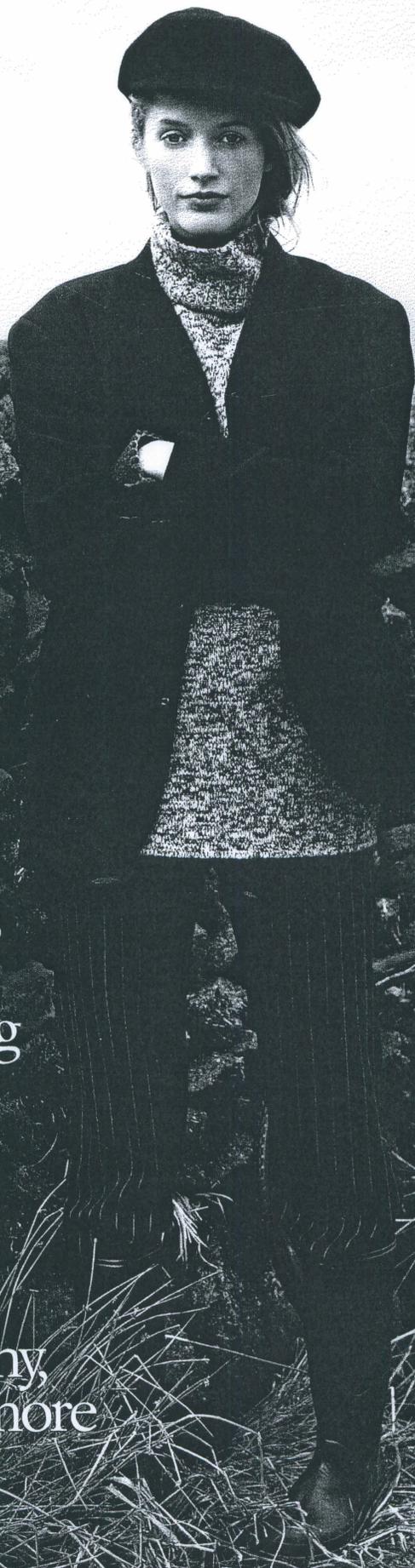


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# Looking for Dr. Peel Good

Chemical peels—piping hot but proceed with caution

**T**hey might be the stuff of a Stephen King novel—caustic agents designed to unhinge a layer of skin. But in fact, chemical peels that do just that are all the rage in beauty right now.

Just ask New Yorker Sara Stein, who credits peels with dramatically reducing severe acne scarring and, consequently, boosting her self image. "I am so relieved," says Stein, 32, a patient of dermatologist Alan R. Kling MD, affiliated with Beth Israel Hospital. "I didn't want to try surgery and I really didn't think anything else could be done. I'm *very* happy with the results."

It's the type of story that will be heard with increasing frequency as more and more skin care professionals embrace the peel process. From Park Avenue to Podunk, it seems that every conceivable practitioner—plastic surgeon, dermatologist, esthetician—is hanging a shingle. Which is at once comforting (as in you won't have to travel far) and terrifying (as in you run the risk of having your face burned off by a neophyte).

Chemical peels are used to treat sun damage, excess pigmentation, acne scarring and fine wrinkling. Most practitioners agree that they are best suited to fair complexions; the darker the skin tone, the greater the risk of complications including hyper- and hypopigmentation. [See box]

The procedure migrated to the U.S. from Europe at the turn of the century and got a big boost in the 1950s when Miami plastic surgeon Thomas Baker developed a concoction based on phenol, the mother of all chemical peel agents. This was followed by the advent of the TCA peel, a lighter agent derived from trichloroacetic acid. Today, there are at least three other types of peels: Obagi, which features TCA combined with a "wetting agent" that draws the chemicals more deeply into the skin; glycolic acid—a big hit on the salon front, and MicroPeel, which involves the physical scraping of the skin with a tiny scalpel.

Apart from the MicroPeel, which includes a few extra steps, and very superficial glycolic acid peels, which are akin to a facial, most peels follow a general format: The skin is primed with either alcohol or the solvent acetone to rid it of surface dirt and oils and to allow for even absorption. The chemical solution is applied directly to skin, in sections, with either a tiny sponge or a cotton-tipped applicator. After approximately 20 seconds, the patient experiences a mild to strong burning sensation—depending on the chemical used and whether he or she is anesthetized. After one to two minutes, the treated area turns chalk white, and it is at this point that the

practitioner neutralizes the chemical agent with water or alcohol to halt the burning. Redness and swelling set in within 30 minutes; crusting and flaking begin within approximately 24 hours. The total recuperation period can take anywhere from a few days to a few weeks, contingent on the agent used. As a rule, peels render the skin photosensitive; you'll develop an ongoing relationship with your favorite sunscreen.

Beyond the chemical agent, the other variable with peels is anesthesia. For low-level glycolic acid and MicroPeels, the patient experiences so little

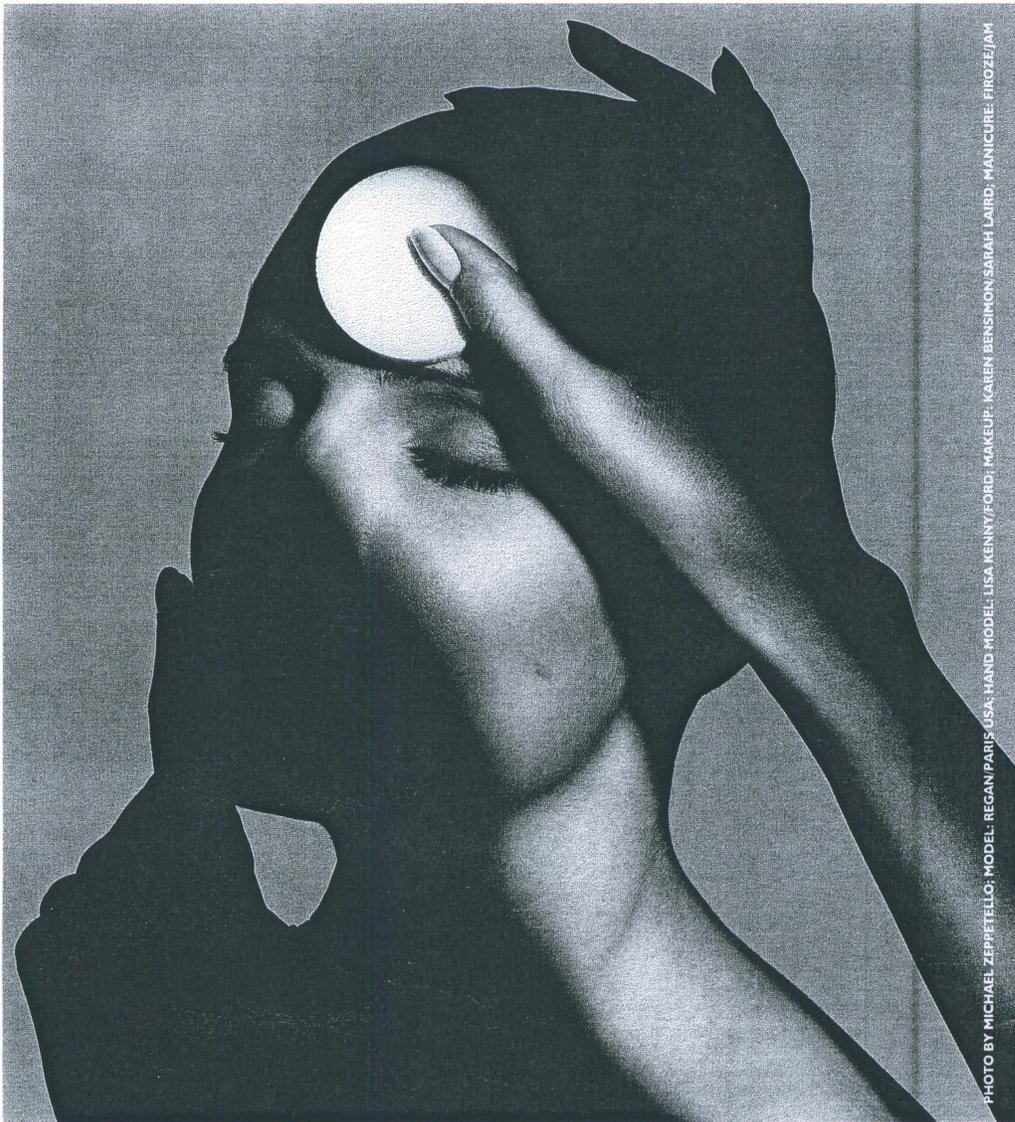


PHOTO BY MICHAEL ZEPPELLO; MODEL: REGAN/PARIS USA; HAND: MODEL LISA KENNY/FORD; MAKEUP: KAREN BENSIMON/SARAH LAIRD; MANICURE: FIROZE/JAM

discomfort that there is no need for any type of sedation, but patients who receive the Obagi peel are sedated intravenously. Anesthesia is usually not used for TCA peels, but phenol is so potent that not only is the patient fully anesthetized, she is also hooked up to an electrocardiograph.

Which is one of the reasons phenol has fallen out of favor, especially as more consumer-friendly peels hit the market. "I haven't done phenol peels recently because I think there are better options," says Manhattan plastic surgeon Richard A. Marfuggi MD, who works frequently with TCA. "Phenol is very good, but it's also very harsh. And there are fewer

## Looking for Dr. Peel Good

and fewer people who have the time to invest in that long a recovery period."

Because they correct problems with the condition of the skin itself rather than structural woes like sagging, peels are viewed as an important adjunct to facelifts. It seems lifts are next to useless in reducing fine wrinkling, acne scarring and pigmentation problems. This has prompted a few patients to opt for both. Steven Herman MD, a New York-based plastic surgeon, estimates he's performed 200 dual procedures in the last few years.

In the case of younger women, however, peels are considered an entity unto themselves. "Peels have opened up a new dimension for women in their late 30s or early 40s who have started to see some sagging and deep smile lines," says Herman. "This is the kind of patient we used to turn away and say 'come back in five years and we'll talk about a facelift.'"

Cristina Carlino, ceo of BioMedic Clinical Care and architect of the MicroPeel, agrees that peels have become an important way of staving off facelifts, eye tucks and the like. "Plastic surgeons are beginning to realize that women will settle for a lot less in the way of looks enhancement than they're schooled to think," she says.

One could argue, though, that Carlino's operation, along with that developed by West Coast dermatologist Zein Obagi, isn't built around offering the client less. Far from it. MicroPeel is a multi-procedure endeavor accompanied by an extensive product line. Obagi, while a more intensive peel, is also marketed with a host of moisturizers, sunblocks and bleaching creams.

Along with stepped-up marketing pushes, consumer advertising has also done much to dress up the previously staid image of chemical peels. Pick up any New York newspaper and you're bound to see at least a few spots extolling the virtues of peels—while neatly skipping over the vices. "A great new way to face the future," read one recent ad. "You don't have to miss work! Open weekdays & weekends, credit cards accepted."

Choose a peel practitioner without thorough investigation and you could lose much more than a day of work. Though very rare, deaths have occurred through the use of phenol. And severe scarring—with any deep peel, be it phenol or TCA—happens too often to turn a blind eye.

"Chemical peels are chemical surgery," says Harold J. Brody, clinical associate professor of dermatology at Emory University and the author of the textbook *Chemical Peeling*. "The marketing of peels has gotten out of control. They're mass-marketed now. I think plastic surgeons look at peels as a good source of secondary income now that facelifts aren't tax deductible and no one is doing breast implants anymore."

**"The marketing of peels has gotten out of control. They're mass-marketed now."**

The peel marketing prize goes to Obagi, who defends his multi-item treatment line—which can set a consumer back \$700 annually—as a method of standardization. "Look, it's better than going to a department store and buying a lot of junk for \$500," he says. "My job is to standardize skin care so that I know we're all doing the same thing. It took me 12 years to develop the concept of healthy skin," and, correspondingly, the concept his regime is built on.

Obagi is a controversial figure for a number of reasons. His marketing techniques fly in the face of much of the medical community, and he once attempted to keep his TCA-based chemical peel solution under wraps. Many other physicians take issue with a basic premise of his procedure—that a special "neutralizing" solution makes it safe and effective for all skin types.

Despite the inherent risks involved, peels have captured a wide client base, from beauty junkies to those who just want a little fine tuning. New York writer and actress Barbara Spence falls into the latter camp.

Spence, who will turn 50 this year and has several grandchildren, opted for TCA. "I'm still dating," she says. "I want to look as young as I feel, which is about 28. But I don't want surgery, at least not now."

Six months after making her way to Marfuggi's office to have her hands chemically peeled, Spence elected to have her face done. And while she's happy with the results, she concedes it was considerably more painful than the hand treatment. "In the middle of it, I began to question what I was doing," she notes. "This isn't a light process and I would never want to mislead someone that it is."

Spence gives Marfuggi high marks for alerting her to the pending discomfort. "He was really very good in that respect.

"But," she cautions, "I also think it's the responsibility of the women getting these procedures to ask questions."  
—DANA WOOD

### A User's Guide to Chemical Peels

#### PHENOL

**Primary chemical agent:** Phenol.

**The procedure:** As described above.

**Average cost:** About \$5,000

**Candidates:** Reserved for severe cases of sun damage, fine wrinkling, acne scarring and the like. Not advised for dark complexions. No peels are recommended for pregnant or lactating women, and people who use Accutane or who have a history of cold sores or fever blisters.

**Advantages:** Near-total elimination of superficial skin woes. Alters the collagen structure of the skin, causing it to mimic the cell-renewal rate of youthful, non-damaged skin.

**Disadvantages:** Serious health risks, including absorption into organs such as the liver and kidneys, cardiac arrhythmias and severe scarring. Fatalities have been reported. Peels can also cause hypopigmentation, a lightening of the skin.

**Recovery Time:** At least two weeks. Hypopigmentation can take months to dissipate.

#### TCA

**Primary chemical agent:** Trichloroacetic acid.

**The procedure:** Mimics that of a phenol peel, although the patient is usually not anesthetized, is not hooked up to an electro-cardiograph and is not bandaged post-procedure.

**Average Cost:** Depends on the potency of

the solution, but usually about \$3,000.

**Best Candidates:** Because of the potential for hypopigmentation and its equally ugly opposite—hyperpigmentation—not recommended for dark complexions.

**Advantages:** Much the same as with phenol, although to a lesser extent because it is less potent. Other points in TCA's favor: no anesthesia and no systemic or generalized complications.

**Disadvantages:** Burning sensation upon application of chemicals. Mild discomfort for up to 48 hours post-procedure.

**Recovery Time:** One to two weeks, depending on the concentration used.

#### OBAGI

**Primary chemical agent:** Trichloroacetic acid

**The procedure:** IV sedation. No bandaging.

**Average cost:** Varies widely, from \$300 for a "light" version to \$3,500 for the most intense.

**Best candidates:** Obagi claims "neutralizing agents" make his process suitable for all skin types; critics disagree.

**Advantages:** No pain because of IV sedation.

**Disadvantages:** Much the same as with TCA.

**Recovery Time:** One to two weeks.

#### GLYCOLIC ACID

**Primary Chemical Agent:** Glycolic acid.

**The procedure:** Mimics that of phenol or

TCA—minus the burning sensation.

**Average cost:** \$200 to \$500 when performed by a dermatologist or attending nurse; up to \$90 per treatment at salons.

**Best candidates:** Virtually anyone.

**Advantages:** Little to no discomfort.

**Disadvantages:** No dramatic changes. To maintain results, procedure must be repeated.

**Recovery time:** Negligible.

#### MICROPEEL

**Primary chemical agent:** Glycolic acid

**The procedure:** Skin is primed with acetone. Skin is "derma-planed," which is the physical removal of dead, flaky matter with a mini scalpel. Glycolic acid peel solution is applied to the skin for 15 seconds to two minutes. Skin is "frozen" with carbon dioxide to stem inflammation.

**Average cost:** About \$150 per session. Up to six procedures are recommended, spread out over about four months.

**Best candidates:** Good bet for people in their late 20s to mid-30s and those without extensive sun damage or acne scarring.

**Advantages:** No "down time"—patient can go about his or her business virtually immediately.

**Disadvantages:** Mild irritation, sensitivity and minor breakouts can crop up between procedures. No dramatic, lasting changes.

**Recovery time:** Negligible.