CHEMICAL PEEL AFTERCARE INSTRUCTIONS

If you have any questions or concerns in your initial post-operative period, please call us at 541-618-1461.

What to expect

• Mild residual redness or mild burning may occur but should resolve over the next 24-72 hours.

• You will notice your skin may be slightly reddened and swollen, if a blister appears apply Bacitracin ointment and call us.

• You will notice your skin will start to flake and peel, it is crucial you do NOT pick or “help” remove the skin as this could lead to scarring and/or pigmentary changes. Apply recommended cream to dry areas.

• You can begin to see improvements in the treated area within one week of treatment, but will ideally obtain optimal results with a series of 3-6 treatments preformed every 4-6 weeks.

Post Treatment Instructions

No sun exposure for 4 weeks post treatment and you are advised to apply 30+ SPF to treated area to help prevent future hyperpigmentation. You have been given a recommendation of Epionce Intensive Rehab kit to use for the next 3 days.

Day 1

• Epionce Medical Barrier Cream and Epionce SPF 50 have been applied post procedure.

• Do not wash your face until following day after chemical peel (Day 2)

• Do not apply any products with Retin-A, glycolic or Kojic Acid for 1 week post treatment.

• Avoids sun exposure

Day 2 - Day 7

• Gently wash face with a facial cleanser, do not use a cleanser containing salicylic or glycolic acid.

• It is very important to wear a sunblock of SPF 30-50 daily. When in the sun, wear a sun hat and re-apply SPF every 2 hours.

• You may apply a mineral make-up to treated area as long as there is no break in the skin.
**Post Treatment Instruction continued**

**Day 8**

- You may resume your normal skin care regimen unless advised by your Aesthetician.

**Symptoms requiring medical attention**

Call us if you notice any of the following:

- Increasing redness or swelling over the treated area
- Pustule formation (blistering)
- Fever

**Post-treatment compliance agreement**

The treatment instructions outlined here have been explained to me fully and in great detail and all of my questions have been answered. I agree to wear sunblock as described in these instructions. I understand the importance of following these instructions and know that failure to do so may increase the probability of complications. By signing below, I acknowledge that I have received a copy of these instructions prior to my treatment and agree to comply with them as directed.

__________________________________________________________________________                      ______________________
Patient Signature                                                                                                            Date

__________________________________________________________________________                      ______________________
Witness Signature                                                                                                          Date