

STEP BY STEP

SCAR MANAGEMENT GUIDELINES

STEP 1

After wound closure

Ensure sufficient UV protection (SPF)

PREVENTIVE MEASURES

- Hydrate skin thoroughly
- Start with silicone therapy (SCARBAN)

Consider taping or pressure therapy

LINEAR / WIDESPREAD

6 weeks - 3 months

NORMAL SCAR DEVELOPMENT

Stop after 3 months

EARLY HYPERTROPHY

Continue/intensify

STEP 1

- Start pressure therapy

No surgery without (indications of) functional limitations

Consider intralesional corticosteroids for extended hypertrophy

KELOID

4 weeks - 6 months

NORMALISATION OF SCAR

Continue as long as required

GROWING KELOID

Continue/intensify

STEP 1

- Start pressure therapy
- Start intralesional corticosteroids

Consider combining with 5-FU, bleomycin or verapamil

STEP 2

After 6 months

NORMAL SCAR DEVELOPMENT

Stop therapy

CONTINUED HYPERTROPHY

Continue/intensify

STEP 1 + STEP 2

- Start intralesional corticosteroids

Consider combining with 5-FU

Consider contracture surgery

STEP 3

After 12 months

NORMALISATION OF SCAR

Continue as long as required

KELOID DOES NOT RESPOND

Consider surgery in combination with radiotherapy or intralesional cryotherapy

After wound closure

STEP 1

After 12 months

PERMANENT HYPERTROPHY

Consider scar correction

After wound closure

STEP 1

STEP 4

Scarban®
Professional Scar Treatment

ALHYDRAN

BAPSCARCARE
Professional scar treatment

STEP BY STEP

SCAR MANAGEMENT GUIDELINES

Perfect scar healing (not raised, neutrally coloured, complaint-free) is not a matter of course. A number of factors increase the risk of abnormal scar formation.

Two important factors in scar treatment:

- 1 The patient's aesthetic concerns (e.g. face/throat/chest)
- 2 The risk of abnormal scar development

Therefore pay extra attention to risk factors such as:^{3,4,5}

- Initial trauma** Deeper wounds, irregular wounds, surgical wounds which are not parallel to skin lines.
- Wound healing** Delayed wound-closing, e.g. as a result of complications such as infections or inflammation.
- Localisation** Locations with increased risk of tension at wound edges, e.g. sternum, (upper) back, shoulders and joints.
- Age** Scars on children/young adolescents often develop abnormally as a result of healing (too) quickly.
- Skin colour** People with a darker skin colour have an increased risk of developing abnormal scars. This also applies to (red-haired) people with a light skin colour.
- Heredity** Genetic factors can play a role in abnormal scar formation.

IMPORTANT!

For patients with one (or more) risk factors present, always start, directly after the wound has healed closed, with **optimal prevention**

Always monitor the development of the scar closely!

STEP 1

References:

- 1) Middelkoop E, Monstrey S, Et al. (2011) Scar management practical guidelines. *Maca-Cloetens*. 1-109.
- 2) Mustoe TA, et al. International Clinical Recommendations on Scar Management. *Plastic and reconstructive surgery*, 2002.
- 3) Burd A, Huang L, (2005) Hypertrophic Response and Keloid Diathesis: Two Very Different Forms of Scar. *Plast. Reconstr. Surg.* 116(7):150e-157e.
- 4) Butzelaar L, et al. Currently known risk factors for hypertrophic skin scarring: A review. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 2016.
- 5) Wolfram, D, et al. Hypertrophic Scars and Keloids - A Review of Their Pathophysiology, Risk Factors, and Therapeutic Management, *Dermatologic Surgery* 2009.

