PROTOCOL

ARP

CONTAINS : Azelaic Acid 20% Resorcinol 10% Phytic Acid 6%

Azelaic acid is an effective melanogenesis inhibitor that helps to brighten uneven complexions. Azelaic acid is antibacterial, keratolytic and comedolytic. Azelaic acid helps to normalize keratinization in the skin and is an antioxidant.

Resorcinol is a phenolic agent that causes changes in cell membrane permeability, which leads to cell death and exfoliation. It is often used to target acne, psoriasis and hyperpigmentation. It is used as a keratolytic to remove "old" cornified cells on the skin surface.

Phytic acid is an exfoliating agent that is considered to be gentler than alpha-hydroxy acids. Phytic acid does not cause peeling at low concentration, but helps with clearing impacted surface cells. Phytic acid applied topically inhibits melanin production by preventing transport of iron and copper into the cells.

WHAT TO EXPECT: Post-Peel Results

The triple combination **ARP Peel** results in significant improvement in facial melasma in women with skin type I to IV. We have various combination products (containing arbutin, lipid-soluble vitamin C, kojic acid, niacinamide etc) available to support outcome of this peel.

Circumstances where clinical recurrence of melasma is reported may indicate deeper pigmentation that will require additional and/or prescription treatment options.

WHO IS THE IDEAL CANDIDATE?

These peels are effectively used in patients with superficial pigmentation and uneven skin tone.
Mild, effective peel with no downtime for use on the facial area.

CONTRAINDICATIONS

Do not use if the patient -

- Will continue to have excessive sun exposure (so not before sunny holidays)
- Is skin type Fitzpatrick more than IV
- Is pregnant or lactating
- Has any auto immune disease or suffers from active Herpes Simplex
- Has a history of keloid scarring
- Had any type of recent facial surgical procedure.
- Received or is going to received Botox/Filler treatments.
- Is taking Isotretinoin or have been taken the medication within the last 12 months
- Has any form of skin cancer.
- Has recent scar tissue in the treatment area
- Has active dermatitis or irritation on the face

Proceed with caution where –

✓ Patients have had multiple chemical peels, microdermabrasion or facial laser treatment in previous 9 months.

✓ Erythema is persistent until the next session.

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PRE-TREATMENT

No specific pre-treatment protocol required.

Tip: Protect the skin against the sun before peels. Effective sun protection should start 2 weeks before a medium or deep peel and even before a series of superficial peels to inhibit melanocyte activity and avoid excessive stimulation of melanin production before the peel.

TREATMENT PROCEDURE

As with any clinical process, the technique of the clinician is an important factor in the results of a peel.
Several different application devices can be used for peel solution application: a brush, gauze or a cotton-tipped applicator. For best results use folded gauze. This approach allows the greatest control and the least amount of splashing or dripping of the peel solution.
Ensure the client/patient is comfortable on the treatment bed.

Tip: A suggestionis to have the patient/client change into a spa wrap or gown. It offers the experience of receiving a "full facial treatment".

Alternatively, place a towel over the chest to protect the clothing. Secure hair off the face with a spa headband or towel wrap. Sensitive areas of the face such as the lips and the eyelids junction can be protected with a thin layer of **Marly Skin** skin protectant (see below).

- Cleanse the skin using suitable cleanser or **Lycoderm Pre-Peel Cleanser.**
- Degrease the skin with product of choice, or **Lycoderm Degreaser**.
- Cover lips & eyelids with a layer of **Marly Skin** (our nr.1 recommended skin protector).
- Decant ARP peel solution into a small medicine cup.
- The ARP Triple peel solution is applied in a predetermined manner on to the facial cosmetic units starting from the forehead and progressing to the zygomatic cheeks, chin, upper lip, nose and lower eyelids.
- Approximately 3ml of the solution is required to completely cover the face.
- The entire procedure should be completed within 30 sec.
- An erythematous response or burning sensation by the patient is considered to be the end point of the peel.
- The solution should not be left on the skin for longer than 5 minutes and should be neutralised after 5 minutes and washed off.
- When the solution is washed off, a bland moisturising cream or foam (new **D-Panthenol 9% Foam**) is recommended for immediately post-procedure and multi-ingredient **Lycoderm Post Procedure Cream** recommended to be applied and continued for 2 days after procedure, followed with a sunscreen (**Lycoderm Sunscreen SPF 50** available).

PATIENT EXPERIENCE

- Patients may experience a burning sensation with resulting redness (erythematosus) mid-peel.
- Peeling may occur 2 days post-peel and can extend up to 5 days post-peel.
- Patients with Fitzpatrick skin type III may experience darkening during desquamation due to increased melanin sloughing.

AFTERCARE

- Patients will be required to wash their faces at home post-application with a gentle cleanser.
- A bland nourishing moisturising cream, such as **Lycoderm Post Procedure Cream** should be applied and continued to use for 2 days.
- It is essential to use a good sunscreen such as **Lycoderm Sunscreen SPF 50** for at least a week after the peel, as well as a sunhat and sunglasses should the patient be going outdoors.
- Patients are also instructed to refrain from applying cosmetics for 12 hours.
- It is critically important to instruct patients to not pick or peel the dry skin. This may lead to scarring and hyperpigmentation.

INTERVAL

Lycoderm ARP Peel can be repeated in 2-4 week intervals for 3-4 sessions.

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