TRICHLOROACETIC ACID

TCA was first used as a peeling agent in 1882 by German dermatologist P.G. Unna. Since then many innovations and applications of the TCA peel have been discovered. TCA peels are one of the most effective superficial to medium depth peeling agents. When performed properly, TCA peels can be very rewarding.

Benefits
- Rejuvenates skin and improves skin texture
- Reduces acne scarring
- Helps with acneic conditions
- Reduces pigmentation issues
- Stable, long shelf life.
- Versatile peeling agent, can be used for superficial to medium depth peeling.
- Frosting indicates depth of peeling

Contraindications
- Laser resurfacing within last 6 months
- Accutane within one year
- Hypersensitivity
- Dry, dehydrated skin
- Pregnancy or nursing
- Herpetic breakout (cold sore)
- Open wounds or suspicious lesions
- Cystic or inflamed acne
- Grade 3 and 4 acne
- Higher concentrations not recommended for skin types V and VI

Possible complications
- Irritation
- Erythema
- Herpes simplex breakout
- Bacterial or viral infection
- Pigmentary changes can occur
- Possibility of scarring (rare)

Sensitivity, Medical conditions, and medications
- Review client medical history.
- Perform cutaneous examination.
- Must be off accutane for 6 months.
- Must be off topical vitamin A for 3 days.
- If predisposed to cold sores, start regimen of Zovirax or valtrex prior to and during the peel.
- Perform a patch test to check tolerance
- If taking medications that makes skin photosensitive, you may have problems with PIH.
- Check for uncontrolled medical conditions such as diabetes.
TRICHLOROACETIC ACID PEELING TECHNIQUES

Skin Preparation
Skin preparation is a vital step in order to maximize the efficacy of TCA peels. The amount of preparation is dependant on skin type and condition. Preparation can impact penetration of the peeling agent and the overall efficacy of the peel. Preparation can also decrease the potential to develop post peel complications. Typical preparation products that are used 4 to 8 weeks prior to TCA peeling include:

- Retinoids (Retin A, Tazorac, Retinol). Discontinue use of retinoid therapy 3 days prior to performing TCA peel.
- Bleaching agents such as Hydroquinone, Kojic Acid, Azelaic Acid, Arbutin etc.
- AHA's such as Glycolic, Lactic, and Citric acids

Typical application of TCA solutions:
- The skin is degreased thoroughly with alcohol.
- The TCA solution is applied with 2x2 guaze pads, cotton balls, or Q-tips. (2x2 guaze pads are preferred)
- Apply solution in a pre-determined sequential manner starting at the forehead, moving around to the temples, cheeks, chin, and nose. Stinging sensation is normal
- Superfi cial peeling usually requires several coats. Technician should observe level of frosting but also the duration of this reaction before proceeding. Wait 3 minutes between layers. Once desired frosting is achieved, cool water compresses may be used to relieve the client. Unlike glycolic peels, water does not neutralize TCA, it only helps comfort the patient.
- After stinging subsides. Apply thin layer of petrolatum ointment.

Post Peel Care
- Mild to moderate erythema and peeling is usually resolved within 4 – 7 days.
- Skin may feel tight for the fi rst few days.
- Some areas of the skin may darken during until the skin has completely peeled.
- Use mild cleanser and light layer of petrolatum ointment 2 x daily. Do not use harsh or active products. After 7 days client can use non-occlusive emollient moisturizers.
- Do not pick, pull or tear skin during the peeling process.
- Vinegar soaks can be used several times a day. 1 tablespoon white vinegar to 1 pint warm water.
- Continue the pre-peel skincare conditioning regimen only after peeling has subsided. This will help maintain peel results longer.
- Wear broad spectrum sunscreen
- Schedule a follow up visit with client