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EXODERM

Notes for Guidance

Exoderm is a newly developed chemical deep-depth method that has been shown to exhibit excellent results in the treatment of a broad spectrum of ageing skin defects.

The basic formula for Exoderm was developed in 1986 and refined in 1990 by a group of chemists, plastic surgeons and dermatologists with the aim of attenuating the irritability of phenol as well as minimising the systemic and local complication associated with the classical phenol-peel solutions, while maintaining the beneficial effects of deep-depth peeling.

The Exoderm formula selectively melts the superficial layers of the skin, resulting in liquefaction of those layers while partially preserving the melanocytes in the basal layer. This limited exfoliation induces regeneration of the skin and stimulates the formation of new collagen and elastin fibres in the sub-epidermal zone. The ultimate result is a 'tightening' effect.

Exoderm method has indications for:

1. Wrinkles
2. Cutaneous pigmentation such as freckles, solar lentigo
3. Acne Scars
4. Deep Dermal Pits
5. Precancerous lesions, such as solar keratosis and early phases of basal cell carcinoma

The preparation for surgery consists of avoiding eyeliner and cosmetics on the day of surgery. Wash skin with soap, rinse with water. Do not apply any moisturiser. The procedure is performed under i.v. sedation.

The solution is applied and it produces a white blanching of the skin. As soon as frosting is seen the area

is rubbed dry with a dry cotton pad. The frosting disappears in a few minutes and is replaced by a red greyish colour. The skin becomes edematous with puffy eyelids. The procedure is performed twice in all facial areas, except for the deep folds and rhytides, which are treated three to four times. Following the procedure the skin is taped by impermeable, hypoallergenic, zinc oxide based plastic tape. The tape mask is easily removed after 18-24 hours, exposing an oedematous and pink skin. Brownish liquid from the macerated epidermis is removed by a dry cotton applicator. The face is then covered with a powder. The powder acts as a protective antiseptic and regenerative mask and remains for a period of 7 days.

On the eighth day, Vaseline is applied to the rigid mask in order to soften and remove the mask from the newly formed skin. Then you will use a water-based cream with a sunscreen 15-19, 4-5 times daily.

The flushed looking skin resolves over 2-6 weeks. During this period make up (green foundation) can be used under normal foundation to blend the skin colour. Soloquin can be used to reduce hyperpigmentation.

No permanent complications, such as scars have been observed. Homogenous lightening of the skin colour (apricot colour) was frequently seen and was well accepted and tolerated by the patients. Sometimes persistent erythema have been observed.

Follow-up to 6 years has revealed satisfactory results.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.