SAFETY Phenol- Croton oil peels
1) **N95 mask with activated carbon and expiratory valve,**
2) **Neoprene procedure gloves.** If using nitrile gloves, use two, and chose thicker ones.
3) Use exhaustion in the peeling room.
4) **Waste: Satellite Chemical Waste Accumulation Area:** Labeled 1 L (32 Oz) Amber Glass Bottles, tightly closed. Locked, under sink.
5) Monitorization, O2, basic medications for life support (furosemide, albuterol).
6) Lidocaine 100mg bolus and Magnesium Sulfate 1-2g bolus must be available.
7) TdP prevention: QTc check, avoid medications known to prolong QTc.
8) QTc>480ms Warning, change medications. QTc>500ms absolute contraindication.
9) Hydration, slow speed, room ventilation, monitor equipped with QTc if possible.
10) Beware of too strong application in thin areas.

- **Advanced chemical peels: phenol-croton oil peel. (CME ARTICLE)**

- **About "Surgical smoke: Risk assessment and mitigation strategies" and chemical adsorption by activated carbon N95 masks.**

Lip augmentation
1) **Eversion by surface necrosis**
2) **Volume by neocollagenesis**
3) Eversion = peel strength/depth of injury.
4) Volume may be better appreciated if no surface shrinkage.
5) Volume = surface area peeled (more collagen built).
6) Avoid patients with no lips (no results). Lip surface is important.
7) Perilabial area peeling / feathering helps with eversion.
8) Most important area for eversion is vermilion border.
9) Peel from wet-dry line to vermilion border for volume.
10) Valacyclovir prophylaxis mandatory.

- **Augmentation and eversion of lips without injections: the lip peel.**

**Formula used in the video:** 1.2% Croton oil in 35% Phenol (Hetter’s Heavy):
0.5mL of Phenol 88% + 1.5mL of Hetter’s Stock + 0.25mL of Septisol + 2.75mL of Water
FDA BAN on Triclosan effective since Dec 2018 (Septisol is out of the market).
**Current Option:**
0.5mL of Phenol 88% + 1.5mL of Hetter’s Stock + 3mL of Novisol (Young Pharmaceuticals)