Scars and Plastic Surgery

Despite public misconception, there is no such thing as scarless surgery. At this stage, only unborn babies heal without scars, and foetal healing is still the ‘Holy Grail’ of wound care. There are methods of hiding scars in places that are not visible or along natural skin fold or hollows.

Any time that the deeper layers of skin are damaged or cut, there will be a scar, but the question then becomes: “How can we make this a good scar rather than a bad scar?”

The primary determinant of how good (or bad) your scars will be is your genetics. If you have had operations, or injuries, that have healed well in the past then you are likely to heal well again. If you are unlucky enough to have poor scarring after simple, uncomplicated surgery, then your genes are working against you.

Areas that are prone to poor scarring are the back, shoulders, sternum (breast bone) and earlobes. Generally speaking, the darker your skin colour, the more likely you are to have a problem scar.

So what can we do to make your scars as good as possible? Firstly planning scars in areas of your body that will naturally hide them. Secondly, a clean scalpel incision puts the wound in its best shape to begin healing.

Traumatic wounds are less likely to heal well due to the jagged, unplanned nature of the wound and the damage to deeper tissues. In some areas doing wiggly incisions will break up the line of the scar and lead to a less noticeable final scar. Gentle tissue handling to minimise damage to soft tissues, and finally closing the wound with as little tension as possible will prevent stretch and additional inflammation during healing.

What can the patient do to make their scars as good as possible? Stay away from cigarette smoke for 6 weeks prior to and after your operation. Keep the wounds clean and dry during the initial post operative healing period. If your dressings are sutured in place, leave the dressings in place until they are removed at your post operative visit. If the dressings are tapes or ointment, you can begin showering within 48 hours. The ointment should be replaced after showering, and the tapes will fall off by themselves over the next few days.

We generally remove sutures from your face in about 5-7 days, your body and limbs at about 2 weeks, and back at 2½-3 weeks. This is a balance between taking them out early enough to minimise scarring, and leaving them in long enough to support the skin long enough to heal. From that point in time, the wounds can be supported with Steristrips or simple paper tape such as Micropore. They do come in tan colour to make them less obvious during the day.

Should your wound become red, sore or increase in swelling or weeping, often around day 5-7, it may be an infection. Calling our office, the hospital or your GP and beginning antibiotics early may help dampen the inflammation and give your wounds the best chance of healing at their best.

At about 3 weeks after your operation, your deeper tissues will have healed enough for you to begin to help your scars along with scar massage or silicone/pressure treatments. Scar massage is designed to ensure that the healing of the skin does not stick down to deeper tissues, and discourages excessive blood vessel ingrowth. There is no evidence that any cream or oil does a better job than others – Sorbolene will give the same result as Vitamin E cream, Bio-Oil, Scar Crème and other proprietary products in trials.

Do not allow the scar to become sunburnt in the first year of healing as that will increase the number of vessels in the wound and stimulate pigment producing cells in and around the scar area.

Very rarely, scars can become a problem during healing. The most common type is a Hypertrophic Scar, in which the scar becomes red, thick, raised and sometimes itchy. A more aggressive type of problem scar is a Keloid Scar, in which the scar grows outside of the area of initial incision.

Should your scar start to become problematic, the first step will be to institute silicone treatments. We are not really sure how silicone works (most theories that make sense have been disproven in clinical trials), but we just know that it does improve problem scars. Silicone comes in both sheet and gel forms. The sheet form may be slightly more effective, but it more problematic to wear for the up to 23 hours a day that it is recommended for maximal effect.

If massage and silicone do not dampen down the scar, then steroid injections will be the next step. Repeat operations have an outside risk of helping, but they should be attempted only after several months of conservative treatment. There are more aggressive methods of treating problem scars such as radiotherapy and chemotherapy, but these should only be considered after all other available methods have been unsuccessful.