



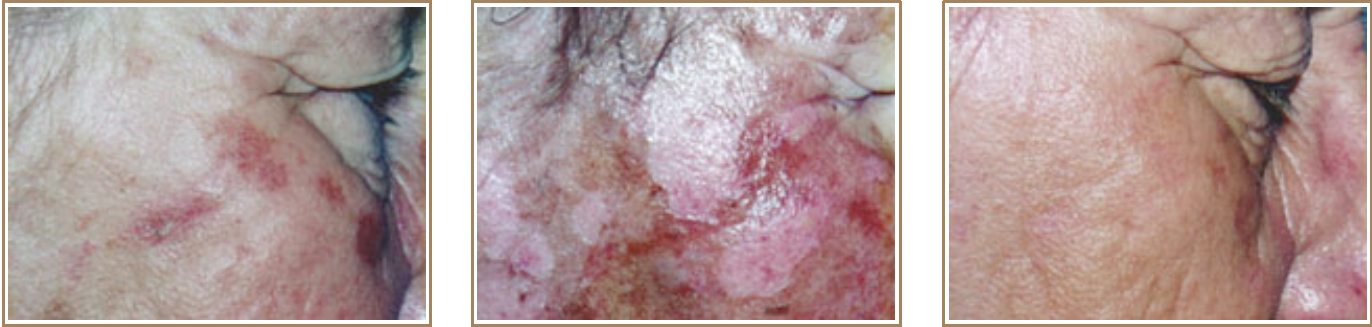
[Authoritative facts](#) about the skin from the [New Zealand Dermatological Society Incorporated](#).

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Chemical peels

A facial peel refers to the application of one or more chemicals to the face which 'burn' off damaged cells.

Trichloroacetic acid peel



Chemical peels are sometimes applied to other sites such as the hands. They may be used to treat damage caused by exposure to the sun ([photoageing](#)), to remove pigmentation such as [freckles](#) and [melasma](#) and [fine lines and wrinkles](#).

A peel removes several layers of sun damaged skin cells, leaving fresh skin which has a more even surface and colour. It may stimulate new collagen to be formed improving skin texture. Peels may result in superficial, moderate depth or deep skin injury.

A nurse or aesthetician (beauty therapist) may perform superficial peels. A [dermatologist](#) or plastic surgeon usually performs deeper peels.

Peels can be repeated as necessary; some people have superficial peels every few weeks. It is wise to wait 3 to 6 months before repeating a moderate depth peel.

[Glycolic acid](#), [salicylic acid](#) and [Jessner peels](#) result in superficial skin injury and are well tolerated – the 'lunchtime' peel. They remove thin lesions on the skin surface, reducing pigment and surface dryness. The result of the first peel may be disappointing, but after repeated peels, significant improvement is usually evident.

[Trichloroacetic acid \(TCA\)](#) is the most common chemical used for a medium depth peel. The results depend on its concentration, usually 20 to 35%. The treatment is painful and treated areas are swollen, red and crusted for the next week or so. It can lead to an impressive improvement in skin texture with a reduction in blotchy pigmentation, freckling and solar keratoses (dry sunspots). Although fine wrinkles and some acne scars are less obvious, the TCA peel has no effect on deep furrows.

[Phenol](#) results in deep skin injury. It is rarely used for facial peels nowadays because of the risk of scarring and because of its toxicity. Absorption of phenol through the skin results in potentially fatal heart rhythm disturbances and nerve damage. However, it is very effective at improving both surface wrinkles and deep furrows. After a phenol peel, the treated skin is pale and smooth but it may be waxy and "mask-like".

Before the peel

Pre-treatment creams are applied to the face at night for several weeks prior to the peel. By exfoliating the skin and reducing pigmentation themselves, they improve the results seen from chemical peeling. They may also

reduce the time needed for healing. The creams usually include one or more of the following:

- [Tretinoin](#)
- [Alpha hydroxy acid](#) e.g. glycolic or lactic acid
- [Hydroquinone](#) for tanned or dark skinned patients or those with melasma

Broad spectrum SPF 30+ [sunscreen](#) should be used during the day.

The peel

Superficial chemical peels are a minor procedure and no special arrangements are needed. But you may need painkillers, sedation, local anaesthetic or even a general anaesthetic for deeper peels.

First the face is thoroughly washed to remove surface oil. The peeling agent is then applied for several minutes. It stings – how badly and for how long depends on the chemical, its concentration, whether you've had pre-treatment with aspirin, and individual factors. A fan can help. The peel is then neutralised, and the burning sensation lessens.

Individual treatments may include peels with several agents on the same occasion, with the aim of improving results and reducing risks.

Antibiotics and oral antiviral agents may be recommended after deeper peels.

Afterwards

Superficial peels result in mild facial redness and occasional swelling which usually resolve within 48 hours. The peeling is similar to [sunburn](#). Most people can continue their normal activities. Make-up can be applied a few hours after the procedure.

Moderate depth peels result in intense inflammation and swelling, which resolve within a week. The peeling is more marked. Mild redness can persist for several weeks. Most people take a week off from work after a moderate depth peel.

Looking after the skin after the peel

- Keep treated areas cool (use a water spray).
- Do not pick! Picking delays healing and causes scarring
- Moisturise – use light preparations after a superficial peel, thicker [moisturisers](#) after a deeper peel
- Protect from the sun – especially for the first 6 months
- If advised to do so, continue to use tretinoin, glycolic acid and/or hydroquinone at night long term

Complications

Complications are uncommon if the health professional performing the peel is properly trained.

- [Comedones](#) (blocked pores) or [acne](#) may result from the peel itself or from thick moisturisers used afterwards; ask your dermatologist for treatment.
- Infection due to bacteria ([Staphylococcus aureus](#)), yeast ([Candida albicans](#)), or virus ([Herpes simplex](#)); you may need antibiotics.
- Scarring may result from infection or picking the scabs, and can be permanent.
- Blotchy pigmentation is most likely in those with darker skin or who had a pigmentation problem before the peel; keep out of the sun and use hydroquinone.
- Persistent [solar keratoses](#) may require treatment. Your dermatologist may choose [cryotherapy](#), [5-fluorouracil cream](#) or [biopsy](#) a lesion in case it is [skin cancer](#).

General advice

- Ensure your doctor's instructions are carefully followed
- If you don't understand, ask!
- Let your doctor know promptly if there are any problems – complications are easier to deal with early than late

Related information

On DermNet NZ:

- [Facial lines and wrinkles](#)
- [Facial rejuvenation](#)
- [Ageing skin](#)

Other websites:

- [Chemical peels](#) – emedicine dermatology, the online textbook

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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