

# ESSENTIALS OF CHEMICAL PEEL TREATMENT

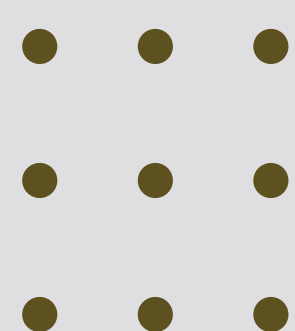
CBAM Aesthetic Mastery Series



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# ABOUT AUTHORS



Dr. Reza Akef is a highly experienced and respected cosmetic physician, with over 15 years of experience in teaching and practicing cosmetic medicine. He is currently the Assistant Professor at McMaster University and the Chairman of the Canadian Board of Aesthetic Medicine (CBAM), where he shares his knowledge and expertise with other healthcare professionals to provide the best care for their patients.

Dr. Akef is board certified by the College of Family Physicians of Canada in both Family and Emergency Medicine. Additionally, he is deeply involved in interventional pain practice cooperation for the treatment of Migraines, chronic pain, TMJ, Myofascial pain, and Fibromyalgia. He is a leading cosmetic physician and an internationally recognized specialist in non-surgical cosmetic procedures.

Dr. Akef is dedicated to understanding his clients' concerns and creating personalized treatment plans that meet their needs and goals. He is committed to thoughtfully and strategically creating individualized combinations of leading, safe treatments that exceed client expectations. He is also the founder of Angel Gloss spa in Toronto, an established, leading destination for non-surgical cosmetic procedures for individuals seeking leading physicians with proven experience, the latest technology, and cutting-edge techniques.

Dr. Akef is actively involved in multiple training courses, webinars, and conferences all around the world, including prestigious international conferences such as IMCAS, AMWC, and Dubai Derma. He participates as a speaker at these events and is always looking to stay up to date with the latest developments in the field of cosmetic medicine.

**Mohsen Talani** is the Director of CBAM. He has over 18 years of experience teaching anatomy in Canada and internationally to students and healthcare practitioners in different fields of medicine such as physicians, dentists, nurses, chiropractors, and physiotherapists.

After graduating from medical school at a young age, he became a medical doctor in his home country, Iran, and practiced in the field of emergency medicine. While pursuing his Master's thesis in neuroscience at McGill University, he discovered his passion for teaching. Since then, he has been working in the field of medical science education, with a focus on anatomy.

He strongly believes that with the rapidly growing aesthetic industry, all practitioners should have a profound knowledge of skin basics, fat compartments, muscles, blood vessels, and nerves, in order to provide safe and effective care to clients and prevent or minimize post-treatment complications linked to lack of anatomy knowledge.

He is currently training healthcare practitioners who seek to have a deep knowledge of anatomy. He incorporates fun, innovative, and easy-to-understand methods of teaching in all of his classes, guest lectures, and presentations. Additionally, he supervises the cadaver lab dissections and hands-on practicals.



# STEPS TO EFFECTIVE CONSULTATION OF PEEL TREATMENT TABLE

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# INTRODUCTION

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# Introduction

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## 1.1. What Are Chemical Peels?

Chemical peels are controlled skin treatments designed to improve the visible quality and structure of skin through the external application of caustic chemical solutions. Depending on the agent used and the manner in which it is applied, a peel may simply accelerate natural exfoliation or, in stronger formulations, induce complete epidermal destruction with variable penetration into the dermis. Regardless of depth, every peel influences the dermis directly or indirectly, where it stimulates regenerative processes that ultimately lead to clinically observable improvement.

As one of the oldest documented methods of skin rejuvenation, chemical peeling holds a unique position in aesthetic medicine. These treatments form a distinct group within the broader category of non-surgical rejuvenation procedures—supported by clear histological, chemical, toxicological, and clinical foundations. Their long history, combined with continuous innovation, has transformed chemical

peels into flexible, highly adaptable tools that can be tailored to a broad range of patients and indications.

Most peeling agents, to different extents, produce similar histological changes that result in smoother texture, more even pigmentation, and an overall rejuvenated appearance of treated skin. Yet, categorizing peels remains challenging. Although the common terms “superficial,” “medium,” and “deep” are widely used, they oversimplify a highly nuanced procedure influenced by many overlapping variables.

A classic example is glycolic acid. While often perceived as a predictable superficial AHA peel, its behavior in practice varies enormously. The treatment depth can shift depending on factors such as the patient’s skin type, active dermatologic conditions, degree of priming, formulation vehicle (liquid, gel, mask, self-neutralizing system), concentration, pH and free acid fraction, presence of other acids, method of application, pressure applied, number of layers, body area treated,

contact time, neutralization method, and overall post-peel care. A peel that begins as a mild exfoliating treatment can unexpectedly behave like a medium-depth peel—potentially reaching the deeper dermis—if, for example, it is not neutralized correctly. This principle applies to all caustic agents used in chemical peeling.

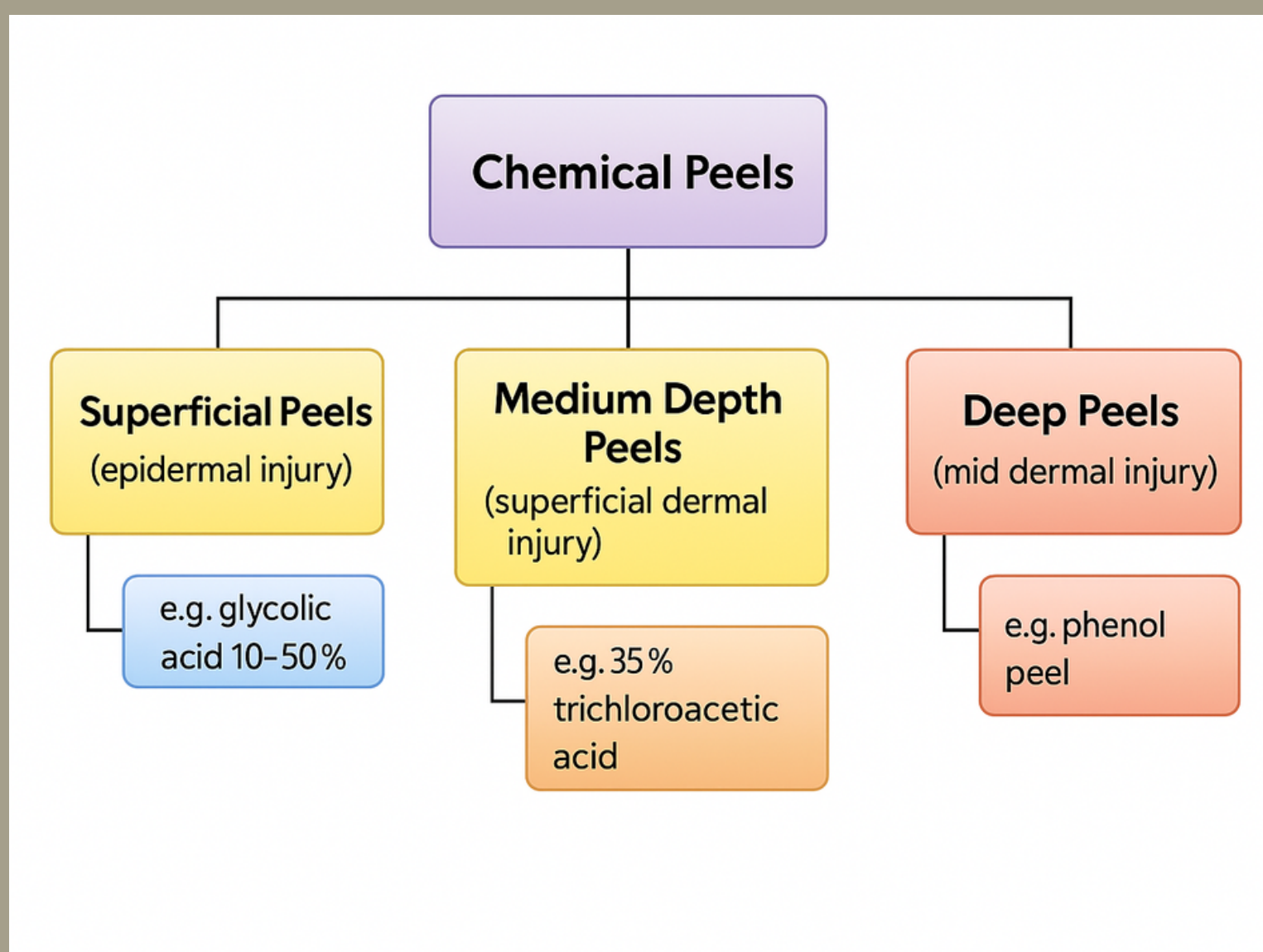
Such variability underscores an essential truth: safe and effective peeling requires a solid understanding of both skin anatomy and the complex interplay of chemical, procedural, and patient-related factors. Every practitioner should work toward standardizing their approach—minimizing unnecessary variables and maintaining precise

technique—to achieve predictable results. Fortunately, modern peel formulations have become safer and more user-friendly, allowing practitioners, including early-career aesthetic physicians, to perform peels with greater confidence. Even so, deeper peeling—particularly treatments reaching the papillary dermis—still demands sound clinical judgment, extensive training, and hands-on experience.

In aesthetic practice today, chemical peels remain foundational. They are scientifically grounded, clinically effective, and, when performed with expertise, offer reliable and versatile solutions for a broad spectrum of skin concerns.

### Classification of Chemical Peels and Agents

The classification of chemical peels is a foundational concept in aesthetic practice, yet it remains one of the most debated and misunderstood topics in the literature. Traditionally, peels are grouped into **superficial**, **medium**, and **deep** categories based on their intended depth of penetration. However, while this simplified framework is helpful, it fails to capture the true variability and complexity of peeling behavior in real clinical settings.



**Fig 1.1.** Chemical peels are classified by depth of penetration