



CHEMOEXFOLIATION FINAL FRONTIER

utilising science to ACHIEVE RESULTS

Skin: a delicate precious organ which man has protected since ancient times, first with natural ingredients, then with the most innovative tools. Now it has a valuable ally: the chemical peel or chemoexfoliation. A medical procedure that utilises chemical compounds which influence the histological and ultra structural regeneration of skin by renewing the epidermis and reshaping the micro-architecture of the dermis.





ENERPEEL[®] MA ENERPEEL[®] GA-30 ENERPEEL[®]GA-40 ENERPEEL[®] GA-50 ENERPEEL[®] GA ENERPEEL[®] PA ENERPEEL[®] SA-15 ENERPEEL[®] SA ENERPEEL[®] SA-CB ch **ENERPEEL[®] JR ENERPEEL[®]TCA** ENERPEEL[®]TCA-LP ENERPEEL[®]TCA Strop ENERPEEL[®] EL **ENERPEEL[®] Hands** ENERPEEL[®] Neck



	27
	29
	31
	33
	35
	37
	39
	41
hest&Back	43
	45
	47
	49
ng	51
	53
	55

what CHEMICAL EXFOLIATION IS

Chemoexfoliation, or **chemical peeling**, is a procedure used to improve specific cutaneous conditions through the controlled stratum corneum removal.

The aim of this procedure is altering the appearance of the skin through the regeneration of new epidermis.

Chemoexfoliation, compared to physical or mechanical exfoliation, has evident advantages such as:

- MAJOR EFFICACY
- MAJOR EFFICIENCY
- EASIER EXECUTION OF PROCEDURE
- VERSATILITY: use of organic acids of various natures for the treatment of different cutaneous problems.
- INDEPENDENCE OF THE TECHNICAL EXPERTISE OF THE DOCTOR: contrary to mechanical or physical peelings (such as laser, micro and dermobrasion) chemoexfoliation does not depend totally on the technical expertise of whom executes the procedure.
- **POSSIBILITY OF INTEGRATION WITH AUXILIARY SUBSTANCES:** "medicated" chemical peelings contain active ingredients that are able to synergize the activity of different acids.

what an **ACID IS**

WHAT IS AN ACID?

According to the Brønsted-Lowry theory an acid is a substance able to donate H^+ ions (protons) to another chemical molecule known as a base. Acids are divided according to their nature into organic and inorganic.

The proton **H**⁺ is an atom of hydrogen minus an electron and, consequently, is positively charged.

ORGANIC ACIDS

Organic acids are characterized by the presence of carboxyl group -COOH.

This is the part of the molecule capable of releasing the proton H^* . In reality, many other organic molecules, which lack the carboxyl group, can act like an acid (e.g. resorcinol). This is due to the ability to release a proton, under certain chemico-physical conditions, also from an alcoholic group -O-H.

INTRINSIC CHARACTERISTICS OF ACIDS

The acidic characteristics of a molecule are expressed by a recognised constant of acid dissociation (Ka) in its logarithmic form, called pKa. The lower the value of pKa is, the greater the acidic potential of a molecule is and thus the more easily a proton is released. In some organic molecules the presence of other functions in addition to the carboxyl group, such as alcohol-OH groups or the presence of atoms such as halogens (chlorine atoms in Trichloroacetic Acid) can make it even easier for the proton to be released from the carboxyl group, increasing the acidic potential of the molecule.



ACID	° C	pk _a
Trichloroacetic Acid	25° C	0,70
Pyruvic Acid	25° C	2,49
Salicylic Acid	25° C	2,97
Lactic Acid	25° C	3,08
Glycolic Acid	25° C	3,83
Resorcin	25° C	9,81

two electrochemical variables THAT DEFINE THE ACIDITY OF AN AQUEOUS SOLUTION

The main electrochemical parameters used for the evaluation of the acidity in an aqueous system are:

pН

 ${\bf pH}$ describes the acidity of an aqueous solution of an acid. Practically it defines the concentration of hydrogen ions (H*) that are free in the solution.



ELECTRICAL CONDUCTIVITY

Electrical conductivity, measured in mS/cm, describes the speed with which a proton moves in an aqueous solution.



mobility of protons: FROM GROTTHUSS TO ENERPEEL TECHNOLOGY

The mobility of protons in an aqueous solution has been described for the first time by Grotthuss in 1806.

According to his theory the excessive proton released by the acid in an aqueous solution jumps from one water molecule to another forming step by step the instable oxonium ion (H_3O^*) , charged positively because of the hydrogen atom in excess inherited from the acid.



The oxonium ion, because of its instability, releases at its turn the hydronium ion (proton in excess), that bonds the adjacent water molecule.

This is a dynamic mechanism and the proton released by the acid moves in the network of water molecules with a specific speed, evaluated by the electrical conductivity.

In aqueous solutions of organic acids, normally used for the procedures of chemoexfoliation, the values of the proton mobility are already expressed at the maximum levels with a consequent ratio between surface trauma and chemoexfoliant efficacy that is skewed towards irritation.

The protons are, in a solution with the ENERPEEL Technology, kept in a "dormant" state and their mobility increases with a simple though effective mechanism once the product is absorbed by the skin.

catabolic and anabolic phase: PEELING OCCURS IN TWO PHASES

Chemical peeling is described as a controlled insult at cutaneous level and it is determined by the acid nature, by its absorption profile and by the electrochemical behaviour of the proton released by the acid. The action of the solution on the skin can be characterized by two separated phases:

- **CATABOLIC PHASE:** removal of existing cellular and fibrous structures.
- ANABOLIC PHASE: replacement with new epidermal cells and with new amorphous and fibrous structures of the dermis.

CATABOLIC PHASE

The proton released by the acid causes the breaking of peptide bonds that bind the various amino acids together to form the protein structure of:

- keratin fibres;
- cornecytes;
- desmosomes (which connect keratinocytes);
- other skin structures.

ANABOLIC PHASE

It is determined by the differentiation of cells in the basal layer of the epidermis which replace the eliminated keratinocytes during the desquamation phase with the subsequent formation of new stratum corneum through the natural process of keratinization.



Epidermis in the initial state



Removal of the corneocytes



Removal of the keratinocytes



New epidermis with thinner stratum corneum

the limits of **CHEMOEXFOLIATION**

The chemoexfoliation obtained using a simple aqueous solution of an organic acid is characterized by an important limiting effect: the intensity of the surface trauma is not proportional to the agents ability to renew the epidermis and to remodel the dermis.

Three factors that trigger superficial trauma:

- NON HOMOGENEOUS ABSORPTION OF THE ACID.
- HIGH CONCENTRATION OF PROTONS (LOW pH).
- HIGH MOBILITY OF PROTONS.

In a standard aqueous solution of an acid, the concentration and the mobility of the protons are already at their peak: when the solution is put in contact with the skin surface, the relationship between superficial trauma and effective chemoexfoliation is skewed towards irritation.

yesterday's illusion: REDUCING THE SURFACE TRAUMA BY BUFFERING THE CHEMOEXFOLIANT SOLUTION

To reduce skin trauma, different techniques have been utilized, such as:

- buffering the aqueous system;
- increasing the pH of the aqueous system.

In this way it is possible to reduce the trauma induced by the protons but proportionally the efficiency of the overall chemoexfoliant system.

Some other techniques, such as chelating the acid (TCA), have been proposed to solve this problem: none of them have been scientifically demonstrated.

Finally, it is possible to reduce the surface trauma but never changing the shape of the ideogram: the triangle.

Intense superficial trauma, less chemoexfoliant efficiency

In the figure: the imbalance between the effect of irritation (red arrow) and the ability to renew and remodel the skin (green arrow) as the acid reaches the deepest skin layers.





the revolution of **ENERPEEL TECHNOLOGY: CHEMICAL PEELING CHANGES FORM**

The figure demonstrates the ability of ENERPEEL Technology to improve the chemo-exfoliant efficiency, increasing the proportionality between irritation and renewal and remodelling of skin favouring the latter. The triangular shape is modified to a trapezoidal shape.



Every problem has a solution, but we must choose the right one: it is possible to reduce the surface trauma and simultaneously to achieve a more efficient chemoexfoliation.

ENERPEEL acts on the only 3 variables that may be influenced:

- MORE UNIFORM ABSORPTION OF THE ACID
- SLOWING DOWN THE PROTON MOBILITY INSIDE THE • ENERPEEL SOLUTION
- ACTIVATION OF THE PROTON (BY INCREASING ITS MOBILITY) ONCE ABSORBED INTO THE SKIN

15

The peeling changes form

With the ENERPEEL Technology the shape of the ideogram can be changed from triangular to trapezoidal.

The ENERPEEL Technology made it possible to reduce surface trauma rendering simultaneously more efficient the renewal of the epidermis and the remodelling of the dermis.



Even if chemoexfoliation is performed at different skin levels (medium, superficial, very superficial) the ENERPEEL Technology always allows more efficient chemo exfoliation with reduced trauma intensity.



The level changes? The efficacy remains.

The chemoexfoliation can act at different levels of the skin structure:

- VERY SUPERFICIAL: affects the stratum corneum.
- **SUPERFICIAL:** affects the vital portion of the epidermis. •
- **MEDIUM:** affects the top layer of the dermis. •
- **DEEP:** affects the reticular portion of the dermis.

ENERPEEL manages the proton to obtain excellent results

There is only one way to get an efficient remodelling peel: to act in a targeted manner in the deepest layers of the skin. ENERPEEL Technology promotes this: therefore it delivers cutting edge technology that activates the proton as the acid penetrates into the skin and comes into contact with higher amounts of water.

Activating the proton at different layers of cellular and protein structures means ensuring a controlled and efficient chemical,

ENERPEEL: different depth, always efficient

17

biochemical and physiological action, but also has a less traumatic action.



ENERPEEL Technology modifies the electrochemical prerogatives of organic acids.

pH CHANGES

Diluting the starting solution up to 90% shows that pH increases relatively, presenting values similar to those of a simple aqueous solution of the same acid, at the same concentration. In the graphic can be observed the behaviour of ENERPEEL PA, Pyruvic Acid 50%.





ENERPEEL: a complete set of electrochemical assessments

19

PROTON MOBILITY

The proton mobility, assessed with electrical conductivity and expressed in mS/cm, is noticeably slowed down in ENERPEEL PA if compared to a simple solution of Pyruvic Acid 50% in water. with ENERPEEL Technology the proton that is in a "dormant state", will "awake" and acquire mobility, interacting with ever higher amounts of water.

At the highest dilutions it surpasses the mobility of a proton in a simple aqueous solution of an acid.

ENERPEEL: more homogeneous absorption

With the ENERPEEL Technology it is possible to make more uniform the permeation through the skin of polar compounds like the organic acids.

Thanks to the use of a carrier, a particular patented molecule by General Topics that is able to permeate both the polar and apolar skin structures (corneal lipids), it is possible to obtain a more homogeneous absorption of the organic acids used in chemoexfoliant procedures.

In the trial in question, the rate of absorption of Glycolic Acid carried out with ENERPEEL Technology, results increased of more than 100%.

Normal acid solution



Profile of the acid absorption In the first figure: the absorption of a normal acid solution. In the second figure: the action of ENERPEEL Technology that ensures a more homogeneous absorption of the acid in the skin.

ENERPEEL: a complete series of functional evaluations

21

Absorption through the membrane of the stratum corneum /epidermis



Glycolic Acid 3,5% in normal water not buffered solution
 Glycolic Acid 3,5% in ENERPEEL Technology



Data on file General Topics: University of Catania, Department of Pharmaceutical Sciences, Prof. Francesco Bonina

ENERPEEL system



ENERPEEL: less surface trauma

The graphic at the right shows that the intensity of the surface trauma (expressed as erythema index, I.E.) is always less, in a time between 4 and 60 hours after peeling, when the acid is conveyed by ENERPEEL Technology. After 60 hours, the intensity of the surface trauma is reduced about 50%.

ENERPEEL: increases the epidermal turnover

The chemoexfoliant efficiency has been evaluated according to an innovative procedure that can test the speed of epidermal turnover. The application of dihydroxyacetone (DHA) on the skin causes the formation of a coloured compound called Schiff base, which has an absorption spectrum similar to that of melanin. By means of reflectance spectrophotometry was evaluated at different times, the intensity of skin colour after application of ENERPEEL PA (Pyruvic Acid 50%) and of a simple aqueous solution of the same acid at the same concentration. The greater the colour intensity (I.M.) is, the lower the cutaneous desquamation and therefore the chemoexfoliant efficiency is. The graphic at the right points out that the amount of desquamated cells is, at any time (from the 2nd to the 20th day following the treatment), increased when the acid is conveyed by ENERPEEL Technology.

Surface trauma evaluated by spectrophotometry 20 -♦ Aqueous solution of Pyruvic Acid 50% 18-Pyruvic Acid 50% in ENERPEEL Technology 16-0 14-12 -10-8-4 -2 -0-10 30 40 Time (hours)

Data on file General Topics: University of Catania, Department of Pharmaceutical Sciences, Prof. Francesco Bonina

Chemoexfoliant efficiency evaluated by spectrophotometry Time (days)



Data on file General Topics: University of Catania, Department of Pharmaceutical Sciences, Prof. Francesco Bonina

ENERPEEL: proven effectiveness with cutting edge techniques

Confocal laser microscopy is an innovative instrumental method to analyse in vivo the skin, in a non-invasive way, with an almost

Epidermal-dermal morphology changes after application of ENERPEEL TCA Strong





Stratum corneum Granular layer



- Disrupted Corneocytes 2- Granular laver 3- Spinous layer 4- Dermo-epidermal junction 5- Dermis with inflammation

Images taken immediately after application of ENERPEEL TCA Strong, Trichloroacetic Acid 40%.

histological resolution to the depth of the papillary dermis.

- By using this technique changes on cellular level were verified immediately after application of ENERPEEL products and after 24 hours.
- Images below are obtained with confocal laser microscopy of the different skin layers after application of ENERPEEL TCA Strong, Trichloroacetic Acid 40%.





Dermo-epidermal junction



Papillary dermis

Data on file General Topics: Prof. Enzo Berardesca-Istituto Ospitaliero Dermosifilopatico di S.Maria e S.Gallicano – Roma











- 1- Separated Corneocytes
- 2- Granular layer
- 3- Spinous layer
- 4- Papillary dermis
- 5- Dermis with inflammation

Images taken 24 hours after application of ENERPEEL TCA Strong, Trichloroacetic Acid 40%.



ROSACEA

POST-LASER TREATMENT (AFTER A COMPLETE RE-EPITHELIALIZATION)

CHEMOEXFOLIATION OF SENSITIVE AND HYPER-REACTIVE SKIN

REFRESHING YEAR ROUND

pH (10% dilution in deionized water): 2,02-2,14 Electrical conductivity (10% dilution in deionized water): 2,88-3,08 mS/cm Appearance: light yellow transparent water solution



chemoexfoliant solution based on MANDELIC ACID

COMPOSITION	MANDELIC ACID 40%; MSM (Dimethyl Sulfone)
CHEMOEXFOLIATION	Very superficial, superficial
NUMBER OF LAYERS	Monolayer application: very superficial Multilayer application: superficial
APPLICATION TIME PRIOR TO NEUTRALIZATION	2-10 minutes, depending on patient reaction.
NUMBER OF PEELS PER SERIES	4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.







Possible complications: mild erythema may occur immediately after the chemoexfoliation, but generally it is of low intensity and short duration.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Mandelic Acid).
- Other medical considerations.

IMPORTANT WARNINGS

MILD HYPERPIGMENTATION

MILD CHRONO-AGING

SKIN TONE ENHANCER

pH (10% dilution in deionized water): 1,77-1,89 Electrical conductivity (10% dilution in deionized water): 2,20-3,80 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on **GLYCOLIC ACID**

COMPOSITION	GLYCOLIC ACID 30%
CHEMOEXFOLIATION	Very superficial, superficial
NUMBER OF LAYERS	Monolayer application: very superficial Multilayer application: superficial
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-5 minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.
NUMBER OF PEELS PER SERIES	1-4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	3-4
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neu-

tralize with ENERPEEL NEU wipes.



ENERPEEL®GA-30



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

MILD HYPERPIGMENTATION

MILD HYPERKERATOSIS

MILD CHRONO-AGING

MILD PHOTO-AGING

SKIN TONE ENHANCER

pH (10% dilution in deionized water): 1,62-1,74 Electrical conductivity (10% dilution in deionized water): 3,30-4,90 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on **GLYCOLIC ACID**

COMPOSITION	GLYCOLIC ACID 40%
CHEMOEXFOLIATION	Very superficial, superficial
NUMBER OF LAYERS	Monolayer application: very superficial Multilayer application: superficial
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-5 minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.
NUMBER OF PEELS PER SERIES	1-4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	3-4
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neu- tralize with ENERPEEL NEU wipes.



ENERPEEL®GA-40



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpig-. mentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the • components.
- Other medical considerations.

IMPORTANT WARNINGS

SEVERE HYPERPIGMENTATION

MODERATE HYPERKERATOSIS

MODERATE CHRONO-AGING

MODERATE PHOTO-AGING

pH (10% dilution in deionized water): 1,61-1,73 Electrical conductivity (10% dilution in deionized water): 3,30-4,90 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on **GLYCOLIC ACID**

COMPOSITION	GLYCOLIC ACID 50%
CHEMOEXFOLIATION	Superficial, superficial-medium
NUMBER OF LAYERS	Monolayer application: superficial Multilayer application: superficial-medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-3 minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.
NUMBER OF PEELS PER SERIES	1-4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-4
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed then paul

tralize with ENERPEEL NEU wipes.



ENERPEEL®GA-50



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments. •
- Dermabrasion treatments and any other treatment that may • alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

SEVERE HYPERPIGMENTATION

MODERATE HYPERKERATOSIS

MODERATE CHRONO-AGING

MODERATE PHOTO-AGING

pH (10% dilution in deionized water): 1,72-1,84 Electrical conductivity (10% dilution in deionized water): 5,10-6,70 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on **GLYCOLIC ACID**

COMPOSITION	GLYCOLIC ACID 70%
CHEMOEXFOLIATION	Superficial, superficial-medium
NUMBER OF LAYERS	Monolayer application: superficial Multilayer application: superficial-medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-3minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.
NUMBER OF PEELS PER SERIES	1-4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-4
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neu- tralize with ENERPEEL NET Livings



ENERPEEL[®]GA



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpig-• mentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

SEBORRHEA

MILD ACTINIC KERATOSIS

MODERATE CHRONO-AGING

MODERATE PHOTO-AGING

CE

pH (10% dilution in deionized water): 0,59-0,71 Electrical conductivity (10% dilution in deionized water): 22,30-27,30 mS/cm Appearance: yellow transparent clear water solution



chemoexfoliant solution based on **PYRUVIC ACID**

COMPOSITION	PYRUVIC ACID 50%
CHEMOEXFOLIATION	Superficial,superficial-medium, medium
NUMBER OF LAYERS	Monolayer application: superficial <i>Multilayer application:</i> superficial-medium, medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-3 minutes, depending on patient reaction. Prolonging the application time up to 5 minutes may increase complications risk but also improve results. If "frosting" appears when it is undesi- red, proceed immediately to remove.
NUMBER OF PEELS PER SERIES	1-4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neu- tralize with ENERPEEL NEU wipes.

IMPORTANT WARNINGS

system; apply the device in a well ventilated environment. During its application in the upper lip area, place cotton balls in the nostrils in order to reduce the risk of respiratory irritation.

ENERPEEL[®]PA



Possible complications: seborrhea, comedonic acne with concomitant seborrhea, actinic keratosis of moderate severity, mild and moderate chrono and photo ageing.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE (INDICATED IN THE EARLY ADOLESCENCE)

Œ

Electrical conductivity (pure solution): 8,00-22,00 µS/cm Appearance: colourless transparent alcoholic solution



chemoexfoliant solution based on SALICYLIC ACID

COMPOSITION	SALICYLIC ACID 15%; Triethyl Citrate; Ethyl Linoleate; GT-peptide-10
CHEMOEXFOLIATION	Superficial
NUMBER OF LAYERS	1-3 layers
APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL	1-3 minutes, depending on patient reaction. After about 1 minutes from the application, a white precipitate of Salicylic Acid appears, due to evapo- ration of the solution. This should not be confused with "frosting".
NUMBER OF PEELS PER SERIES	4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-4
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENER- PEEL RW wipes.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA-15 is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid: consequently, the time between one treatment and the following one should be cautiously prolonged.

ENERPEEL®SA-15



Possible complications: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
- Salicylism.
- Do not use in patients younger than 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- Other medical considerations.

MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE LOCALIZED ON THE FACE

Electrical conductivity (pure solution): 8,00-22,00 µS/cm **Appearance:** colourless transparent alcoholic solution



chemoexfoliant solution based on SALICYLIC ACID

COMPOSITION	SALICYLIC ACID 30%; Triethyl Citrate; Ethyl Linoleate; GT-peptide-10
CHEMOEXFOLIATION	Superficial, superficial-medium
NUMBER OF LAYERS	1-3 layers
APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL	1-3 minutes, depending on patient reaction. After about 1 minutes from the application, a white precipitate of Salicylic Acid appears, due to evapo- ration of the solution. This should not be confused with "frosting".
NUMBER OF PEELS PER SERIES	4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENER- PEEL RW wipes.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid: consequently, the time between one treatment and the following one should be cautiously prolonged.



ENERPEEL®SA



Possible complications: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
- Salicylism.
- Do not use in patients younger than 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- Other medical considerations.

MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE LOCALIZED ON CHEST AND BACK Electrical conductivity (pure solution): 5,50-22,50 µS/cm Appearance: colourless transparent alcoholic solution



chemoexfoliant solution based on SALICYLIC ACID

COMPOSITION	SALICYLIC ACID 30%; Triethyl Citrate; Ethyl Linoleate; GT-peptide-10
CHEMOEXFOLIATION	Superficial, superficial-medium
NUMBER OF LAYERS	1-3 layers
APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL	1-3 minutes, depending on patient reaction. After about 1 minutes from the application, a white precipitate of Salicylic Acid appears, due to evapo- ration of the solution. This should not be confused with "frosting".
NUMBER OF PEELS PER SERIES	4, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENER- PEEL RW wipes.

IMPORTANT WARNINGS

CE

Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA-CB Chest&Back is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only chest or neck or arms or back). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid: consequently, the time between one treatment and the following one should be cautiously prolonged.





Possible complications: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
- Salicylism.
- Do not use in patients younger than 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- Other medical considerations.

SEBORRHEA

MILD HYPERPIGMENTATION

MODERATE ACTINIC KERATOSIS

MODERATE HYPERKERATOSIS

MODERATE/SEVERE CHRONO-AGING

MODERATE/SEVERE PHOTO-AGING

CE

Electrical conductivity (pure solution): 8,00-22,00 µS/cm **Appearance:** light pink transparent alcoholic solution



chemoexfoliant solution based on SALICYLIC ACID, LACTIC ACID, RESORCIN

COMPOSITION	SALICYLIC ACID 15%; LACTIC ACID 20%; RESORCIN 14%
CHEMOEXFOLIATION	Superficial, superficial-medium, medium
NUMBER OF LAYERS	1-2 layers: superficial 3-4 layers: medium
APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL	2-3 minutes, depending on patient reaction. After about 1 minutes from the application, a white precipitate of Salicylic Acid appears, due to evapo- ration of the solution. This should not be confused with "frosting".
NUMBER OF PEELS PER SERIES	1-3; minimum 14 days apart
NUMBER OF SERIES PER YEAR	3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENER- PEEL RW wipes.
APPLICATION METHOD	 1-3; minimum 14 days apart 3 Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENER-PEEL RW wipes.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL JR is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck or arms or back). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid: consequently, the time between one treatment and the following one should be cautiously prolonged. The combination of ENERPEEL JR with other medical devices, for example enerpeel tca, can induce a more intense response of the skin during the successive treatment. For this reason, intervals of time between one treatment or one peel and the following ones should be carefully evaluated by the doctor according to the subjective characteristics of the patient.

ENERPEEL[®]JR



Possible complications: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid and resorcin).
- Salicylism.
- Thyroid disturbances.
- Do not use the product in patients under 14 years old.
- Do not perform chemeoexfoliation in case of anticoagulant therapy.
- The continued use of resorcin can induce contact dermatitis.
- Other medical considerations.

SEVERE HYPERPIGMENTATION

MODERATE HYPERKERATOSIS

MODERATE/SEVERE CHRONO-AGING

pH (10% dilution in deionized water): 0,98-1,10 Electrical conductivity (10% dilution in deionized water): 61,50-66,50 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on TRICHLOROACETIC ACID

COMPOSITION	TRICHLOROACETIC ACID 25%
CHEMOEXFOLIATION	Superficial, superficial-medium, medium
NUMBER OF LAYERS	Monolayer application: superficial <i>Multilayer application:</i> medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-4 minutes, neutralize from 5-8 seconds after the apparence of a homogeneous "frosting"
NUMBER OF PEELS PER SERIES	1-3, minimum 20 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrhoeic keratosis.



ENERPEEL®TCA



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hypopigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoexfoliation.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

SEVERE HYPERPIGMENTATION

MODERATE HYPERKERATOSIS

MODERATE/SEVERE CHRONO-AGING

pH (10% dilution in deionized water): 0,84-0,96 Electrical conductivity (10% dilution in deionized water): 57,50-62,50 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on ACIDO TRICLOROACETICO

COMPOSITION	TRICHLOROACETIC ACID 25% MSM (Dimethyl Sulfone)
CHEMOEXFOLIATION	Superficial, superficial-medium, medium
NUMBER OF LAYERS	Monolayer application: superficial <i>Multilayer application:</i> medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-4 minutes, neutralize from 5-8 seconds after the apparence of a homogeneous "frosting".
NUMBER OF PEELS PER SERIES	1-3, minimum 20 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.
IMPORTANT WARNINGS	

CE

Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrhoeic keratosis.





Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hypopigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoexfoliation.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

SEVERE HYPERPIGMENTATION

SEVERE ACTINIC KERATOSIS

SEVERE HYPERKERATOSIS

SEVERE POST-ACNE SCARS

MODERATE HYPERTROPHIC SCARS

SEVERE CHRONO-AGING

SEVERE PHOTO-AGING

pH (10% dilution in deionized water): 0,79-0,91 Electrical conductivity (10% dilution in deionized water): 153,50-158,50 mS/cm Appearance: colourless transparent water solution



chemoexfoliant solution based on TRICHLOROACETIC ACID

COMPOSITION	TRICHLOROACETIC ACID 40%
CHEMOEXFOLIATION	Medium
NUMBER OF LAYERS	Monolayer application. A white lamellae, expression of "frosting", appears when che- moexfoliation becomes superficial- medium, medium.
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-4 minutes ; neutralize from 5-8 seconds after the apparence of a homogeneous "frosting".
NUMBER OF PEELS PER SERIES	1-3, minimum 20 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrhoeic keratosis.



ENERPEEL[®]TCA Strong



Possible complications: swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hypopigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoexfoliation.

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding. .
- Allergy and/or known hypersensitivity to one or more of the . components.
- Other medical considerations.

HYPERPIGMENTATION LOCALIZED ON THE PERIOCULAR AND LABIAL AREAS

ACTINIC KERATOSIS ON THE PERIOCULAR AND LABIAL AREAS

CHRONO-AGING ON THE PERIOCULAR AND LABIAL AREAS

PHOTO-AGING ON THE PERIOCULAR AND LABIAL AREAS

pH (pure solution): 0,00-1,00 Appearance: colourless, slightly opalescent monophasic gel



chemoexfoliant solution based on TRICHLOROACETIC ACID, LACTIC ACID

COMPOSITION	TRICHLOROACETIC ACID 3,75%; LACTIC ACID 15%
CHEMOEXFOLIATION	Medium
NUMBER OF LAYERS	Monolayer application: maximum 4 layers
APPLICATION TIME PRIOR TO NEUTRALIZATION	1-2 minutes per layers, 5 minu- tes for the fourth layer. If "frosting" appears when it is undesired, pro- ceed immediately to remove.
NUMBER OF PEELS PER SERIES	Maximum 4, minimum 1-2 weeks apart
NUMBER OF SERIES PER YEAR	2
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply 4 layers of the chemoex- foliant gel on every area to be treated. After application of the fourth layer, leave the exfoliant solution to act before neutralizing with ENERPEEL NEU wipes.



<u>()</u>



Possible complications: swelling, erythema, usually of short duration.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

Do not apply the device on damaged skin. Do not let the solution come into contact with the cornea or vermilion. Avoid areas of thin skin with sebaceous hyperplasia and areas characterized by seborrhoeic keratosis.

HYPERPIGMENTED LESIONS LOCALIZED ON THE BACK OF THE HANDS

CHRONO-AGING OF THE HANDS

pH (10% dilution in deionized water): 0,88-1,00 Electrical conductivity (10% dilution in deionized water): 51,00-56,00 mS/cm Appearance: yellow/pink transparent clear water solution



chemoexfoliant solution based on TRICHLOROACETIC ACID, LACTIC ACID

COMPOSITION	TRICHLOROACETIC ACID 20%; LACTIC ACID 10%; KOJIC ACID
CHEMOEXFOLIATION	Superficial, superficial-medium, medium
NUMBER OF LAYERS	<i>1 layer:</i> superficial <i>2 layers:</i> superficial-medium <i>3 layers:</i> medium, with the forma- tion of "frosting".
APPLICATION TIME PRIOR TO NEUTRALIZATION	2-4 minutes per layer, neutralize from 5-8 seconds after the appa- rence of a homogeneous "frosting".
NUMBER OF PEELS PER SERIES	1-3, minimo 15 giorni tra l'una e l'altra
NUMBER OF SERIES PER YEAR	3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.



ENERPEEL®Hands



Possible complications: swelling, erythema.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. This device Is exclusively dedicated to treat the hands.

HYPERPIGMENTATION OF NECK AND DÉCOLLETAGE AREAS

ACTINIC KERATOSIS OF NECK AND DÉCOLLETAGE AREAS

CHRONO-AGING OF NECK AND DÉCOLLETAGE AREAS

PHOTO-AGING OF NECK AND DÉCOLLETAGE AREAS

CE

pH (10% dilution in deionized water): 1,18-1,30 Electrical conductivity (10% dilution in deionized water): 10,50-15,50 mS/cm Appearance: transparent yellowish water solution



chemoexfoliant solution based on PYRUVIC ACID, LACTIC ACID

COMPOSITION	PYRUVIC ACID 30%; LACTIC ACID 10%; FERULIC ACID
CHEMOEXFOLIATION	Superficial, superficial-medium
NUMBER OF LAYERS	Monolayer application: superficial Multilayer application: superficial-medium
APPLICATION TIME PRIOR TO NEUTRALIZATION	2-5 minutes, depending on patient reaction
NUMBER OF PEELS PER SERIES	3, minimum 10 days apart
NUMBER OF SERIES PER YEAR	2-3
APPLICATION METHOD	Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solu- tion using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes. After neutralization, apply the special ENERPEEL Neck termi- nator cream, through ENERPEEL

Roller, capable of making more uniforme the skin assorbtion of the active ingredients.

ENERPEEL®Neck



Possible complications: swelling, erythema, usually of short duration.

Contraindications:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

IMPORTANT WARNINGS

Do not let the solution come into contact with the cornea or vermilion. This device is exclusively dedicated to treat the neck and décolletage are.





nature of

60

- areas **OF USE**







Hugo Von Hofmannsthal

www.tebitech.com



General Topics s.r.l. Località Santigaro, 32 - 25010 San Felice del Benaco (BS)-ITALY-Tel. +39 0365 522617 Fax +39 0365 522619 e-mail: info@tebitech.com www.general-topics.com