



This leaflet provides further information for patients considering having treatment to improve their scars. The leaflet goes through the treatments which are available, what they involve and the potential risks.

Scars can result from injury, surgery or infection. Poor scarring, which may be stretched, lumpy, painful or itchy can be a cause of significant distress and can make you feel self-conscious about your appearance.

What are hypertrophic and keloid scars?

A keloid is a lumpy, raised and itchy scar that extends beyond the original wound or scar. Keloid scarring often results from genetic / hereditary factors and is more common in certain areas of the body such as, the earlobes, chest and shoulder areas and are seen more frequently in patients of Asian or Black origin.

A hypertrophic scar is raised and usually red but remains within the boundaries of the original wound or scar. Hypertrophic scars can occur anywhere on the body and in people of all origins. Hypertrophic scars can improve over time whereas keloid scars either stay stable or worsen over time.

How can poor scars be treated?

Miss Tadiparthi will take a detailed history regarding the scars and perform a thorough examination to determine the cause of the scarring as this is key to determining which the treatment options would be suitable. She will then discuss with you the potential surgical and non-surgical treatments available to you and the benefits of each of these in detail.

Treatment of hypertrophic or keloid scars can be challenging. The most commonly available treatments include:

Steroid injections: can usually be performed in the clinic every 4 to 6 weeks. The injections can be painful but over time, the scar can become smaller, softer, paler, less painful and itchy. There is no down time following the injections and you will be able to return to work straight after treatment.

Silicone gels and sheets: are used over the scars continuously and have to be reapplied regularly. They can be used as an adjunctive treatment to the steroid injections.

Can poor scars be improved with surgery?

Surgery can be considered when a poor scar has resulted from a traumatic injury or a surgical wound that became either infected or the wound came apart and was treated with dressings and left open to heal. In such cases, 'scar revision' where the original scar is removed and closed with plastic surgery techniques may be effective in improving the quality of the scar. Small scars can be revised under local anaesthetic but more extensive scarring may require a general anaesthetic but can still be done as a day case so that you are able to go home the same day. Following the revision, the scar may be neater and have a better appearance but there will still be a permanent scar which is usually about the same length or slightly longer than the original poor scar.

In cases where there was no identifiable cause for the poor scar e.g. infection or the wound coming apart, there is a much higher risk of recurrence of the hypertrophic, keloid or stretched scar following any scar revision.

When a lumpy keloid scar is removed, steroid may be injected into the wound to dampen down the scarring to try and prevent the keloid scar from reforming. The injections may need to be repeated every 4 to 6 weeks. The risk of the keloid scar reforming is high and so long term monitoring and regular steroid injections are advised.

What are the risks of scar revision surgery?

Scar revision has the potential for complications and it is important that you understand these before proceeding with surgery. Miss Tadiparthi will go through these risks in detail with you at your consultation. The main risks of scar revision surgery include:

Permanent scarring

There will be a permanent scar after the scar revision. Following the revision, the scar should be neater and have a better appearance but it is usually about the same length or slightly longer than the original scar.

Recurrent poor scarring

The quality of the new scar following revision cannot be guaranteed. The degree of scarring varies with each individual's own healing ability. Patients who have had poor scarring previously are at risk of further poor scarring with hypertrophic, keloid or stretched scarring. The scars may again be red, painful, lumpy and itchy or stretched in appearance. Further treatment may be needed with regular steroid injections or silicone dressings if hypertrophic or keloid scarring recurs and this will be at extra cost to patients.

Bleeding

There may be some slight oozing of fluid and blood from the wound but this usually stops with pressure over the wound.

Infection

Simple infections are uncommon but can be treated with antibiotics in the majority of cases.

Bruising, swelling, pain and altered sensation

These symptoms usually improve over a few weeks.

Stitch extrusion

Deep sutures that hold the wound can be recognised as foreign material by the body and may occasionally work themselves outside the wound. If required, these sutures can be removed later on in the clinic.

Allergic reaction

You may develop an allergic reaction to either the skin cleaning solution used in theatre, dressings applied to the wounds, skin dressing tape or the stitches. You may notice a rash, itching and swelling or occasionally, ulcers with raw skin. Further treatment may be needed if you develop such allergic reactions.

What is the post-operative care and recovery after scar revision surgery?

- You will be allowed home shortly after the surgery.
- The stitches used in most cases are absorbable and do not need to be removed. However, it may be necessary to use sutures that require removal between 7 to 14 days following surgery depending on the location.
- Although there will be a dressing over the wound, depending on the size and location of the scar revision, it should be possible for you to return to work the next day.
- To ensure good healing, we recommend that you eat a healthy diet. If you are a smoker, please avoid smoking for at least 6 weeks before and after surgery.
- Usually by 2 weeks, the wounds would have healed. The scars should be massaged ideally twice daily with a simple aqueous moisturising cream (e.g. E45) or bio oil.
- During the healing period, the new scar is sensitive to sunlight and can become darker and more pigmented if exposed to sunlight. Therefore, once the wound has healed (usually by 2 to 3 weeks) and there are no longer any dressings, sun protection cream (SPF 30 or more) should be applied to the scar when exposed to the sun.
- Swimming and heavy exercise should be avoided for approximately 4 weeks. Make-up should not be applied to the wound area for around 3 weeks or until the wound has fully healed. This is to minimise the risk of introducing bacteria to the wound and either inflaming the wound or causing infection.

What is the follow up after scar revision surgery?

- At approximately 7 to 10 days after your surgery, you will be seen in the hospital dressing clinic to check your wounds and remove the sutures.
- You will be seen in the clinic by Miss Tadiparthi at 4 to 6 weeks after the operation to check on your progress and then again at 2 to 3 months following surgery to see if you require any steroid injections or any other treatments.

Where can I get further information?

British Association of Dermatologists information on keloid scars

<https://www.bad.org.uk/shared/get-file.ashx?id=216&itemtype=document>