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**MIAMI, FL 33144**

**PATIENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**The OBAGI BLUE PEEL  
INFORMATION AND INFORMED CONSENT**

The BLUE PEEL brings about a significant improvement in skin rejuvenation. In this procedure a low concentration of the peeling agent TCA (Trichloric Acid) is mixed with a special base prior to its application. Application of the peeling solution on the skin initiates the peeling process and causes the topmost (dead layer of skin) to slowly peel off. In a few weeks a healthier skin replaces the old skin.

BLUE PEEL is the treatment of choice for many. The process is like sanding the surface of a damaged table so that the scars and discolorations are less noticeable. Though healing takes 3 to 7 days, a 60% to 80% improvement can usually be expected depending on the type and extent of scarring.

The best candidates for BLUE PEEL are men and women who are physically healthy, psychologically stable, and realistic in their expectations. Most are 18 or older, but if discolorations and acne scars are a problem, you may decide to have this procedure at a younger age. Dramatic responses are often seen in one or two treatments. However, following treatments may be necessary to achieve optimal results.

This procedure is one of the safest available for skin rejuvenation, however, medical treatment is not an exact science and the degree of improvement is variable. Occasionally there is not improvement and another form of treatment may be required. Long-term complications resulting from the BLUE PEEL are rare. Due to the light nature of the peel, complications usually seen in deeper peels, laser or dermabrasion procedures such as keloids or scars are possible, but are unlikely to occur. Infections due to bacterial contamination may occur if post-peel instructions are not followed. Temporary, mild pigmentation problems may occur and can usually be corrected using bleaching systems.

Some patients return to work the same day, although most patients require a longer recovery time. This may last up to several days.

The degree of discomfort varies with each person depending on one's pain threshold. Topical anesthesia may also be requested based on individual preferences or tolerances. Be sure to discuss this with your physician prior to the laser treatment.

**Patients Initial s \_\_\_\_\_**

**Important Contraindications:**

You should not have a peel if you will continue to have excessive sun exposure, active herpes simplex, warts, and history of keloidal scarring (excessive ropey scarring where the collagen forms outside of the incision or cut area, of any type of recent facial surgical procedures. You should not have a chemical peel if you've used Accutane in the last year (which increases your chances of excessive scarring). If you are pregnant or lactating (although simple, superficial fruit acids may be acceptable, ask your physician). If you have any auto immune diseases, have had any recent radioactive or chemotherapy treatments, have sunburn, windburn or broken skin or have recently waxed or have recently used a depilatory such as "Nair".

**OBAGI BLUE PEEL INSTRUCTIONS**

**PRIOR TO THE PEEL**

- Patient should discontinue use of # 3 CLEAR, # 4 EXFODERM / FORTE, # 5 BLENDER and TRETINOIN four days prior to peel.
- Review the procedure with the patient. Have them sign the consent.
- Avoid the following procedures prior to being treated by the Blue Peel for two weeks. Electrolysis/Depilatory Creams / Waxing / Laser Hair Removal

**AFTER THE PEEL**

You will feel as though your skin has a windburn or sunburn and will find that your skin is tight. Do not make excessive or widely exaggerated facial expressions. This can cause tearing of the skin and bleeding, hence – scarring. Just let your skin heal naturally and do not peel or tug on ANY skin that may peel from the face. You can cause excessive damage resulting in severe scarring if you do this. Below is a typical after care instruction sheet, please ask your physician or skin care specialist for your own specific instruction sheet.

1. You should cleanse your face as usual but with the gentle-formulated cleanser 2 to 3 times daily. Be very gentle with cleansing; when showering; DO NOT let water from showerhead hit face directly.
2. DO NOT MOISTURIZE!
3. Use ACTION and TOLEREEN (mix half and half). Apply 2-3 times a day.
4. BACITRACIN: Use only as needed.
5. For itching use TOLEREEN as needed.
6. Do not apply any type of glycolic acid or exfoliation products as this can severely damage or irritate the skin during the entire time of healing or the skin will become irritated.
7. Avoid sun exposure if you can for the next 2-3 weeks. Use a high SPF sun block (30 or greater) to help block the harmful UV rays. The OBAGI PHYSICAL UV BLOCK is recommended.

**Patients Initials \_\_\_\_\_**

8. Do NOT peel, rub or scratch your skin at anytime, whatsoever. This WILL cause damage and compromise your results as well as possibly severely scar you.
9. Let your surgeon or skin care specialist know immediately if you have a herpes break out. This can also result in severe and permanent scarring.
10. Swimming and contact sports should be avoided until your skin has healed completely.
11. Generally, make-up is not recommended for the first 7 to 10 days or until the skin has completely peeled.
12. Immediately postoperatively, cooled gel packs or ice may be applied to the skin surface to reduce postoperative erythema (redness) and swelling.
13. Any discomfort or burning at the treatment site may be relieved by taking Tylenol, or other medications prescribed by your physician, and the application of ice compresses, hydrocortisone cream, or Calendula gel.
14. If crusts or scabs develop, allow them to fall off on their own.
15. Do not have any other facial treatment for at least one week after your peel.
16. PERMANENT MAKEUP CAN LIGHTEN WITH THE BLUE PEEL.

**Call the office immediately if you have unexpected problems after the procedure.**

I understand that the OBAGI PEEL is not an exact science and that the degree of improvement is variable. \_\_\_\_\_ INITIALS

I understand that occasionally there is no improvement and another form of treatment may be required. \_\_\_\_\_ INITIALS

By my signature below, I acknowledge that I have read “OBAGI BLUE PEEL INFORMATION AND INFORMED CONSENT” and I understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and with to proceed with the OBAGI BLUE PEEL.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Patients Initials** \_\_\_\_\_