



APEELE™ is a next-generation revitalizing chemical peel designed to provide controlled exfoliation of damaged skin with significant visible results after just one treatment. This powerful yet non-invasive approach to chemical resurfacing uses a synergistic combination of alpha hydroxy acids (mandelic acid, lactic acid), beta hydroxy acid (salicylic acid), other exfoliating acids (trichloroacetic acid, phenol, retinoic acid) in combination with hydroquinone and built-in topical anesthetics to achieve a superficial to medium-depth peel.

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with a chemical peel. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. As peels go deeper into the skin, the overall risks and benefits increase. Although the majority of patients do not experience the following complications, you should discuss each of them with your patient to make sure they understand the risks, potential complications and consequences of chemical skin-peeling.

**INFECTION** – Infection is unusual. However, viral, bacterial, and fungal infections can occur. If you have a history of herpes simplex virus infections around the mouth (or cold sores), notify your doctor. We will prescribe an antiviral medication to prevent reactivation of the infection. Should any type of infection occur, additional treatment with the appropriate medication may be necessary.

**PIGMENT - COLOR CHANGE** - Pigmentation can include both lightening and darkening of the skin and can be either temporary or permanent. Darker skin types are at higher risk of developing increased pigmentation after a chemical peel. Increased pigmentation can be minimized by pretreatment with bleaching creams, avoiding sun exposure after the peel, and not picking the skin during the healing period. A line of demarcation can occur between the peeled skin and untreated skin.

**SCARRING** - Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

**PAIN** - There is mild stinging and irritation that occurs when the acid is applied to your skin. This is temporary and is gone by the time you leave the office. A sudden reappearance of pain or inflammation later in the week could be a sign of infection and you should be addressed immediately.

**PERSISTENT ERYTHEMA (REDNESS) OR ITCHING** - Itching and redness is a normal part of the healing process. Erythema rarely persists beyond 7-10 days.

**ALLERGIC REACTIONS** - In rare cases, allergies have been reported to drugs and agents used for chemical peels. Allergic reactions may require treatment. I am not allergic to any of the active ingredients such as: Salicylic Acid, Lactic Acid, Trichloroacetic Acid, Mandelic Acid, Gluconolactone, Retinoic Acid, Phenol, Lidocaine, Tetracaine, Hydroquinone. I am not allergic to aspirin or anesthetics (numbing agents) such as lidocaine and tetracaine.

**DELAYED HEALING** - It may take longer than anticipated for healing to occur after a chemical peel. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a chemical peel.

**LACK OF PERMANENT OR UNSATISFACTORY RESULTS** - A chemical peel may not completely improve or prevent future skin wrinkling. Neither technique can reverse the signs of skin aging. Additional surgical procedures may be necessary to further tighten loose skin. You may be required to continue with a skin care maintenance program after a chemical peel. There is the possibility of a poor result from these procedures. Skin peel procedures may result in unacceptable visible deformities, skin slough, loss of function, and permanent color changes the skin. You may be disappointed with the final results of a chemical peel.

**ADDITIONAL TREATMENT OR PROCEDURE NECESSARY** - There are many variable conditions that influence the long-term result of a chemical peel. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

**SUNBURN ALERT** - This product contains multiple alpha hydroxy acids (AHA), beta hydroxy acids, retinoic acid and phenol which may increase your skin's sensitivity to the sun and particularly the possibility of sunburn. Use a sunscreen, wear protective clothing, and limit sun exposure while using this product and for a week afterwards. I understand that there is a risk of developing a temporary or permanent pigment (color) change in the skin. There is a small incidence of the reactivation of cold sores (herpes infections) in patients with a prior history of herpes. There is also a small incidence of a flare-up of acne-like lesions after the peel. There is a rare incidence of scarring and infection. I have been given a copy of the post-peel instructions and have reviewed them.

**UNKNOWN RISKS** - There is the possibility that additional risk factors of chemical skin-peeling that may be discovered.

PHYSICIAN OR STAFF SIGNATURE (WITNESS)

PATIENT INITIALS

DATE



- The APEELE™ treatment was explained to me and I have been given a post-peel patient information guide.
- I understand that the degree of improvement I can expect to see is dependent on many variables and therefore cannot be guaranteed. Additionally, I understand that good post-care and adherence to ALL instructions is vital to ensure best results.
- I understand that I may need a series of APEELE™ procedures in order to achieve the desired result.
- I understand that I can expect to have 1-2 minutes of stinging or burning sensation immediately after the peel has been applied.
- I have ceased use of Hydroquinone, AHA's (lactic, glycolic) and beta hydroxy acids (Salicylic) and other acid products (retinoic acid, azelic, etc.) several days prior to this procedure.
- I have ceased use of retinoids (Retin-A, Retin-A Micro, Tazorac, Differin, Renova, Retinol, etc.) several days prior to this service.
- I do not at this time suffer from HIV, Diabetes, Hepatitis, Herpes Simplex (cold sore) infections or facial warts.
- I am not currently undergoing chemotherapy, radiation treatments or using anti-cancer drugs at this time.
- I am not pregnant or breast feeding at this time.
- I am not sunburned at this time.
- I do not have permanent tattooed makeup (eyeliner, brow liner, lip liner) - or I have notified the physician so that the tattoo can be protected with petrolatum as not to fade or discolor ink.
- I understand that I MUST use an SPF 30 for the next two weeks following treatment. Physical sunblock (Zinc Oxide + Titanium Dioxide) is recommended. A quarter-size amount must be applied every morning. I will avoid direct sun as much as possible and wear a wide-brimmed hat when I am outside.
- I understand that use of tanning beds in between peel treatments will nullify the results achieved, and worse, can cause severe burns.
- I have been given AFTER-PEEL care instructions (patient information guide). It is critical to remove and wash off the chemicals as directed. Protect eyes at all times.

Although complications are rare, they can occur nevertheless. Prompt recognition and treatment of any complications is necessary. It is extremely important that you follow instructions exactly and that you notify your physician as soon as possible if you experience prolonged sensitivity for more than 10 days.

I, \_\_\_\_\_, consent to the treatment known as a superficial to medium depth chemical peel. The treatment has been explained to me and I have had the opportunity to ask questions. I understand that the procedure may cause swelling or puffiness of my face or \_\_\_\_\_ (body site treated) that may be uncomfortable.

The procedure may cause my skin to appear red and peel like a sunburn. During and after the procedure, the following may be experienced: redness, stinging, itching, burning, mild pain, tightness, peeling, and scabbing of the superficial layers of the skin. These sensations will gradually diminish over the course of a week as the skin returns to normal. Some patients may react differently. In severe cases the skin may turn very red, blister, swell, and later scab and crust. The skin may be uncomfortable and look like a very bad sunburn. The peeling usually lasts about 4-7 days, although it may last longer.

\_\_\_\_\_  
PHYSICIAN OR STAFF SIGNATURE (WITNESS)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

**PATIENT SELECTION**

Adequate evaluation and photographic documentation of the patient prior to applying APEELE™ is absolutely essential. This includes consideration of the severity of actinic damage, depth and number of wrinkles, and need for additional or alternative procedures. A cornerstone of the evaluation of the patient for chemical peeling is Fitzpatrick's scale of sun-reactive skin types. Patients with lighter skin types can expect to undergo peeling with minimal concern for abnormal pigment changes, whereas individuals with darker skin are at higher risk for unwanted hyperpigmentation or hypopigmentation. A thorough medical history and review of systems should be completed in concert with the physical examination. Preexisting cardiac, hepatic, and renal disease may influence the treatment decision and choice of peeling agents. The use of exogenous estrogens, oral contraceptives, and other photosensitizing medications are known to predispose to unpredictable pigment changes. Therefore, such agents should be avoided several weeks before and after APEELE™.

If the patient has a history of herpes simplex infection, the physician should provide antiviral prophylaxis several days before and after APEELE™. This will help minimize chances of unwanted viral reactivation as the re-epithelialization process occurs. Patients must also be aware that cooperation and compliance with the post peel regimen is required to ensure normal wound healing and to avoid complications. Patients likely to be noncompliant or unable to avoid sun exposure because of occupation are unsuitable candidates. In general, men are considered less optimal candidates because of thicker, oilier skin that risks uneven penetration of the peeling agent. Men are also less likely to be willing to use camouflage makeup in the event of pigmentary disturbances. Patients with prior radiation treatment or current isotretinoin (Accutane) use are also poor candidates because healing will proceed more slowly and scarring is more likely. Consider recent use of Accutane, pregnancy or nursing an absolute contraindication.

**COMPLICATIONS**

APEELE™ may result in a profound improvement in the quality of facial skin, but this treatment also has potential complications. Results and complications are generally related to the depth of wounding, with deeper peels providing more marked results and a higher incidence of complications. Complications are also more likely with darker skin types and certain peeling agents. Erythema generally subsides within 10 days but may become prolonged and even manifest as hyperpigmentation. Patients at increased risk are those taking oral contraceptive pills, exogenous estrogens, or other photosensitizing medications. The application of topical hydrocortisone lotion and/or a short course of systemic steroids may lead to earlier resolution. Other treatment options for hyperpigmentation include trans-retinoic acid, glycolic acid, or hydroquinone. Accompanying pruritus may be treated with oral antihistamines. Following chemical peeling, the skin is typically sensitive to the sun, which also may be a source of hyperpigmentation. Instruct patients to use sunscreen daily for 6-12 months following a chemical peel. Patients should also be educated in the appropriate application of camouflaging makeup. Hypopigmentation is the result of melanocyte destruction or inhibition. Hypopigmentation is more noticeable on darkly pigmented patients. Hypopigmentation may be difficult to assess until erythema has subsided, at which point the condition unfortunately becomes permanent.

FOR OFFICE USE ONLY - PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_