SCAR CARE INSTRUCTIONS FOR PROVIDERS

Scars are the body's way of repairing damage to the skin. Scarring can occur because of injury (cut, burn or scrape), surgery (incision), or disease (chicken pox). It can take up to 18 months for scars to fully develop. They may appear pink and raised in the first few months, becoming lighter and flatter in the remaining 9 to 10 months. Some scars may remain thick (hypertrophic), form an overgrowth (keloid) or simply widen over time despite prevention efforts.

AT-HOME TREATMENT

OVER-THE-COUNTER OPTIONS

Studies show that the use of silicone on hypertrophic scars helps flatten and reduce redness faster when compared with untreated scars. Medical-grade silicone is one of the most effective non-invasive scar treatments and is widely available over the counter in the following forms.

- Silicone sheets and tape can be cut to size to cover scars. They should be worn continuously for
 at least three months and reapplied after bathing. If irritation occurs, usage can be reduced to
 nighttime only.
- Topical silicone gel is a convenient option for highly mobile or flexible areas of the body, such as the face. It may be applied twice daily for three to four months, or longer if the scar remains red and elevated. BioCorneum® is one example of a silicone gel that also contains SPF.

OTHER RECOVERY TOOLS

- Compression garments, including Ace wraps and neoprene sleeves, can be custom fitted to specific areas of the body to help manage burn scars over a period of six months or longer. For larger or particularly thick scars, a silicone sheet can be placed underneath the compression garment to enhance therapeutic effect.
- **Sunscreen** and other forms of sun protection are essential for preventing sunburn. Scars, especially new scars, that become sunburned will remain red for a long time or even permanently.
- **Steri-Strips**[™], or paper tape, help minimize scar thickening and widening by gently pulling the edges of the wound together. For optimal results, they need to be worn continuously for a year or more. Some children may be sensitive or allergic to adhesives and can experience redness or blistering. If this occurs, we suggest letting the area heal for one to two weeks before trying again. If irritation returns, it's best to discontinue use altogether.
- **Gentle massage** can help flatten and smooth the appearance of scars when performed daily for at least two months, up to a year. The addition of scar gels, body lotions or creams containing vitamin E or cocoa butter can provide moisture and reduce irritation.



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CLINICAL CARE AT CHOP

If **absorbable** sutures were used, treatment may begin about two weeks after Steri-StripTM removal and the incision has healed. If **permanent** sutures were used, treatment may begin after suture removal according to the surgeon's recommendations.

Below are available treatment options at CHOP:

- Steroid injections, most commonly triamcinolone, may help shrink and soften hypertrophic or keloid scars. When given as a series, injections are typically spaced four to six weeks apart to allow time for the medication to take effect. Patients may experience mild to moderate discomfort at the injection site, which usually resolves quickly.
- Laser therapy, particularly pulsed dye laser (PDL), may be effective for treating scars that remain pink and raised one year or more after injury or surgery. The laser light is absorbed by blood vessels within the scar, which may cause temporary bruising that typically resolves within three weeks. Multiple treatment sessions over several weeks or months are often needed to achieve noticeable improvement, with scars gradually appearing softer and lighter. A topical numbing cream is applied beforehand to reduce discomfort, though patients may still experience mild to moderate stinging during the procedure.
- **Scar revision** may help improve the appearance of scars through surgical techniques, often involving small incisions, particularly when non-invasive or minimally invasive treatments have been unsuccessful. In some cases, such as with keloid scars, scar revision may be combined with steroid injections and post-operative radiation therapy to reduce the risk of recurrence. However, there is a possibility that the revised scar may look similar to or worse than the original, and no method can guarantee a favorable outcome.



PARTNER WITH US

Contact the CHOP Plastic Surgery team at **215-590-2208** or online at **info.chop.edu/plastics-contact**