Ultra Peel® I with Ultra Peel® II



Specially formulated to treat maturing skin, Ultra Peel® I is also appropriate for many other skin types and conditions. This 10% TCA solution will help treat pigment disorders, fine lines and wrinkles, photodamage and acne. Mild to moderate exfoliation will be experienced, depending on the number of layers applied. Post-treatment exfoliation can be increased with the application Ultra Peel® II following the liquid peel application. This retinoid booster helps increase cell turnover to keep skin looking fresh. Overall, the final result of this combined treatment will be improved tone and texture, and plump, luminous skin.

Trichloroacetic acid is a versatile chemoexfoliative agent with no systemic toxicity, widely viewed as the gold standard of chemical peeling. [1,2] It is utilized for the reversal of fine lines and wrinkles, improvement of hyperpigmentation, [3,4] epidermal melasma and acne.[5]

clinical information

In a study of eight patients receiving a total of five treatments utilizing Ultra Peel® I and Ultra Peel® II in conjunction with anti-aging support products over a 19-week period, the investigating clinicians reported 75% of patients showing at least moderate improvement in fine lines, sun damage and overall appearance of the skin.

before after before after



condition: visible aging and laxity



Professional treatments (five): • Ultra Peel® I with Ultra Peel® II

- Daily care: Facial Wash
- C-Strength 15% with 5% Vitamin E
- Rejuvenating Serum
- Intensive Age Refining Treatment: 0.5% pure retinol night
- Hydrator Plus Broad Spectrum SPF 30
- Après Peel® Hydrating Balm



condition: visible aging and wrinkling



Professional treatments (five): Ultra Peel® I with Ultra Peel® II

Daily care:

- Facial Wash
- C-Strength 15% with 5% Vitamin E
- Rejuvenating Serum
- Intensive Age Refining Treatment: 0.5% pure retinol night
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conclusion

Studies demonstrated that Ultra Peel® I and Ultra Peel® II treatments provide visible improvement in fine lines, sun damage and overall appearance of the skin. No adverse events were noted.

^[1] Mangat D et al, Facial Plastic Surgery, 2011, 35-49.

^[2] Stagnone GJ et al, J. Dermatol. Surg. Oncol., 1987, 13, 999-1002.

^[3] Bassichis B, Simplified Facial Rejuvenation, 2008, 99-108.

^[4] Atkins D et al, Facial Plastic Surgery, 2006, 22, 129-139.

^[5] Khunger N., Aesthetic Medicine: Art and Techniques by Peter M. Prendergast and Melvin A. Shiffman, 2011, 157-161.