



mesopeel

advanced dermapeels
by mesoestetic®



mesoestetic®

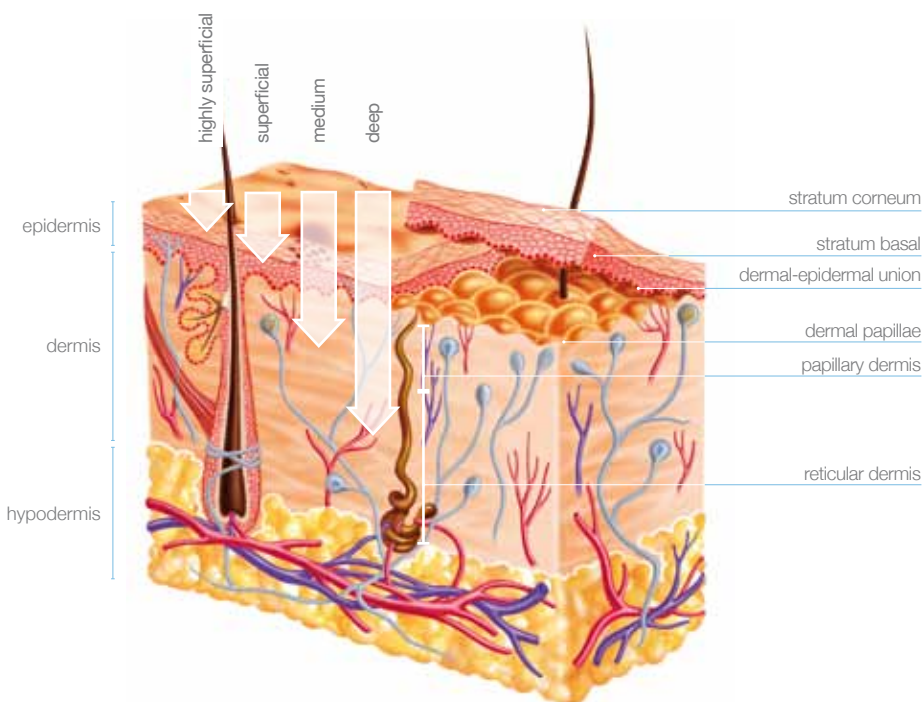
A **chemical peel** is a dermo-cosmetic procedure that consists of provoking **accelerated skin regeneration in a controlled manner** through application of chemoexfoliation agents that are used to act on different layers of the skin. The peeling action causes the elimination of the external layers of the skin with the objective of stimulating collagen, elastin and glycosaminoglycan production, thus enhancing its physiological and mechanical characteristics.

Objectives

- **purify and oxygenate the skin**, leaving it moisturised and free of impurities.
- close open pores, **improve the texture** of the skin and increase thickness of the epidermis.
- address the effects of **skin aging**, softening wrinkles and adding turgidity.
- unify skin tone, add **luminosity** and smooth cutaneous imperfections.
- lighten and attenuate pigmented lesions, providing a **depigmenting effect**.
- reduce the manifestations of **acne** and improve the appearance of **scars**.

Classification

Chemical peels **can be classified into 4 levels**, depending on its depth of action, which in turn correlates with the nature and intensity of the lesions to treat.



highly superficial (superficial stratum corneum)



Increases uniformity of skin tone for a more luminous appearance.

superficial (epidermal to basal layer)



Stimulates epidermal growth by removing the stratum corneum. This causes skin to flake in a similar way to that occurring after excessive exposure to the sun.

medium (papillary dermis)



Medium peels affect the papillary dermis, causing significant flaking by inducing superficial dermal inflammation. It completely removes the epidermis, which then renews until fully regenerated.

deep (reticular dermis)



Deep chemoexfoliation leads to an inflammatory reaction of the reticular dermis, inducing collagen and elastin fibre reconstruction.

Factors influencing the depth of exfoliation

Chemical peels reach distinctive depths depending on different factors:

- **skin typology and condition** (history, thickness, treatment area, activity and density of sebaceous glands, integrity of the epidermal barrier, etc.).
- type of **chemical substance** used (AHA, BHA, alpha-keto acids, TCA, etc.).
- **concentration and pH**
Chemical peel depth, intensity and effectiveness vary according to the concentration of the substance used and the pH of the same.
- **texture**
Peels found in aqueous, alcoholic, hydroalcoholic solutions penetrate and act quickly. Their scope of action is usually proportional to the quantity of the product and the number of layers applied.
Gel peels guarantee uniform application without dripping. They penetrate tissues more slowly, therefore their effect depends on exposure time.
- **application technique**, quantity of product, number of layers applied, exposure time.
- **skin preparation** methodology prior to application and previous treatments.



Selection of the peel

The doctor must be conversant with the **indications, properties and mechanisms of action** of each chemical agent in order to select and prepare treatment programmes, session after session. Peels are selected on the basis of the nature of the case to treat, as well as patients' individual characteristics, especially the phototype. Low phototypes present less risk of suffering PIH (post-inflammatory hyperpigmentations). The doctor will always determine the advisability of performing chemoexfoliation on high phototypes (type V and VI) patients.

Fitzpatrick Classification Scale

		Skin colour	Hair colour	Tanning	Sunburning
Phototype I		Very white skin, many freckles	Red or light blond hair	Never tans	Always burns easily
Phototype II		White, quite a lot of freckles	Blond	Minimally	Very easily
Phototype III		Light brown	Dark blond, light brown	Gradually	Moderately
Phototype IV		Dark brown	Brown	Moderate to intense	Occasionally
Phototype V		Very dark	Dark brown, black	Intense, fast	Rarely
Phototype VI		Black	Black	Maximum	Never

mesoestetic® solution: mesopeel

mesopeel is the most advanced range of specific chemical peels, designed for doctors requiring **safe, efficient products that are easy to use and control**. The range enables to treat hyperpigmentation, the signs of every stage of aging and aesthetic concerns such as acne and its sequelae, cuperosis, rosacea, striae and other imperfections.

High quality and progressive efficacy

mesopeel ensures unbeatable, progressive results for facial and body treatments by combining a variety of high quality chemical agents. They are classified in 2 families:

- **mono substance peels:** hydroxy acids and trichloroacetic acid available in different concentrations.

- **combined peels:** exclusive peels formulated with precise combinations of chemoexfoliants. These synergistic associations of substances are a practical solution for treating the most specific and common aesthetic concerns (hyperpigmentation, acne, aging, etc.), maximising the qualities of each agent to offer a global result.



Versatile and adaptable

mesopeel enables doctors to select the most suitable peel and its concentration individually to fine-tune the effects of exfoliation, session after session, for exponential and personalised results.

mesopeel products are combinable. They can be administered as multi-layers in a single session, or can be applied over consecutive sessions. Treatments should begin with lower concentrations and be titrated upwards according to skin tolerance and the results sought.

Optimising and maintaining other procedures

As well as being a highly efficient treatment for skin aging, acne and pigmentary lesions, **mesopeel** is an ideal tool for optimising other medical-aesthetic procedures (antiaging treatments, depigmenting treatments, mesotherapy, facial implants, botulinum toxin, electroporation, iontophoresis, radiofrequency, phototherapy, etc.).

Prevention and maintenance

Regular maintenance peels, several times a year, sustain the skin's healthy appearance, improving texture and providing a preventive, anti-aging effect. However, peel frequency is always contingent on the type of peel applied and its indication.

Pre and post-peel skin care

For optimal results, it is essential to properly prepare the skin, as well as performing post-treatment follow-up sessions. To cover these requirements, [mesoestetic](#) offers an extensive range of home care products formulated to prepare, perfect and prolong the results obtained at the clinic.

Certified quality and safety

Each [mesopeel](#) has been granted a registration number by the [Spanish Agency of Medicines and Medical Devices \(AEMPS\)](#) which certifies it as an aesthetic product (personal care).

All [mesoestetic Pharma Group](#) installations comply with European Good Manufacturing Practices (GMP) and are authorised by the competent health authorities. They also hold [ISO 22716:2007](#), [9001:2008](#) and [13485:2012](#) for the quality control management systems for each activity developed by [mesoestetic Pharma Group](#).

Visible, immediate and progressive results, obtained in a controlled and safe manner



glycolic acid

glycolic acid is one of the most frequently used alpha-hydroxy acids (AHA). It is highly efficient for controlling and reactivating cell synthesis processes. Its high cutaneous tolerability and small molecular size offer great transdermal penetration capacity. The keratolytic effect encourages the outer layers of the stratum corneum to peel by altering corneocyte cohesion. It encourages cellular regeneration and promotes glycosaminoglycan synthesis while increasing levels of moisture in the epidermis and reinforcing the skin's natural barrier function.

mesopeel glycolic
20%

50 ml
pH 1.8
Transparent fluid gel

**Indications:**

- preparatory peel.
- stage I skin aging.
- unifies skin tone.
- reduces expression lines and superficial wrinkles.

Recommendation:

Ideal before mesotherapy treatments with mesohyal.

mesopeel glycolic
35%

50 ml
pH 1.8
Transparent fluid gel

**Indications:**

- stage II skin aging:
 - irregular tone.
 - expression lines and wrinkles.
- improves the appearance of striae.

mesopeel glycolic
50%

50 ml
pH 1.8
Transparent fluid gel

**Indications:**

- moderate, stage III skin aging:
 - moderate photoaging.
 - medium wrinkles.
 - skin flaccidity.
 - dilated pores.
- moderate dyschromia.
- superficial acne scars.

mesopeel glycolic
70%

50 ml
pH < 1
Transparent very fluid gel

**Indications:**

- moderate to severe stage III to IV skin aging:
 - advanced photoaging.
 - medium and deep wrinkles.
 - very irregular tone.
 - skin flaccidity.
- pigmented lesions.
- senilis and solar lentigos.
- average acne scars.

Recommendation:

Suitable for skins that have previously been prepared with superficial peels.

lactic acid

lactic acid is an alpha-hydroxy acid (AHA) that works by breaking the protein bridges between the corneocytes, releasing them and reducing the thickness of the hyperkeratotic stratum corneum. It stimulates the production of new collagen and glycosaminoglycans which make up the dermal matrix. It has a natural moisturising effect on the skin, attracting water molecules to the stratum corneum, stimulating ceramide synthesis and enhancing and modulating the barrier function.

It is recommended for delicate areas such as the neck and neckline due to its high tolerance by the skin.

mesopeel lactic
30%

50 ml
pH 1.8
Transparent fluid gel

**Indications:**

- preparatory peel.
- dull skins.
- expression lines and very superficial wrinkles.
- suitable for the periorcular area.
- improves the appearance of striae.

Recommendation:

Ideal before mesotherapy treatments with mesohyal.

mesopeel lactic
40%

50 ml
pH 1.8
Transparent fluid gel

**Indications:**

- stage II skin aging:
 - expression lines and superficial wrinkles.
 - dullness.
- improves cases of cuperosis and rosacea.
- softens striae.

mesopeel lactic
50%

50 ml
pH 1
Transparent very fluid gel

**Indications:**

- stage III skin aging:
 - moderate photoaging.
 - medium wrinkles.
 - skin flaccidity.
- improves cases of cuperosis and rosacea.
- softens striae.

salicylic acid

salicylic acid is a beta-hydroxy acid (BHA) with a powerful keratolytic, comedolytic, anti-inflammatory and antimicrobial effect. It enables the breakdown of the intercellular cement, reducing the adhesion of corneocytes and encouraging superficial skin restructuring without producing inflammatory infiltration. Moreover, because of its lipophilicity, it easily penetrates the pilosebaceous ducts, controlling sebaceous secretion.

mesopeel salicylic peels are suitable for all skin types, particularly dry skins, those with a tendency to hyperkeratinisation and oily, acne prone, comedonegic and/or seborrhoeic skins. It is also recommended for areas of the body such as the upper limbs, back, knees, elbows, etc.



mesopeel salicylic 10%

50 ml
pH 1.8
Transparent alcoholic gel
solution

**Indications:**

- preparatory peel.
- controls sebaceous secretion.
- reduces pore size.
- evens skin tone.

Recommendation:

Deep cleanses the skin prior to performing other medical procedures.
Ideal before mesotherapy treatments with mesohyal.



mesopeel salicylic 20%

50 ml
pH 1.8
Transparent alcoholic gel
solution

**Indications:**

- dilated pores.
- superficial acne scars.
- moderate actinic keratosis.
- seborrhoeic dermatitis.



mesopeel salicylic 30%

50 ml
pH 1.8
Transparent alcoholic fluid gel
solution

**Indications:**

- dilated pores.
- medium acne scars.
- comedogenic or moderate inflammatory acne.
- seborrhoeic dermatitis.
- actinic keratosis.

mesopeel mandelic

gentle, progressive penetration
thick, greasy, seborrhoeic skins and/or with dyschromia

mandelic acid

mandelic acid is an alpha-hydroxy acid (AHA) that works by breaking the protein bridges between the corneocytes, causing them to come loose. It stimulates collagen and proteoglycan synthesis encouraging the process of cutaneous rejuvenation. Due to its larger molecular size it penetrates at a lower rate than glycolic acid for gentler, more progressive chemoexfoliation.



mesopeel mandelic 30%

50 ml
pH 1.8
Hydro-alcoholic gel
solution

**Indications:**

- preparatory peel.
- sebum normaliser.
- reduces pore size.
- unifies skin tone.

Recommendation:

Ideal before mesotherapy treatments with mesohyal and particularly prior to despigmenting treatments.



mesopeel mandelic 40%

50 ml
pH 1.8
Hydro-alcoholic gel
solution

**Indications:**

- dilated pores.
- controls sebaceous secretion.
- unifies skin tone.
- reduces dyschromia.



mesopeel mandelic 50%

50 ml
pH 1.2
Hydro-alcoholic fluid gel
solution

**Indications:**

- controls sebaceous secretion.
- comedogenic acne.
- superficial acne scars.
- mild actinic keratosis.
- pigmented lesions:
 - epidermal spots.
 - ephelides.
- uneven pigmentation.

trichloroacetic acid

Trichloroacetic acid (TCA) is a chemoexfoliant that acts on skin proteins and triggers keratocoagulation which leads to the appearance of white frost on the skin. This effect improves the skin's physiological and mechanical qualities and stimulates the activity of the fibroblasts responsible for synthesis of the different macromolecules of the extracellular matrix (structural glycosaminoglycans and proteoglycans).

It is recommended you use **mesopeel TCA soft 15%** overall and that you apply **mesopeel TCA 35%** to treat more specific focal areas (lentiginos, scars, wrinkles).



mesopeel TCA soft 15%

50 ml
pH 0.8

Clear hydroglycerinated
solution

**Indications:**

- for all skin types.
- stage II to III skin aging:
 - moderate photoaging.
 - superficial and medium wrinkles.
 - dullness.
- pigmented lesions:
 - superficial marks.
 - ephelides.
- superficial acne scars.
- comedogenic acne.

Recommendation:

It can be used on any part of the body, particularly in the periorcular area.



mesopeel TCA 35%

50 ml
pH 0.5

Clear hydroglycerinated
solution

**Indications:**

- moderate to severe stage III to IV skin aging:
 - advanced photoaging.
 - medium and deep wrinkles.
- dyschromia and pigmented lesions:
 - ephelides.
 - senilis and solar lentigos.
- superficial and average acne scars typical of greasy and/or acne prone skins.

Recommendation:

Suitable for skins that have previously been prepared with superficial peels.

mesopeel melanostop

depigmenting effect
dyschromia, hyperpigmentation and photoaging

azelaic acid 20% + resorcinol 10% + phytic acid 6%

Azelaic acid: has an antibacterial effect and normalises the keratinisation process of follicles. It stimulates melanogenetic inhibition, acting on hyperactive melanocytes (anti-proliferative effect). Causes progressive fading of the colour of hyperpigmentation spots, reducing them in size.

Resorcinol: phenolic derivative with keratolytic and regenerating properties. It addresses melanic hyperpigmentation and has a whitening effect.

Phytic acid: powerful chelator of copper that encourages tyrosinase enzyme inhibition and has a depigmenting effect.



50 ml
+ 1 post-peel
neutralizing spray.
pH 0.9
Hydro-alcoholic solution



Indications:

- pigmented lesions of epidermal origin:
 - superficial and epidermal pigmented lesions.
 - solar lentigos.
 - ephelides.
 - dull skins or skins with uneven tone.
- it is suitable for areas of the body with hyperpigmentation.

Recommendation:

Given the characteristics of this type of aesthetic concern, it is necessary to prescribe a home treatment to optimise the results obtained at the clinic. melanogel anti-spot cream depigmenting cream enables the fading or eradication of hyperpigmentations caused by melanin and other skin hyperchromia. Its specific formulation inhibits melogenetic enzymatic mechanisms.

mesopeel melanoplus

self-neutralising, depigmenting peel for focal use
melanic spots, lentigos, hyperpigmentation

trichloroacetic acid 20% + kojic acid 4% + ferulic acid 1% + bexaretinyl complex

TCA: acts on skin proteins and triggers keratocoagulation which leads to the appearance of white frost. This effect improves the skin's physiological and mechanical qualities and stimulates the activity of fibroblasts.

Kojic acid: it is a copper chelator that encourages tyrosinase enzyme inhibition and has a depigmenting effect. It softens the skin and does not cause irritation.

Ferulic acid: powerful antioxidant of plant origin. Provides effective protection for the entire dermal structure, neutralising free radicals and inducing a powerful cellular response to oxidative stress by controlling cytoprotective enzymes. This reduces the negative consequences of UV exposure, thus combating photoaging. Inhibits tyrosinase activity, preventing the formation of unwanted hyperpigmentation.

Bexaretinyl complex: chemoexfoliating retinoid which increases cellular proliferation as well as the components of the extracellular matrix. It encourages melanin dispersion, providing whitening properties. It inhibits collagenase production, reducing collagen loss and increasing the thickness of the dermis and epidermis.



5 vials x 5 ml
pH < 1
Hydro-alcoholic solution



Indications:

- pigmented lesions:
 - senilis and solar lentigos.
 - post-inflammatory hyperpigmentation.
 - ephelides.
 - melasmas.
- suitable for use on the face, neck, neckline, hands and body.

Recommendation

Given the characteristics of this type of aesthetic concern, it is necessary to prescribe a home treatment to optimise the results obtained at the clinic. melanogel touch local depigmenting treatment can be repeatedly applied throughout the day, inhibiting the enzyme mechanisms that produce melanin.

mesopeel azelan

anti-fungal and comedolytic properties
all phases of acne

azelaic acid 20% + salicylic acid 20%

Azelaic acid: antibacterial, antiproliferatory agent with anti-inflammatory and oil-regulating action. Normalises the keratinisation process of follicles.

Salicylic acid: beta-hydroxy acid (BHA) which has a powerful keratolytic and comedolytic effect. It has anti-inflammatory, antimicrobial, astringent and antiaging properties.



50 ml
+ 1 post-peel
neutralizing spray.
pH 1.5
Hydro-alcoholic solution



Indications:

- all manifestations of acne:
 - comedonic and/or inflammatory acne.
 - seborrhoeic dermatitis.
 - medium acne scars.
- treatment of pigmented lesions:
 - epidermal and/or post-inflammatory hyperpigmentation caused by acne lesions.
- actinic keratosis.
- rosacea.

Recommendation:

Given the characteristics of this type of aesthetic concern, it is necessary to prescribe a home treatment to optimise the results obtained in the clinic and to recommend a good daily hygiene routine.

- **Facial cleansing:** in the morning and at night with the purifying cleanser gel to remove excess sebum, dead skin cells and impurities.
- **Treatment cream:** sebum regulating purifying cream to unblock pores, remove comedones, sebaceous material and cellular detritus.
- **Mask:** apply the purifying face mask once a week to unblock pores and deep cleanse the skin.

mesopeel modified jessner

broad spectrum peel
dark spots, irregular skin tone, aging

salicylic acid 14% + lactic acid 14% + citric acid 8%

Salicylic acid: beta-hydroxy acid (BHA) which has a powerful keratolytic and comedolytic effect. It has anti-inflammatory, antimicrobial, astringent and antiaging properties.

Lactic acid: alpha-hydroxy acid (AHA) stimulates thickening of the epidermis and the dermis, while favouring the increase in the concentration of hyaluronic acid in the extracellular matrix, enhancing firming and moisturising the skin.

Citric acid: alpha-hydroxy acid (AHA) with chemoexfoliating, anti-oxidant and antiaging properties.



50 ml
+ 1 post-peel
neutralizing spray.
pH 1.5
Hydro-alcoholic fluid gel
solution



Indications:

- stage I to II skin aging:
 - mild to moderate photoaging.
 - expression lines and superficial wrinkles.
 - loss of firmness.
 - dilated pores.
 - dull, lacklustre skins.
- pigmented lesions:
 - solar lentigos.
 - uneven skin tone.
- it is suitable for acne-prone skins associated with menopause or of hormonal origin.

mesopeel bionic age recovery

antiaging wipe peel
dull skin with a loss of skin density

pyruvic acid 36% + glycolic acid 24% + lactobionic acid 4.8% + shikimic acid 4.8%

Pyruvic acid: alpha-keto acid with keratolytic, antimicrobial and sebostatic properties. It can physiologically transform into lactic acid (AHA) thus leading to progressive chemoexfoliation without excessively drying the skin. This increases homogenisation of the papillary dermis and stimulates collagen, elastin and dermal glycoprotein synthesis.

Glycolic acid: AHA which keratolytic activity encourages the outer layers of the stratum corneum to peel by altering corneocyte cohesion. It encourages cellular regeneration and promotes glycosaminoglycan synthesis while increasing levels of moisture in the epidermis and reinforcing the skin's natural barrier function.

The small molecular size of both acids offers great transdermal penetration power.

Lactobionic acid: multipurpose bionic polyhydroxy acid containing gluconic acid and galactose. It is an efficient antioxidant and antiaging agent. It boosts glycosaminoglycan production (GAGs) and blocks the metalloproteinases (MMPs) responsible for breaking down collagen and therefore the extracellular matrix structure. Moreover, it is a powerful moisturiser with the ability to attract and retain water molecules, protecting skin from dehydration.

Shikimic acid: obtained from the shikimi plant (*Illicium verum* or star anise) in Japanese. It modulates hyperkeratosis by acting on the stratum corneum. Suitable for treating acne due to its antimicrobial and anti-inflammatory effects.

Its practical single dose format makes for easy, comfortable and effective use.



10 single use wipes x 5 ml
pH < 1

Wipe dampened in an lightly orange coloured hydro-alcoholic solution.



Indications:

- moderate to severe stage III to IV skin aging:
- moderate – advanced photoaging.
- medium and deep wrinkles.
- loss of firmness and skin density.
- dull and lacklustre skin.

mesopeel piruvex

great depth of action up to the papillary dermis
moderate-severe aging

pyruvic acid 40% + lactic acid 10%

Pyruvic acid: alpha-keto acid with keratolytic, antimicrobial and sebostatic properties. Its high acidity and small molecular size gives it great transdermal penetration capacity. Pyruvic acid is also able to transform physiologically into lactic acid (AHA) thus leading to progressive chemoexfoliation without excessively drying the skin. This increases homogenisation of the papillary dermis and stimulates collagen, elastin and dermal glycoprotein synthesis.

Lactic acid: keratolytic alpha-hydroxy acid (AHA) which reduces the thickness of the hyperkeratotic stratum corneum and stimulates thickening of the epidermis and the dermis. It increases the concentration of hyaluronic acid in the extracellular matrix, firming and moisturising the skin.



50 ml
+ 1 post-peel neutralizing spray.

pH 0.5

Hydro-alcoholic fluid gel solution



Indications:

- moderate to severe stage III to IV skin aging:
 - advanced photoaging.
 - deep wrinkles.
 - irregular tone.
 - skin flaccidity.
- epidermal hyperpigmentation.
- medium and deep acne scars.

Recommendation:

Medium peel suitable for skins that have already been prepared with superficial peels.

trichloroacetic acid 20% + phenol 10%

TCA acts on skin proteins and triggers keratocoagulation which leads to the appearance of white frost on the skin. This effect improves the skin's physiological and mechanical qualities and stimulates the activity of the fibroblasts responsible for synthesis of the different macromolecules of the extracellular matrix (structural glycosaminoglycans and proteoglycans), reorganising collagen and elastin fibres and improving the skin's physiological and mechanical qualities.

Phenol or carbolic acid is a proteocoagulant whose function is to rupture the desmosome cell structures that permit the union of skin cells, thus encouraging flaking. It triggers denaturing of proteins, enzymatic deactivation and increased permeability of the cell membrane. It stimulates synthesis of collagen fibres, boosting elasticity and skin regeneration.

Recommended for doctors specialised in the application of medium-deep peels.



30 ml
pH < 1
Light pink hydroglycolic solution



Indicaciones:

- severe stage IV skin aging:
 - advanced photoaging.
 - deep wrinkles.
 - lack of skin density.
- dyschromia and pigmented lesions:
 - ephelides.
 - senilis and solar lentigos.
 - melasma.
- deep acne scars.
- hyperkeratosis.
- striae.

Recommendation:

Medium to deep peel suitable for skins that have already been prepared with superficial peels.

Basic protocol

Clinic treatment

Phase I: skin preparation

Cleanse and tone the area to treat with [hydra milk cleanser](#) and [hydratonic](#). Degrease with [pre-procedure cleansing solution](#) using a gauze or with [pre-procedure cleansing wipe](#) rubbing slightly. This step is essential in order to optimise the effect of the peel.

When applying on areas of the body, degrease directly.

Phase II: protect sensitive areas

Protect delicate areas (outer corner of the eyes, nostrils and mucous membranes) with [mesolips protector](#).






Phase III: peel application

The peel should be controlled from the initial moment of its application.

Pour between 0.5 and 5 ml of [mesopeel](#) into a measuring beaker (according to the treatment area). Apply and spread the peel quickly and evenly, starting with the forehead and continuing towards the cheeks, chin, around the mouth and nose, always from the medial and distal area.

The patient may notice some tingling or stinging. We advise fanning or ventilating to relieve this sensation.

Application techniques

fan brush		This is particularly suitable for applying peels with a gel texture.
gauze		For liquid solutions, application with a gauze is recommended. Application with a gauze boosts the effect and depth of the chemoexfoliant agents in specific areas (skin spots, wrinkles, post-acne scars, etc.) by gently rubbing the area in question. The mechanical effect of the friction is added to the peeling effect, intensifying its effect.
cotton buds		Cotton buds are very useful for applying the product to small, difficult to reach areas : perilabial area, periocular area or isolated lesions (lentigos, deep wrinkles).

Phase III a: hydroxyacid peels and combined peels

Guide of maximum recommended application times (minutes)

hydroxy acids	face	neck	body
mesopeel glycolic 20%	10	2	10
mesopeel glycolic 35%	10	2	10
mesopeel glycolic 50%	6	1,5	6
mesopeel glycolic 70%	3	1	from 1 to 3
mesopeel lactic 30%	10	2	10
mesopeel lactic 40%	7	1,5	10
mesopeel lactic 50%	7	1	from 3 to 5
mesopeel salicylic 10%	10	3	10
mesopeel salicylic 20%	7	2	7
mesopeel salicylic 30%	5	1,5	from 3 to 5
mesopeel mandelic 30%	10	2	10
mesopeel mandelic 40%	7	1,5	7
mesopeel mandelic 50%	5	1	from 3 to 5

combined	face	neck	body
mesopeel melanostop	5	2	from 5 to 7
mesopeel azelan	10	2	5
mesopeel modified jessner	10	2	from 7 to 10
mesopeel bionic age recovery	6	4	7
mesopeel piruvex	3	1	3

Both the number of layers applied and exposure time depend on the type, thickness and condition of the skin, as well as the therapeutic response sought.

Remove and neutralise

When the substance has been in place for the prescribed time, wash the treated area starting with the centre and cheeks and finishing with the forehead.

Spray with [post-peel neutralizing spray](#) to neutralise the chemoexfoliation and restore the skin's pH level. [post-peel neutralizing spray](#) has a soothing effect and gives the patient a comfortable fresh feeling.

If frost occurs in any areas, it is possible to neutralise these by leaving the peeling agent to work on the remaining areas.



Phase III b: peels with TCA

Peelings with TCA do not need to be neutralised. Approximately 5 minutes of exposure are recommended after the last layer.

Trichloroacetic acid causes keratocoagulation which is observed by the appearance of frost a few minutes after application. This varies according to the condition of the skin and the concentration used.

	number of layers	interval between layers
mesopeel TCA soft 15% mesopeel TCA 35%	3 or 4 layers, general and focal application. 1 to 2 layers, focal application.	5 to 10 minutes. 5 minutes.
mesopeel melanoplus	1 to 4 layers, focal application.	5 minutes.
mesopeel phenTCA	1 layer, general application. Applying several layers may have a deep chemoexfoliation effect (papillary dermis/reticular dermis). The number of layers to apply will be decided by the doctor, according to his/her criteria.	

Optional phase: enhance

Exclusively for very superficial and superficial peels.

To enhance and seal the effect of the peel, apply a small amount of **post-peel 1% retinol concentrate** on the area treated immediately after neutralisation of the peel, avoiding the eye contour. Proceed to the photoprotection phase V.



Phase IV: regenerate and repair

To soothe, repair and decongest the skin, apply the [post-peel crystal fiber mask](#) on the facial area, adapting it to the anatomical shape.

In other areas, apply a thick layer of [anti-stress face mask](#), allow to work for 20 minutes and then remove with water.



Phase V: finish and protect

Massage in [post-procedure fast skin repair](#) finishing cream until fully absorbed to encourage reepithelisation of the tissues.

Finish the treatment with a dose of [moisturising sun protection SPF50+](#) to protect the skin from harmful UV rays.



Home care in 2 stages

Pre-peeling – 15 days earlier

The prescription of [home performance](#) renewing treatments (one daily application at night) for 15 days prior to the [mesopeel](#) treatment will optimise therapeutic response by preparing the skin, evening the action of the peel and minimising possible adverse reactions.

- [glycorepair](#): for normal to combination skin.
- [resurfacing peel booster](#): suitable for oily, acne-prone and seborrhoeic skins with blemishes, actinic keratosis and showing signs of chronoaging.
- [brightening peel booster](#): skins with hyperpigmentation, irregular complexion, imperfections and showing signs of photoaging.



Post-peel

During the flaking process:

Apply [post-procedure fast skin repair](#) twice a day (morning and night) or whenever necessary.

After the flaking process:

If the condition of the skin permits, re-applying [glycorepair](#), [resurfacing peel booster](#) or [brightening peel booster](#) is recommended to prolong cellular stimulation.



Photoprotection





The use of high sun protection products such as [dermatological sun protection SPF50+](#) (for sensitive, combination and greasy skins), [moisturising sun protection SPF50+](#) (for normal and dry skins) or [sun protection SPF50 compact foundation](#) is essential. The skin must be protected several times a day depending on exposure to sunlight.



Post-treatment recommendation

For 48 hours after the treatment session, the patient must avoid direct exposure to sunlight or artificial light, heat, saunas or swimming pools.

Treatment cycles

	Number of recommended sessions	Maintenance sessions
Hydroxyacid peels and combined peels	4 to 6 sessions with a minimum interval of two weeks between sessions.	1 session, 4 times a year.
 mesopeel TCA soft 15%  mesopeel TCA 35%	1 to 4 sessions with a minimum interval of two weeks between sessions. a single session.	a maximum of 2 sessions/year.
 mesopeel melanoplus	1 to 5 sessions with a minimum interval of 3 weeks between sessions.	a maximum of 2 sessions/year.
 mesopeel phenTCA	a single session.	a maximum of 2 sessions/year. In local treatments (lentigos), the guideline can be adapted to the evolution of the lesion. There must be at least a 1 month interval between applications.

Suggestions for combined protocols

Antiaging	Session 1	Session 2	Session 3	Session 4	Home care
Stage I	mesopeel salicylic 10%	mesopeel glycolic 20%	mesopeel glycolic 35%	mesopeel modified jessner	energy C
Stage II	mesopeel salicylic 10%	mesopeel glycolic 35%	mesopeel lactic 40%	mesopeel modified jessner	collagen 360°
Stage III	mesopeel salicylic 20%	mesopeel glycolic 50%	mesopeel piruvex	mesopeel bionic age recovery	stem Cell
Stage IV	mesopeel salicylic 20%	mesopeel glycolic 50%	mesopeel bionic age recovery	mesopeel lactic 50%	radiance DNA

Classification of skin aging according to Glogau scale.

Hyperpigmentation	Session 1		Session 2		Session 3		Session 4		Home care
Dyschromia	mesopeel salicylic 10%		mesopeel melanostop		mesopeel melanostop		mesopeel modified jessner		ultimate W+
Lentigos	GENERAL mesopeel salicylic 10%	FOCAL mesopeel TCA soft 15%	GENERAL mesopeel melanostop	FOCAL mesopeel melanoplus	GENERAL mesopeel melanostop	FOCAL mesopeel melanoplus	GENERAL mesopeel lactic 40%	FOCAL mesopeel TCA soft 15%	melanogel antispot cream melanogel touch

Acne	Session 1	Session 2	Session 3	Session 4	Home care
Mild	mesopeel salicylic 10%	mesopeel salicylic 20%	mesopeel azelan	mesopeel azelan	facial gel cleanser glycorepair regenerance active
Moderate	mesopeel salicylic 20%	mesopeel azelan	mesopeel azelan	mesopeel azelan	purifying cleanser purifying face mask purifying cream
Severe	mesopeel salicylic 30%	mesopeel azelan	mesopeel mandelic 50%	mesopeel azelan	

Other skin alterations	Session 1		Session 2		Session 3		Session 4		Home care
Aging hands	GENERAL mesopeel salicylic 10%	FOCAL mesopeel TCA soft 15%	mesopeel modified jessner		GENERAL mesopeel modified jessner	FOCAL mesopeel TCA 35%	mesopeel lactic 40%		moisturising sun protection melanogel touch
Acne scars	MULTI-LAYER mesopeel salicylic 20% mesopeel glycolic 35%		MULTI-LAYER mesopeel salicylic 20% mesopeel TCA soft 15%		mesopeel modified jessner		mesopeel lactic 30%	mesopeel TCA soft 15%	facial gel cleanser glycorepair regenerance active
Stretch marks	MULTI-LAYER mesopeel salicylic 20% mesopeel glycolic 50%		MULTI-LAYER mesopeel salicylic 20% mesopeel glycolic 70%		MULTI-LAYER mesopeel salicylic 30% mesopeel lactic 30%		MULTI-LAYER mesopeel lactic 30% mesopeel TCA soft 15%		firmingshock 1 firmingshock 2 striashock

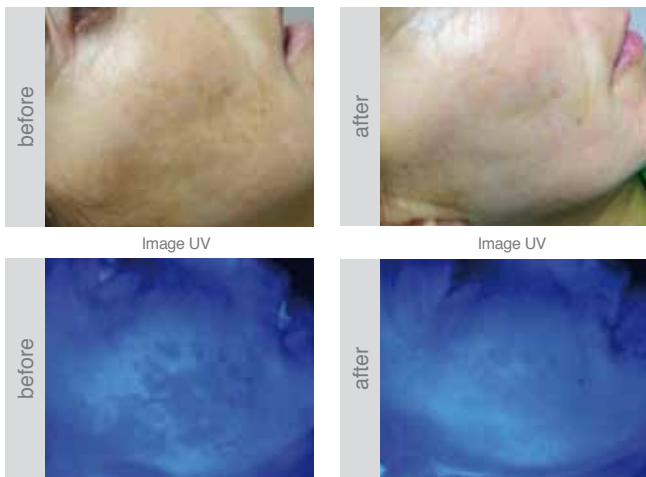
Progressive and visible results

Pigmented lesions

Treatment with **mesopeel melanoplus**. Focal application on neckline.
Total n°. of sessions: 4 (15 day intervals).
Pictures taken: before starting treatment and 1 month after the last session.



Treatment with **mesopeel melanoplus**. Focal application.
Total no. of sessions: 4 (15 day intervals).
Pictures taken: before starting treatment and 1 month after the last session.



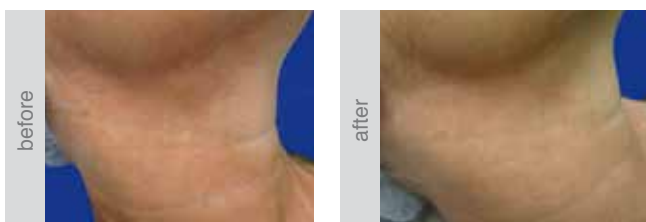
Mild acne

Combined treatment with **mesopeel salicylic 10%** (session 1), **mesopeel salicylic 20%** (session 2) and **mesopeel azelan** (session 3 and 4). General application.
Total no. of sessions: 4 (15 day intervals).
Pictures taken: before starting treatment and 1 month after the last session.



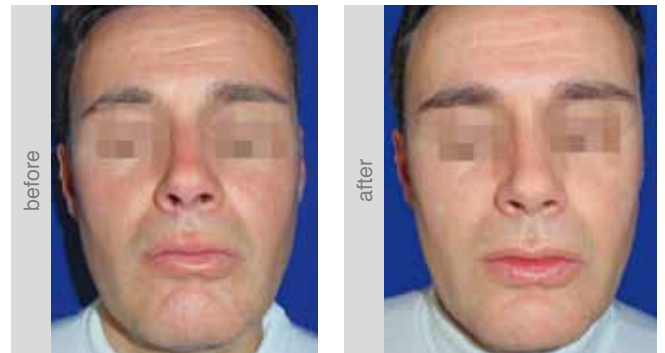
Severe skin aging

Treatment with **mesopeel phenTCA**. General application.
Total no. of sessions: 1.
Pictures taken: before starting treatment and 1 month after the last session.

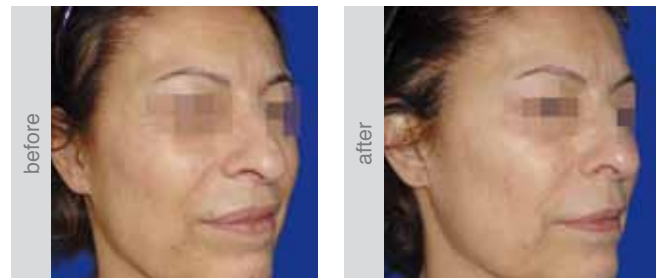


Moderate skin aging

Treatment with **mesopeel bionic age recovery**. General application.
Total no. of sessions: 5 (15 day intervals).
Pictures taken: before starting treatment and 15 days after the last session.

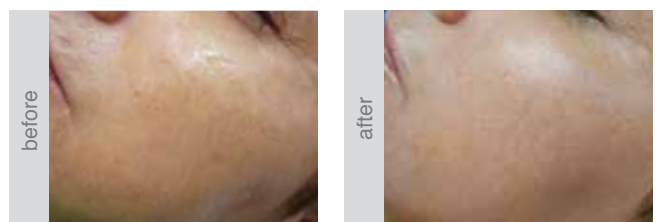
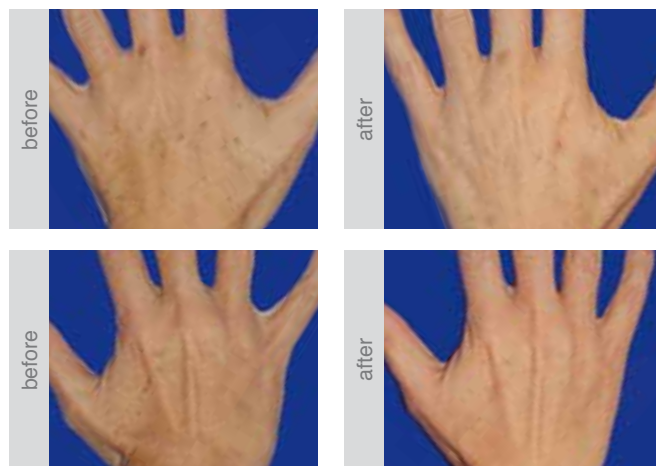


Treatment with **mesopeel bionic age recovery**. General application.
Total no. of sessions: 4 (15 day intervals).
Pictures taken: before starting treatment and 21 days after the last session.



Moderate to severe skin aging

Treatment with **mesopeel TCA 35%**. General application.
Total no. of sessions: 1.
Pictures taken: before starting treatment and 3 months after the last session.





mesopeel

- The most advanced range of specific chemoexfoliation agents, designed to correct skin aging, pigment conditions, acne and other blemishes, etc.
- Adaptable to every aesthetic concern and to every area of the face or body. Permits the creation of tailor-made individual treatments.
- Visible, immediate, progressive results obtained in a controlled and safe manner by combining products from a wide range of high quality chemoexfoliation agents.
- mesopeel offers great versatility. The chemoexfoliation agents can be combined in a single session, consecutively or over alternate sessions.
- mesopeel is ideal for complementing and boosting other medical aesthetic procedures (antiaging treatments, depigmenting treatments, mesotherapy, facial implants, botulinum toxin, electroporation, iontophoresis, radiofrequency, phototherapy, etc.).



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