

Scar management advice for all ages



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STAGE 1:

Immediately post surgery (0-14 days)

Swelling and scar tissue formation are the body's normal response to surgery. The fresh scar will need support and protection. Chris advises resting and elevating the area with regular mobility for at least five minutes every hour. Chloramphenicol (an antibiotic ointment that can be purchased over the counter) is very good for exposed suture lines. Avoiding physical activity is advised for 48 hours after surgery.

Depending on the surgery, the dressing should be kept dry and in place for 2-7 days, until the suture line has formed a scab. Swimming/soaking is not advised during the first 7-10 days. If the wound is exposed, showering is acceptable as instructed.

STAGE 2:

Early scar phase (2-13 weeks)

After suture removal (if applicable), when all scabs have settled, a dry pink scar line will present. Evidence-based advice shows that massage manipulation using a lubricant such as oil or a simple hypo-allergenic moisturiser like aqueous cream, aids the healing process. This ensures the best possible results from the scar. The more massage is performed, the softer and less noticeable the resultant scar, in a faster time scale. In addition, the application of silicone is advised post massage. This can take the form of a liquid, sheet or tape. There are several over the counter liquid products such as Dermatix, SilDerm or Kelo-Cote. These will seal the scar, trapping hydration and help with scarring.

Sometimes tight, tender or itchy scars may present in this stage. Silicone sheets such as CICA-CARE and mepilex tape (to be used in areas hidden by clothing) can afford relief and should be applied after massage. Where possible, compression, is also useful for scars on the arms, legs and abdomen. Scar sensitivity is also treated with massage and compression. Micropore tape can also be used to support the wound for 1-4 weeks if the scar is very long. Skin camouflage products are available and reduce the noticeability of a scar. These are a good alternative to tinted moisturisers or makeup such as foundation which are not able to stick to immature scars and get washed off more easily.

The muscles beneath the scar can sometimes cause it to stretch. Botox can be used to temporarily reduce this and prevent stretching during this stage. This is particularly relevant for facial scars.

A new scar will not have any UV protection.

The scar will need to be protected from strong sunlight up until 18 months post surgery as it will pick up pigmentation better than normal skin and will result in a darker more prominent scar. Using an SPF >30 frequently is advised. If the scar is on the face, a wide-brimmed hat is also advised. After being in the sun, a good after-sun product such as aloe-vera should be applied to keep the skin hydrated.

Showering with a non-perfumed product (i.e. Nivea, Aveeno, aqueous cream, Simple or Sanex) is advised and all physical activities can be resumed.

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STAGE 3:

Late scar phase (3-18 months)

Genetics determine ultimate scarring, but scar manipulations can help get the best possible end result. Usually after 9-12 months the result is clear and only then can scar revision be considered if necessary. In children this period may be longer. Depending on scar location, skin camouflage is an option to conceal the scar until it has settled.

Scars naturally feel firm until the scar starts to 'remodel' and soften, also becoming lighter in colour. Massage is very important in this remodelling.

Scar manipulation treatments may be considered if a scar becomes unsatisfactory. This can happen for a range of reasons - they can stretch, become hypertrophic (thick), hypervascular (red), hyperpigmented (dark), keloid (raised), itchy, painful or cause functional impediment. If these signs are seen and fail to improve with the advice given above, intervention with steroid injections, laser therapy, micro-needling or early surgical revision may be considered. Chris can explain what is happening and why.

Small changes within the scar can be on-going for up to 12-36 months. If there has been no post-operative wound healing issue, a standard management strategy can be adopted. A more proactive approach may be taken if initial wound healing was problematic and surgical revision is highly likely despite natural scar improvement.

Advice on how to massage

Using a large amount of cream or oil on the scar and the pulp of the thumb and/or index finger, press down firmly on the scar, as if 'ironing' it flat. Usually this area will be tender and can cause patients to feel a little sick. In areas where the scar can be gripped between the thumb and fingers, this should be done. The massage should be continued for 5-10 minutes at least twice per day but the more massage the better. In children, it is best advised to involve them in the process or distract them during treatment. The moisturiser should then be allowed to dry or the excess wiped off prior to application of silicone liquid, sheet or tape.

When used in massage, occasionally cream that is normally used without issue, can cause irritation.

If this happens, a different product should be tried.

Scar care routine

- Massage for several minutes with moisturiser or oil
- Leave to dry or wipe off excess
- Apply silicone liquid (or if necessary either the silicone sheet or tape)
- Use SPF if exposed and/or camouflage if required
- Leave to dry

Locations

For the convenience of patients, Chris practices in several hospitals across Marylebone (**9 Harley Street**), Fitzrovia (**The Portland Hospital**), Chelsea (**The Lister Hospital**), Kensington (**The Cromwell Hospital**), Fulham (**The Chelsea and Westminster Hospital**) and Wimbledon (**Parkside Hospital**).

About Chris Abela

Chris is a fully licensed consultant plastic, reconstructive and cosmetic surgeon who has worked at consultant level for over five years. Chris was educated at Cambridge University and has the fellowship in Plastic Surgery (FRCS) from the Royal College of Surgeons and a higher degree in cosmetic surgery. He is on the General Medical Council's specialist register for plastic surgery and extensive training has allowed him membership of The British Association of Plastic, Reconstructive and Aesthetic Surgeons, the Royal Society of Medicine, The British Association of Aesthetic Plastic Surgeons and the Royal College of Surgeons of England.

Our philosophy

Patient care is the first and foremost priority of Chris and his team. There is no 'one size fits all' approach. The aim of all surgery is an informed and excellent patient experience, something that is clear to see from the feedback received from his patients. Feedback is accessible via his website at www.chrisabela.co.uk/about/patient-testimonials and at www.iwantgreatcare.org/doctors/mr-christopher-abela.

When a patient is referred to Chris for plastic, reconstructive and/or cosmetic surgery, a complete package of care is built on their unique set of needs and circumstances. In particular, Chris prides himself on offering:

- A safe and evidence-based approach to the treatment provided, executed accurately to mitigate against complications with meticulous reflection on results
- Holistic and honest consultations to enable patients with a better quality of life, long after they have been discharged
- The right infrastructure and personnel to take care of a patient from the moment they have been referred and fully support them for the duration of their journey

Services

Chris works with both adults and children and can help patients with:

- Skin lumps, bumps, swellings, scars and skin cancer
- Emergency treatment of infections and injuries
- Congenital anomalies, plagiocephaly and facial asymmetry
- Body contouring after weight loss and post-partum abdominal wall insufficiency
- Cosmetic facial surgery
- Non-surgical interventions such as BOTOX, fillers and steroid injections for scar management