

# Understanding the risks and aftercare of cosmetic skin resurfacing.

Albert Christ\*

Department of Oral and Maxillofacial Surgery, Virginia Commonwealth University, USA

\*Correspondence to: Albert Christ, Department of Oral and Maxillofacial Surgery, Virginia Commonwealth University, USA. E-mail: Albert26@vcu.edu

*Received: 03-Sep-2025, Manuscript No. AADRSC-25-167969; Editor assigned: 04-Sep-2025, PreQC No. AADRSC-25-167969(PQ); Reviewed: 17-Sep-2025, QC No. AADRSC-25-167969; Revised: 22-Sep-2025, Manuscript No. AADRSC-25-167969(R); Published: 27-Sep-2025, DOI: 10.35841/aadrsc-9.3.268*

## Introduction

Cosmetic skin resurfacing is widely utilized to improve skin texture, reduce wrinkles, diminish scars, and rejuvenate overall skin appearance. Despite its effectiveness, the procedure is not without risk. Understanding both the potential complications and the essential aftercare involved is critical for achieving safe, long-lasting results. This article outlines the various risks associated with skin resurfacing methods and provides guidance on post-treatment care tailored to ensure optimal healing and aesthetic outcome. [1].

Cosmetic skin resurfacing refers to a range of procedures aimed at removing the outermost layers of skin to stimulate collagen production and reveal healthier skin beneath. Techniques include laser resurfacing, chemical peels, dermabrasion, and microneedling. While these methods offer significant aesthetic improvements, patients must be aware of their associated risks and commit to a meticulous aftercare regimen to avoid complications and promote effective healing. [2].

The depth of skin removal and intensity vary depending on the procedure and the individual's skin type and concerns. Although generally safe when performed by qualified professionals, cosmetic resurfacing can pose several risks. This is especially common in darker skin tones (Fitzpatrick IV–VI). Inflammatory response to the procedure can lead to melanin overproduction. Applying petroleum jelly or silicone-based ointments can create a moisture barrier that promotes healing and reduces the risk of scabbing and scarring. Post-treatment appearance (redness, peeling, etc.) may cause temporary distress. Preparing patients with realistic expectations and timelines for recovery can enhance satisfaction and reduce anxiety.[3].

Temporary redness and swelling are expected and typically resolve within days to weeks. However, prolonged erythema may indicate complications. Open skin post-treatment is vulnerable to bacterial, viral, or fungal infections. Herpes simplex virus reactivation is a common concern in facial laser treatments. Open skin post-treatment is vulnerable to bacterial, viral, or fungal infections. Herpes simplex virus reactivation is a common concern in facial laser treatments. Avoid using retinoids, exfoliants, acids, or alcohol-based products until the skin has fully healed, as these can cause irritation or impede recovery. [4].

Chemical peels and topical post-treatment products may cause allergic responses, itching, or contact dermatitis. Factors such as smoking, underlying skin diseases, or poor wound care can hinder recovery and increase the chance of complications. Post-resurfacing care is crucial for preventing infection, reducing inflammation, and supporting skin regeneration. Gentle cleansing with non-irritating, fragrance-free cleansers helps remove debris without disturbing healing tissue. Follow with bland moisturizers to maintain hydration and protect the skin barrier [5].

## Conclusion

Cosmetic skin resurfacing offers transformative benefits when performed and followed up responsibly. Being aware of the potential risks, along with committing to a disciplined aftercare routine, is essential to achieving the desired results safely. Patient education, pre-treatment planning, and post-procedure care are equally important to minimize complications and ensure long-lasting improvements.

## References

1. Fraser RD, Macrae TP, Rogers GE. Structure of alpha-keratin. *Nature*. 1959;183(4661):592–94.
2. Fuchs E, Green H. Changes in keratin gene expression during terminal differentiation of the keratinocyte. *Cell*. 1980;19(4):1033–42.
3. Galarneau L, Loranger A, Gilbert S, et al. Keratins modulate hepatic cell adhesion, size and G1/S transition. *Exp Cell Res*. 2007; 313(1):179–94.
4. Cleaver JE, Trosko JE. Absence of excision of ultraviolet-induced cyclobutane dimers in xeroderma pigmentosum. *Photo Hem Photobiol*. 1970;11:547–50.
5. Davis MA, Ireton RC, Reynolds AB. A core function for p120-catenin in cadherin turnover. *J Cell Biol*. 2003;163:525–34.