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Professional-level, clinical protocol + clinical manual sheet for Salicylic Acid Peels 20% and 35%

For doctors and trained practitioners.

The following is structured as a professional medical-aesthetic manual but stays within safe and ethical guidance.

SALICYLIC ACID CHEMICAL PEELS — CLINICAL PROTOCOL (20% & 35%)

For professional use by licensed medical/aesthetic clinicians only

1. PRODUCT OVERVIEW

Active: Salicylic Acid (Beta-hydroxy acid, lipid-soluble)

Available Strengths: 20% and 35%

Mechanism of Action:

Keratolytic desquamation

Sebaceous gland penetration

Anti-inflammatory effect

Comedolytic action

Helps reduce acne lesions, seborrhea, pigmentation irregularities, superficial textural irregularities

Indications:

Acne grades I–III

Oily, seborrheic skin

Congestion, blackheads, comedones

Superficial hyperpigmentation

Post-acne marks

Photoaging (mild–moderate)

Keratinized skin, rough texture

Mild melasma (in combination protocols)

Contraindications:

- Allergy to salicylates (Aspirin sensitivity)
- Active dermatitis, eczema, rosacea flare
- Open wounds, skin infections (viral, bacterial, fungal)
- Use of isotretinoin within the past 6 months
- Severe sunburn
- Pregnancy/lactation (avoid unless cleared)
- Recent waxing/shaving (24–48h)
- Severe sensitive skin or compromised barrier

Areas Treated:

Face, chest, upper back, shoulders

2. PRE-TREATMENT (2 weeks recommended)

Patients must:

Cleanse with a low-pH (4–5) gentle cleanser twice daily.

Stop retinoids 2–3 days before peeling.

Stop AHA, BHA, scrubs 2–3 days prior.

For Fitzpatrick IV–VI or pigment-prone patients:

Use a tyrosinase inhibitor (e.g., arbutin, TXA, azelaic acid) once daily.

Daily **broad-spectrum SPF 30–50** mandatory.

Avoid tanning beds or significant sun exposure.

Optional tolerance priming:

Low-dose salicylic cleanser nightly.

3. IN-CLINIC PROCEDURE PROTOCOL

Supplies Required

- Salicylic Acid 20% or 35%
 - Alcohol prep / degreasing solution (70–90%)
 - Cotton gauze pads
 - Fan
 - Timer
 - Neutralizing solution **not required** (self-neutralizing peel)
 - Healing moisturizer
 - Broad-spectrum SPF 50+
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A. APPLICATION PROTOCOL — 20% SALICYLIC ACID

Purpose: Mild to moderate strength; well-tolerated; ideal for acneic/oily patients.

Steps:

Cleanse thoroughly; remove oils, makeup, sunscreen.

Degrease entire area using alcohol prep. Allow to dry fully.

Eye protection applied.

Pour small amount of peel into a medicine cup.

Soak gauze pad, squeeze excess.

Apply Peel (1–3 layers depending on tolerance)

1st pass: Horizontal

2nd pass: Vertical

Optional 3rd pass for oily, thick, acneic skin

Frosting:

Salicylic acid produces **pseudofrosting (white crystallization)**— this is expected.

Timing:

Peel is **self-neutralizing**; leave on **3–7 minutes** depending on response.

End point criteria:

Pseudo-frost film

Erythema (light–moderate)

Tingling, mild stinging

Remove excess crystals with cool water or saline if needed (optional).

Post-peel care: Apply hydrating serum, HA gel, or barrier cream.

Apply SPF 50 if patient leaves clinic with exposed skin.

B. APPLICATION PROTOCOL — 35% SALICYLIC ACID

Purpose: Stronger professional peel; suitable for oily/resistant skin, acne grades II–III, comedonal lesions, seborrhea.

Steps

Same protocol as 20% with these differences:

Layering:

Usually **1–2 layers** only

3rd layer only on **very oily/resistant areas** (forehead, nose)

Timing:

2–5 minutes

End earlier if persistent erythema or excessive burning occurs.

Expected Reactions:

More intense pseudo-frost

Stronger tingling/stinging

Possible mild flaking 2–4 days post-peel

Stopping Rules:

Stop immediately if you see:

True frosting (protein coagulation — uncommon but indicates over-exfoliation)

Excessive erythema

Patient reports severe burning

4. POST-TREATMENT CARE (For both 20% and 35%)

First 24 Hours

Avoid heat, exercise, saunas, sweating
No retinoids, acids, benzoyl peroxide
Use only gentle hydrating products
No makeup for 12–24 hours

Days 2–5

Mild dryness or micro-flaking may occur
Use hydrating serums (HA), barrier creams, ceramides
Do **not** manually peel or scrub

Sun Protection

SPF 50 daily for 1–2 weeks
Avoid direct sun exposure for minimum 72 hours

When to Resume Actives

Retinoids: After 3–5 days
AHA/BHA: After 5–7 days
Acne treatments (BP): After 3 days

5. EXPECTED PEELING RESPONSE

20% SA: Mild flaking or none
35% SA: Mild–moderate flaking
Skin becomes clearer, less oily, refined pores, smoother texture within 7 days

6. TREATMENT COURSE

20% SA: Every 1–2 weeks
35% SA: Every 2–4 weeks
Average course: 4–6 treatments

7. CLINICAL WARNINGS

Do not use on patients with salicylate allergies
Avoid eye area and mucous membranes
Do not apply to broken or inflamed skin
Do not mix with other peeling agents during same session
Avoid during Accutane therapy or 6 months post-therapy
Monitor closely on Fitzpatrick IV–VI skin (risk of PIH)

8. CLINICAL MANUAL SHEET (PRINT-READY)

9. SALICYLIC ACID PEEL — CLINICAL MANUAL SHEET

Strengths: 20% / 35%

Viscosity: Low

Neutralization: Self-neutralizing

Layering: Yes (1–3 layers depending on strength)

Patient Indications

Acne I–III
Oily or seborrheic skin
Enlarged pores
Blackheads/comedones
Dull skin, uneven tone
Superficial pigmentation
Keratinized, rough texture

Contraindications

Salicylate allergy
Active infection, dermatitis, eczema
Pregnancy (unless cleared)
Accutane use (6 months)
Recent waxing/shaving (24h)
Sunburn
Compromised barrier

Procedure Summary

Cleanse → Degrease
Apply peel (20%: 1–3 layers | 35%: 1–2 layers)
Observe pseudo-frost
Leave 2–7 minutes depending on strength
Rinse optional
Apply soothing moisturizer
Apply SPF 50

Post-Care Summary

Hydrate for 3–5 days
Avoid actives 3–5 days
No heat/exercise 24h
SPF 50 for 1–2 weeks

Treatment Frequency

20%: Every 1–2 weeks

35%: Every 2–4 weeks

4–6 sessions recommended
