

## **Hands-On Course Chemical Peels**

Date: April 22-24, 2016

Place: Munich, Germany

Direction: Dr. Luitgard Wiest and Prof. Peter Rullan

1. 2 day full face Rullan 0.35% CO/Ph60% chemabrasion on young acne scar male patient –Required IV sedation both days, and nerve blocks on day one. Taped with Hytape x 24 hours. Hetter VL for eyelids for color match. Second day we abraded the “coagulum” and the inside of acne scars with 6mm curette and 1-2 mm curette. Day 2 we did Nokor subcision immediately pre-CROSS and pre-regional Rullan peel application (only on cheeks), using fine brush, into ice pick, box and rolling scars. We saw him days 1-4. Noticed the Bismuth subgallate mask thicken as he applied more powder daily to absorb drainage. Pain lasted 2 ½ days and responded well to Halcion on day 3.
2. 2- day regional phenol of blond woman with deep peri-oral rhytides and ruggae, and eyebrow rhytides. Had Baker Gordon 8 years ago with big improvement. Only buccal-gingival nerve blocks on day one for mouth and field block for eyebrows. Had IV sedation on day 2. Rullan 0.35% CO applied peri-oral with feathering into buccal cheek creases, and also to eyebrows after Hetter VL (0.1% CO, 30% Ph) did not cause enough reaction. Taped perioral x 24Hours. Chemabraded on day 2, with currettes and reapplication of Rullan peel with fine brush into deeper wrinkles especially upper lip and chin, but also to eyebrows. Was seen again on day 3 and needed more bismuth subgallate powder to create thicker mask. No pain issue post op.
3. Thin older woman with chief complaint of lip rhytides, but really needing more facial re-volumizing. Sensitive skin. Did not want deep peels. We performed buccal-gingival blocks and then simply applied Rullan peel along vermilion border (and into proximal pink part of lip). No taping. Applied ZO 3 step rest of face. Looked slightly swollen day 2 but no peeling, just some crusting along vermilion. Reapplied Rullan along vermilion on day 2. Saw her on day 3 with no problems. Also had Botox into 4 (x 1 unit)sites along upper lip vermilion. Just apply aquaphor to lip line.

4. "Rosacea" skin/heavy woman with unusual upper chest soft "pink distensible lumps, almost like amyloid deposits. No safe peel can tighten this, so we chose quasi-placebo treatment with saline injections to enhance autologous collagen production, and one pass of Jessner's plus 15% TCA. Previously treated with Botox. Could thicken saline with HA fillers in future. Consider doing ANA blood test.
5. Heavy set nice woman with heavy upper lids, thick skin and some creases along buccal region when smiling. Neck was heavy. In addition to IV sedation, we also did facial nerve blocks, and then did 26-28% Controlled Depth Blue peel to entire face, except for eyebrows where we applied Stone 0.2%CO/60%Ph. Also had Seborrheic Keratoses on dorsal hand, so we compared 30% TCA until frost, versus Hetter VL. Saw her on day 2, and both SK's looked darker and should peel off.
6. Young pretty blond woman with acne scars, status post full face Baker Gordon's (big improvement). Did not want to scare her 3 year old child with deep peel. We did regional Nokor subcision and 80% CROSS TCA into ice pick scars. Received IM Trimcinolone 20 mg to reduce swelling. Was seen next day with some bruising and edema from subcision, and some crusting from CROSS, but could wear make-up and go to a party.
7. One MD had small lentigo on cheek and we applied Hetter VL. Saw hi next day with darker drier lentigo. Had no pain.
8. Another doctor received 30% Salicylic on her entire face, for pores and acne, and reported no peeling and slightly drier on skin day 2. Refreshed her complexion. Could help brown lentiginos on her lateral cheeks. Needs more peels.
9. Another MD woman, had neck laxity, and we performed a comparison peel, with Jessner's (3 x) and then 15% TCA till even papillary dermal frost achieved, on Right side of neck, all along to posterior neck; and on Left side we applied Hetter VL, with less obvious frosting, but visible pinkness. Felt less pain on Hetter side. Within 30 minutes, we noticed more edema on the Hetter side. On day 2 the Hetter side appeared slightly more swollen, and pinker. Similar erythema on both sides. The students reapplied Hetter VL on "skip areas" on day 2.
10. Very small, thin older lady, but very active, status post upper blepharoplasty which she says only helped for 3 years. The students did buccal-gingival blocks, field blocks along the brows, and applied Rullan to upper lip unit, and lower lip line only, with some feathering. Will be taped x 24-48 hours in the mouth area. Brow received Rullan peel, but tarsal lid received Hetter VL Only Aquaphor for this area.
11. Male with Seborrheic Keratoses on arms and Actinic keratosis on scalp and face. Had Jessner's + 15% TCA recently with peeling of face but not on arms. Decided to emphasize the lesions on arms, with Stone 0.2% CO/60% Ph, and also to AK's on scalp and face. Arm SK's did not frost much, only erythema and edema. Applied Jessner's on arms x 3 with no frosting. Will use Aloe Vera post op. May need spot Stone for residual SK's.