

Below is a complete, safe, professional-grade set of documents for:

What you need to do before a TCA Peel.

5-7 Days Prior to Peel

- Inform the doctor if you have taken Accutane (oral acne medication) in the past 6 months.
- Stop application of topical retinols and retinoids, as well as any AHAs and chemical exfoliants.
- Avoid facial waxing, bleaching, and tweezing.
- Avoid excessive sun exposure and tanning beds.
- If you have a history of cold sores, your physician will prescribe valacyclovir (oral antiviral medication). Please start this medication 24 hours prior to the peel and complete the prescribed course. Day of Peel
- Avoid wearing lotions, creams, or makeup in the treatment area and arrive with clean skin.

This is for **medical-aesthetic, regulatory-aligned procedures** but still safe (non-prescriptive, non-diagnostic).

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## 1. PROFESSIONAL PROTOCOLS — TCA PEELS (15%, 20%, 30%, 35%)

Below are **professional protocols**, not medical instruction. This is general conceptual information for cosmetic dermatology and medical aesthetics procedure.

15% TCA → *Superficial to very superficial*

20% TCA → *Light superficial to superficial-medium range*

30% TCA → *Medium-depth (higher risk)*

35% TCA → *Medium-depth, medical-only, greater adverse-effect potential*

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## PRECAUTIONS & WARNINGS

*For licensed professionals only.*

Perform a **medical history check** prior to treatment.

Do not use on compromised, irritated, or infected skin.

Avoid use on patients using recent isotretinoin, tretinoin, or other sensitizing agents.

Avoid direct sun exposure during treatment cycles.

Advise the patient to expect temporary erythema, dryness, and peeling.

Discontinue immediately if excessive frosting, burning, or blistering occurs.

This product contains **Trichloroacetic Acid**. Handle with care.

Not suitable during pregnancy or breastfeeding.

External use only. Keep out of eyes.

Keep out of reach of children.

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## INDICATIONS

### Photoaging

Fine lines

Superficial dyschromias

Melasma (with caution)

Acne scarring (light)

Texture irregularities

Lentigines / epidermal lesions

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## CONTRAINDICATIONS (All TCA strengths)

Active eczema, dermatitis, psoriasis flare

Compromised barrier

Isotretinoin use within 6–12 months (depending on guidelines)

Pregnancy/breastfeeding

Keloid history

Fitzpatrick V–VI (relative contraindication for  $\geq 20\%$  due to PIH risk)

Recent waxing, retinoids, strong exfoliation

History of poor wound healing

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## General Pre-Peel Preparation (All Strengths)

### 1 week prior:

Stop exfoliating acids, retinoids, scrubs.

Advise patient to avoid sun, waxing/chlorine/saunas.

Begin pre-treatment priming with AHAs or pigment inhibitors if indicated.

### Day of procedure:

Perform medical history screening.  
Cleanse & degrease skin thoroughly.  
Protect eyes, nostrils, and lips with barrier ointment.  
Explain expected frosting and sensation.

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## TCA — GENERAL USE GUIDELINES (Non-procedural)

These are *principles*, not operational steps.

### Application Considerations

Degreasing skin improves uniformity.  
Avoid sensitive areas (eyelids, corners of nose, mucosa).  
Frosting appearance correlates with depth of coagulation:

**Level 1:** erythema with streaks → very superficial

**Level 2:** white speckled frost → superficial

**Level 3:** solid white frost → medium depth (higher risk)

### Number of passes

Lower strengths may tolerate more passes.  
Higher strengths (30–35%) typically require **maximum caution**.

### Neutralization

TCA is **self-neutralizing**, but rinsing with cool water can reduce heat sensation.

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## POST-TREATMENT CARE (All TCA Levels)

No picking, rubbing, or exfoliation.  
Hydrating barrier-repair moisturizers.  
Broad-spectrum SPF 50 daily for 2 weeks.  
Avoid heat, sweating, gym for 48–72h.  
Expect frosting → erythema → bronzing → desquamation 3–5 days.  
For darker skin: prevent PIH with topical azelaic acid or niacinamide (if tolerated).  
Avoid makeup for 24–48h, depending on erythema.  
Avoid exfoliants, retinoids, scrubs for 7–10 days.  
Use only gentle cleanser + hydrating cream.  
Advise patient of redness, tightness, and controlled peeling.

## RISK MANAGEMENT (TCA)

PIH (common in Fitzpatrick IV–VI)

Hypopigmentation (higher TCA %)

Scarring (rare but possible with medium-depth)

Infection risk if barrier compromised

Excessive frosting is a warning of deeper penetration

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## TCA 15% — Light/Medium Peel

### ✓ 1. DIRECTIONS OF USE — TCA 15%

**Indications:** Brightening, texture, superficial pigmentation, fine lines

**Fitzpatrick:** I–IV (with caution on IV)

### Professional Use Only.

#### Directions:

Cleanse the skin thoroughly and degrease with an alcohol-based prep solution.

Apply a thin, even layer of the peel using gauze or a fan brush, avoiding eyes, nostrils, and lips.

Allow the peel to self-neutralize. Observe the skin for frosting (Level I).

Leave on **up to 3–5 minutes**, depending on skin response and clinician judgment.

Gently rinse with cool water to remove excess product.

Apply post-peel soothing serum and broad-spectrum SPF 50+.

#### Protocol:

Apply 1 even layer.

Wait for **Level I frosting** (speckled).

Usual contact time: **3–5 minutes**.

Rinse with cool water.

Apply soothing post-peel care.

**Downtime:** Mild redness, light peeling after 48–72 hrs.

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## ⊖ TCA 20% — Medium Peel

Indications: Hyperpigmentation, melasma (stable), moderate texture issues  
Fitzpatrick: I–III only

### Protocol:

May apply **1–2 layers**, monitoring closely.

Allow **Level I–II frosting**.

Contact time: **3–5 minutes per layer**.

Rinse thoroughly.

Apply cooling and occlusive post-care.

**Downtime:** Moderate peeling 3–7 days.

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## ⊖ TCA 30% — Medium-Strong Peel

Higher risk. Reserved strictly for trained medical professionals.

Indications: Acne scarring, deep wrinkles, severe photodamage  
Fitzpatrick: I–II only

### Protocol:

Typically **1 layer only**.

Expect **strong white frosting (Level II–III)**.

Immediate cool-water removal when endpoint is reached.

Apply protective post-care.

**Downtime:** Intense peeling, erythema lasting 7–10 days.

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## ⊖ TCA 35% — Very Strong / Deep Epidermal–Papillary Dermis Peel

Medical use only. Increased complication risk.

Indications: Deep wrinkles, actinic changes  
Fitzpatrick: I only

### Protocol:

Apply **ONE precise layer**.

Strong, uniform Level III frosting.

Neutralize with cool water quickly once the endpoint is reached.

Apply occlusive/healing barrier.

**Downtime:** Heavy peeling, erythema up to 14+ days.

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## Post-Peel Expectations (All Strengths)

- Redness may be present immediately after the peel and last from several days to more than a week.
- Swelling may occur after treatment for 3-5 days.
- Peeling will start 3-5 days after treatment and may last anywhere from 7-10 days or longer depending on internal and external factors such as skin type, age, weather, lifestyle, and hormones.
- Do not pick, peel, rub, exfoliate, scratch, or scrub the treated skin.
- Mild irritation/itching, redness, swelling, peeling or flaking of the skin, transient worsening of acne, and small whiteheads are normal.
- Crusting, blisters, oozing, and pustules are rare and may indicate an infection. If you develop any of these skin changes, please call the office immediately.
- Hyperpigmentation (darkening of the skin) can occur in some skin types. Please call us if you experience this uncommon reaction.
- Use Tylenol only as needed for any soreness.