



Scar Revision

Scar revision is done to improve the appearance of a scar that has healed poorly or problematically or to correct a scar that is tight and causing a band of tissue, distortion or a pull on the surrounding tissues or restriction of movement.

Benefits of scar revision

- Improvement of a scar's appearance e.g. of a stretched, wide or indented scar
- Reorientation of a scar so it lies more discretely
- Release or lengthening of a tight scar that is distorting or pulling on the surrounding tissue or limiting movement

Limitations of scar revision

- Scar revision can change and usually improve a problem scar. **It cannot remove the scar.**
- If you are prone to hypertrophic or keloid scarring (raised, lumpy, red scars), this can happen in a new scar and surgical scar revision may not be a good option for you. Ms Nugent may suggest alternative treatments such as silicone gels or sheets or steroid injections.
- If your scar has healed well and is thin, flat, soft and pale in colour, it may not be possible to improve upon this with a scar revision
- If you have very severe or extensive scars or skin damage e.g. after a burn injury or after radiotherapy, there may be limitations in how much your scars can be improved or in the techniques that can be used

Timing of scar revision

Surgical scar revision is usually best carried out when a scar has matured (usually at least a year after it occurred). This is so that all possible improvements that your own healing or non-surgical scar healing aids can do have taken place, and so that swelling has resolved and the true extent of scar revision needed can be determined accurately.

At times, Ms Nugent may agree to do a scar revision earlier e.g. if the scar is causing a problem with movement or significant tissue distortion.

Procedure details

Usually this surgery is carried out under local anaesthesia (while you are awake after the skin has been numbed). Sometimes, if more extensive or in a very tricky location, the surgery is done under general anaesthesia (while you are asleep). The procedure usually takes between 10 and 60 minutes depending on the extent of surgery. More than one scar can be revised at the same time.

The exact technique used depends on the type of scar being revised, the location of the scar and the reason for the revision. It may involve excising the old scar and carefully resuturing the wound edges so that they sit better or the scar is narrower or it may involve reorientation of the scar so that it lies in a more discrete way. Sometimes more complex techniques are needed e.g. local flaps (where tissue is moved from beside the scar in a way to improve or lengthen it or a series of procedures are planned

e.g. serial excision of a wide scar area or during tissue expansion. This will be discussed with you at your consultation as the best technique or options available will depend on your individual scar.

Post-operative course

Usually the area is dressed with brown surgical tapes. These will withstand a quick splash of water or a quick shower but not a prolonged shower or a bath. You can shower the day after surgery and gently dab the tapes dry. You may use a hairdryer on a cool setting to speed up drying of the tapes before dressing. In the face, stitches will need to be removed between 5 and 7 days following surgery. When possible elsewhere on the body, Ms Nugent uses absorbable sutures, which do not need to be removed. If she has to use non-absorbable sutures, they will need to be removed between 10 and 14 days following surgery. It is usual to have some swelling and bruising in the area in the early stages.

A skin graft (if used) will usually be left undisturbed for 5 to 7 days and will have a dressing on it that will need to be kept clean and dry until then. If you had a split thickness skin graft, a well-padded dressing will be placed on the donor site as this may ooze for a few days. Unless problematic, this dressing should be left undisturbed until your follow up appointment.

Recovery

It is usually possible to return to light activities the next day but strenuous activities will need to be avoided for about 2 weeks. If the scar was on your head and neck area, it is best to avoid bending and stooping as much as possible for the first few days and to sleep on an extra pillow at night. If the scar was on your arm or leg, it is best to try to elevate the limb as much as possible for the first few days. These measures help to minimise bleeding and swelling after surgery.

The area is usually healed in 2 to 3 weeks but the scar will continue to strengthen and then to soften and fade for 12 to 18 months afterwards. Most of the changes in the scar occur in the first 6 weeks but it continues to slowly change after that. The scar will be red and firm at first and will gradually soften and fade over a 12 to 18 month period.

Scar management

Once healed, Ms Nugent usually advises moisturisation and massage of the new scar with a Vitamin E or a plain moisturiser 2 to 3 times daily. This helps to soften the scar. If your scar shows any signs of being raised or lumpy or slow to settle, she often advises use of silicone ointment or sheets on the scar or further scar treatments. It is also important to protect your scar from the sun.

Complications

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is common to have a small amount of bleeding over the day following your procedure. Holding firm pressure for 10 to 15 minutes with a clean towel or tissue is usually sufficient to stop this. If this is more than expected, please contact the hospital or clinic so that you can be advised or assessed. Rarely, a return to the procedure room is required to stop bleeding or remove a collection of blood under the skin (haematoma).

Infection

Rates of severe infection in skin surgery are low. Antibiotics are not routinely needed for skin surgery. If an infection develops, it will be treated with dressings and/or antibiotics as needed. Occasionally further surgery is needed to clean the wound. This can affect the quality of the new scar.

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above. This can affect the quality of the new scar.

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or a revision procedure needed at a later date. This can affect the quality of the new scar.

Suture spitting

Sometimes dissolvable stitches take longer to dissolve than expected and they can poke through the surface of the wound. If this happens, the suture can be removed in the clinic and the wound should heal normally after that.

Loss of part or all of a skin graft or skin flap

While usually skin grafts and flaps heal very well, sometimes part or all of the flap or graft struggles with its blood supply in its new site. If part or all of the transferred tissue is lost, it may mean a longer time with dressings on the wound or further surgery to remedy the problem and heal the wound quicker.

Infection or excessive thinning of the skin around a tissue expander

This can result in the need for it to be removed. If this were to happen, then this particular technique of scar revision would have to be abandoned and any other options available looked at as an alternative.

Late complications (more than 6 weeks from surgery)

Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Although scarring on average is minimal, scar maturation varies from person to person and occurs over 6 to 12 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from skin surgery heal well and are barely perceptible but occasionally, they may tend to thicken and may require steroid injections to help them settle down. In some cases, surgical scar revision surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process. **It is important to be aware that although a scar revision is carried out to improve a scar, it still carries a risk of forming a new problematic scar or a very similar scar to that which is being revised.**

Tender scar

Usually tender scars settle over time. They may need to be regularly massaged in the healing period. Occasionally further treatment such as a desensitisation programme is needed if the tenderness persists longer or is more severe than expected.

Loss of part or all of a skin graft or skin flap (if used)

While usually skin grafts and flaps heal very well, sometimes part or all of the flap or graft struggles with its blood supply in its new site. If part or all of the transferred tissue is lost, it may mean a longer time with dressings on the wound or occasionally further surgery to remedy the problem and heal the wound quicker. This can affect the quality of the new scar.

Aisling Plastic Surgery Ltd

Issue 2: February 2020

Purity Bridge, 19 Mount Ephraim, Tunbridge Wells, Kent TN4 8AE

M | 07580 251 540 T | 01892 619 248 F | 01892 222 048 E | enquiries@noranugent.co.uk www.noranugent.co.uk

Need for further treatment

Sometimes, depending on how the scar is healing, your skin type or scar history and the reason for the scar revision, Ms Nugent may advise further treatments such as steroid injections. Sometimes more than one stage of surgical revision is needed e.g. serial excision of a skin graft scar or a patch or plaque of scar or when tissue expansion is used.

Follow up appointments

Follow up appointments are usually arranged for approximately 1 to 2 weeks following the surgery, 6 weeks, 3 months and 1 year afterwards. This will vary depending on your individual circumstances.