutes after last pass.
- DO NOT NEUTRALIZE.
- Extractions if needed.
- Apply Acne Masque as a spot treatment to lesions.
- Leave on approximately 2-3 minutes. Watch for redness.
- Gently remove treated area with cool water.
- Apply Sport Shield SPF 45.
- Recommend not to wash face that P.M.
- Resume normal A.M. protocol.

*Steps 1-6 followed by SPF application can be used if patient would like mild peeling.*
70% Lactic Acid Peel (pH 1.7)

**Indications:**
- Dehydrated, Alipidic Skin
- Melasma and other forms of hyper-pigmentation, including sun damage
- When combined with the Pure A, 3 treatments give the equivalent result of one year on Retinoid therapy
- When combined with the Melanin Suppressant, is an effective alternative to Jessners solution for acne and hyper-pigmentation
- For sensitive skin types with an intolerance to Glycolic acid

- Cleanse the skin thoroughly with Gentle Foaming Cleanser, removing all make-up and debris. Perform a double cleanse if necessary.
- Wipe the skin with gauze moistened with ClearBalance, repeat until gauze is completely free of debris and make-up residue.
- **3.** Apply an even layer of Melanin Suppressant Solution to face/neck/décolleté. (optional)
- Saturate a 2x2 with acid, apply a single even layer of 70% Lactic Peel to the skin, beginning at the forehead and working down to the jaw line (short/even strokes).
- **5.** Apply an even layer of Vitamin A solution to face. (optional)
- Leave peel on skin for approximately 2-3 minutes, checking regularly for excess redness. Use a small fan for the patients comfort.
- Remove the peel completely with water, rinsing until the patient feels no burning at all.
- Apply an even layer of Cooling Masque to the skin, leave on for 5-7 minutes, and then remove completely with water.
- Mist the skin with Hydrating Balance, then apply 3-4 drops of Matrix Repair Serum to entire face, including eye and lip area
- If the patient has dry skin, you may apply 3-4 drops of Intense Moisture to the skin.
- Finish with a generous application of Sport Shield SPF 45.

*Steps 3 and 5 are optional.*
Jessner Peel (pH 1.7)

**Indications:**
- Signs of premature aging
- Melasma
- Sun induced hyper pigmentation
- Post-inflammatory hyperpigmentation
- Acne and acne scarring
- Mild skin laxity (Resorcinol)
- Textural irregularities
- Hyperkeratinization with or without acne present

- Cleanse skin with Gentle Foaming Cleanser.
- Degrease: ClearBalance- Apply pad to treated area or Lactic Enzyme Gel Peel (pH 2.9) - Apply to treated area and leave on for 2-3 minutes, remove with cool water. (Choose according to skin type)
- Apply Jessner; 4-6 passes let dry between each layer. Evenly frost entire face.
- Leave fan directly on skin for 5-6 minutes after last pass.
- **DO NOT NEUTRALIZE.**
- Apply Post Care Protectant or Sport Shield SPF-45.
- Recommend not to wash face that P.M.
- Resume normal A.M. protocol.
- Allowing peeling process to begin & last up to 5-6 days.

*Schedule Patient 7 days after peel for Post Peel Procedure.*
So much information to share

- In two hours we can just begin to share what all the benefits and what can be implemented into a facial.
- Call a distributor-business cards in the back of the room.
- Extensive training available with purchase of equipment.