

# CHEMICAL BLEPHAROPLASTY & CHEILOPLASTY

## Lip & Eyelid Formula®

### Preparation in the medium term

If there is a risk of pigmentary change:

Phototype 1-3: Blending Bleaching® 2x/d, 2-3 weeks before the peel

Phototype 4: "Enriched" Blending Bleaching®, 3-4 weeks before the peel

If there is a risk of herpes: Valacyclovir (Valtrex) or Acyclovir 3-4 days before and after

#### Miscellaneous

Do not treat patients with a very low IQ or very squeamish patients

Tell the patient what the skin will look like during the first week:

Yellow powder crust, swollen face, social life impossible

Tell the patient about the possibility of a touch-up peel

Give the patient a paracetamol + codeine tablet 30 minutes before the peel

Make provision for a sedative for the first night

Strict contraindications: active infections, insulin-dependent diabetes, collagen diseases, pregnancy, breast-feeding... (For more details, see \*)

### Blending Bleaching® «Enriched»

R/ Blending Bleaching® Cream, one 50 g tube  
Hydroquinone 3 to 6%  
in a tube

Or

R/ Blending Bleaching® Cream, one 50 g tube  
Tretinoin 0.05 to 0.1%  
in a tube

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### Immediate preparation

Degrease the skin with acetone (use a fan for the fumes)

Disinfect with alcohol (use a fan for the fumes)

Protect the eyes (sterile ophthalmic Vaseline)

The Vaseline neutralizes the phenol and prevents accidental direct contact with the cornea.

### Applying the peel

Inject 0.14 ml of Lip & Eyelid® solution directly onto a cotton bud.

Apply Lip & Eyelid® on the area to be treated.

**With nerve block anesthesia:** (if patient is squeamish)

Start at the base of the wrinkles and then apply over the whole area.

A single coat is enough in most cases to achieve frosting that gradually turns gray-white. After the first coat, leave Lip & Eyelid® to work: the oily formulation makes frosting more gradual.

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Fig. 1: application at the base of the wrinkles



Fig. 2: application over the whole area



Fig. 3: occlusion for 24 hours

**The evening-out peel (Easy TCA® or Unideep®) is applied immediately after the Lip & Eyelid® formula has frosted. The Lip & Eyelid® occlusion can be applied before or after the evening-out peel.**

# **Lip&Eyelid Post-Peel Care**

## **Immediate post-peel care**

**Eyelids:** (usually) no occlusion, Unideep® or Easy TCA® Post-Peel Mask is applied on the eyelids – eye drops (artificial tears) several times a day

**Upper lip and chin:** occlusion for 24 hours - transparent occlusive dressing in the Lip & Eyelid® kit.  
If the occlusive dressing comes away accidentally, apply Vaseline as a backup.  
Paracetamol 1g + codeine tablet.  
At the end of the treatment and more if painful  
Lorazepam to be taken in the evening to sleep  
Acyclovir: continue 4 x 200 mg/d for 3 -4 days after the peel or VALAcyclovir 2 x 500 mg/d

## **The evening of the peel**

The treated area must not be washed. If necessary, take paracetamol-codeine.

## **The following day**

Wash the rest of the face as usual, but not the area treated with Lip & Eyelid®

## **See the patient again after 24 hours**

If occlusion applied: remove occlusion  
If all the wrinkles have not gone, apply Lip & Eyelid® again, without occlusion  
With or without occlusion or a touch-up: powder with bismuth subgallate.  
If the subgallate does not stick: spray with a small amount of thermal water and then powder.  
If it still does not stick: apply an antibiotic cream 4 times a day, rinse the skin before applying a new coat of cream.  
The patient must wash his or her hands properly before touching the skin.  
Apply the subgallate powder for as long as the treated area is not dry.

## **The 3<sup>rd</sup> day**

The pain will come back for a few hours: patient should take a paracetamol-codeine tablet.

## **See patient again on 3<sup>rd</sup> or 4<sup>th</sup> day**

Make sure there is no bacterial, viral or fungal infection  
If there is an infection: treat orally not topically  
Apply sterile white Vaseline on any cracks (very locally)

## **From the 5<sup>th</sup> – 6<sup>th</sup> day**

The patient applies white Vaseline several times a day to remove the powder.

## **See patient again on 7<sup>th</sup> day**

Help remove the bismuth-Vaseline membrane.

## **From 8<sup>th</sup> day (rarely 10<sup>th</sup> day)**

The patient can wear make-up.  
The patient can shave.  
Sun avoidance and protection (Melablock HSP® 50+)  
Heat Shock Proteins: protect the three-dimensional protein structure destroyed by heat.  
Blending Bleaching® Cream (as soon as the skin can tolerate it) 2 x/day (possibly "enriched" BnB)  
Tyrosinase inhibitors, antioxidants, vitamins: prevent excess melanin synthesis.  
Renutriv ACE Lipoic Complex® Cream (antioxidant)

## **See patient again after 15 days, one month, three months**

If any pigmentary changes (after approx. 1 month):  
Do a few Easy TCA® sessions (pinpoint or cloudy frosting) and apply enriched Blending Bleaching®  
If necessary, combine with a "clobetasol" type corticosteroid  
Continue with Blending Bleaching® and Melablock HSP® (go gradually from HSP 50+ to HSP 25+)

## **See patient again after 3 months** for the end of treatment

\* For further details, please refer to our protocol book or visit [www.skintech.info](http://www.skintech.info)  
More information: "Textbook of chemical peelings" . Published 2006 by Ed Dunitz [www.dunitz.co.uk](http://www.dunitz.co.uk)