An A-Z guide of practical scar management advice outlining types of scars along with useful aftercare tips to share with your patients.
Our research has uncovered that almost half (47%) of patients are unsure about how to look after their scars, with many not receiving advice from a healthcare professional.

This guide is intended to help you provide simple-to-follow aftercare advice to help patients understand what to expect as their wound heals and scar matures, and any specific care required.

Whilst there are 5 main types (atrophic, hypertrophic, contracture, keloid and striae), scars have many different causes, with each needing slightly different aftercare. One of the first steps in producing a good scar, is to ensure good wound healing, therefore the aftercare advice provided focuses on both wound and scar care.

To help provide an easy-to-navigate resource we have grouped scars in alphabetical order by types, by location and common causes. At the back of the guide you will also find general patient advice such as massage, dressings, how to avoid infection and treatments.

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ABDOMINAL SCARS

Numerous procedures result in abdominal scarring including Caesarean Section, Appendectomy and Colectomy. Incisions may run horizontally, vertically or occur in multiple areas due to laparoscopic surgery. Scars may be hidden in the pubic or natural skin lines, but this is not always possible.

AFTERCARE ADVICE

- Follow aftercare advice to help wound healing and prevent infection;
  - Keep any dressings on unless advised to remove them.
  - Keep areas dry (damp dressings leave the area susceptible to infection).
  - Wrap cling film over the treatment site when showering.
  - If the wound is exposed, salt water bathing daily is helpful, ensuring the area is gently dried afterwards.
- Rest and avoid stretching, heavy lifting or exercising and in some cases driving for at least 6 weeks post-surgery.
- Press a pillow to abdomen, to apply pressure when you need to cough or sneeze to ease discomfort.
- Avoid tight clothing that could irritate the wound whilst it is healing.
- Reassure that the scar will mature for up to 2 years.
- Once wound has healed and the skin is no longer broken, patient can gently massage an oil or moisturiser into the scar daily to soften scar tissue and hydrate.
- There may be a temporary loss of sensation or increased sensitivity due to interruption of the nerves, this will change over time.

ABOUT
Abdominal adhesions can commonly occur when fibrous bands of scar tissue form between internal organs and abdominal tissues. Most won’t cause any issues, however, if a patient is experiencing pain they should see their GP. Adhesions are more common in women who have more than one caesarean section and can complicate future surgery and recovery.

PREGNANCY AND ABDOMINAL SCARS

Women may be concerned how an existing scar will appear as their bump grows. You can advise:

- Scars may elongate but should return to their original appearance post-pregnancy.
- They may experience irritation (itching) and redness, it is important not to scratch healing scars.
- Occasionally scars may harden due to a lack of hydration.
- Scars may feel tight, but this is normal, it will lessen over time.
- Some women who are prescribed treatment for blood clots can bruise where they give the injections into the tummy, they should avoid scarred areas or where there is redness.

ABDOMINOPLASTY SCAR (TUMMY TUCK)

ABOUT

Resulting from a cosmetic procedure to improve the shape of the stomach area, scars may range from a few centimetres to full extension across the lower abdomen and hips. Scars around the navel are likely to blend in over time.

AFTERCARE ADVICE

As a cosmetic procedure, patients are likely to be better prepared for how their scar will appear and should have access to their cosmetic surgeon post-procedure. See ABDOMINAL SCARS for aftercare advice.

ACNE SCARS
ABOUT
There are 3 main types of acne scars that may appear on the face, neck, chest and back:

- **Ice pick scars** – small indented deep scars appear as though skin has been punctured by a sharp object.

- **Rolling scars** – bands of scar tissue form under the skin causing uneven texture.

- **Boxcar scars** – round or oval depressions, or craters, in the skin.

ADVICE:
For acne scarring, not active acne.

- Avoid squeezing any spots to reduce risk of future scarring.
- Redness left once acne has cleared up will fade over time and may not require treatment but using specialist scar cream or oil can help to improve the appearance.
- Most scar revision procedures are not available on the NHS, unless in exceptional circumstances. These include:
  - **Dermabrasion and chemical peels**
    + removal of top layer of skin using different techniques.
  - **Laser treatment** – removes a small patch of skin around the scar (ablative) or stimulates new collagen growth (non-ablative).
  - **Micro-needling** – stimulates new collagen and elastin fibres.
  - **Steroids** – either an injection or topical corticosteroid cream to shrink and flatten scars.
  - **Punch techniques**
    + Excision – deep enlarged acne pores or scars are surgically removed.
    + Elevation – used to level deep acne scars.
  - **Subcision** - surgical treatment for tethered acne scars.

AMPUTATION SCARS

ABOUT
Amputation scars can result from multiple procedures in addition to the initial removal of the limb(s). These can include skin grafting and revision surgery for excess skin, delayed wound healing or if prominent bones prevent comfortable use of prosthetics.

AFTERCARE ADVICE
Wound healing can be complex but once complete, patients can massage (see page 24) the area to help:

- Break down scar tissue to aid flexibility and discomfort such as itching.
- Help the patient connect with their scar.
- Hydrate the area and improve skin elasticity (using a cream or oil).
- Desensitise the area.
APPENDECTOMY SCAR

ABOUT
Surgery to remove the appendix is often performed laparoscopically leaving a small scar, but occasionally will require open surgery.

AFTERCARE ADVICE
See ABDOMINAL SCARS for care advice.

ATROPHIC SCARRING

ABOUT
A type of scar characterised by small indented scars from surgical incisions, acne or chicken pox for example.

AFTERCARE ADVICE
The texture of atrophic scars will remain. For cosmetic treatments see ACNE SCARS for further details.

BIOPSY SCAR

ABOUT
There are 3 types of biopsy procedure – a shave, punch or excisional. All cause a small wound but these usually heal well but will leave a scar. There’s an increased risk of raised scars for some biopsies, usually those on the chest and shoulder area, but they can be raised on any anatomical site.

AFTERCARE ADVICE
Avoid stretching the skin during wound healing and then regular massage (see page 24 for details) with a topical cream or oil once healed to help improve scar appearance.

BREAST AUGMENTATION SCAR

ABOUT
Scars resulting from breast enlargement depend on the incisions, but all should be fairly neat and linear:

- Inframammary incisions: under the breast, hidden in the natural crease.
- Periareolar incisions: around the areola, flush with the edge.
- Transareolar incisions: through the areola around the nipple.
- Transaxillary incisions: in the armpit and can be a few centimetres long.
AFTERCARE ADVICE

Patients will be given tailored care instructions, but common advice includes:

• Prevent infection by keeping any dressings on unless advised to remove them.
• Showers are usually fine 2-3 days post-surgery, but wounds must be carefully dried.
• Limit lifting and reaching for 2 weeks.
• Avoid strenuous activity for at least 1 month.
• Avoid UV exposure for at least 6 months.
• Avoid underwired bras until the wound has healed.
• Gently massage the area once wounds have healed using a cream or oil.
• Pregnant women should be warned that they will experience breast tissue growth in pregnancy and during breastfeeding, the skin can stretch and stretch marks may develop.

BREAST REDUCTION SCAR

ABOUT

Scar size and placement depends on the amount of tissue removed. An ‘anchor’ incision circles the areola and goes vertically down the breast.

Some patients require an additional incision in breast crease. For substantial reductions, incisions resembling a key hole will be used, which produce more visible scarring.

AFTERCARE ADVICE

Aftercare advice is similar to breast augmentations – see above.

BURNS

ABOUT

Burns can result in thickened, discoloured and uneven skin patches. Severity ranges from first to third degree depending how far into the dermis the burn has penetrated.
AFTERCARE ADVICE
First degree burns often heal without scarring. To reduce the chance of scarring developing, cool the burn area immediately with cold running water for at least 20 minutes. Second and third degree burns can cause different types of scarring:

- **Hypertrophic scars** – raised, red or purple. See page 13 for further information.
- **Contracture scars** – cause the skin, muscles and tendons to tighten and can restrict movement. See page 9 for further information.
- **Keloid scars** – raised scars caused by collagen overgrowth. See page 14 for further information.

Second degree burns usually heal within 2 weeks and scars will fade over time. Advise patients to keep skin clean and dry and avoid popping any blisters. Third degree burns are more complex and may require ongoing treatment to ease mobility restrictions and improve comfort. These patients will be given specialist advice on managing the healing of their burn.

BLEPHAROPLASTY SCAR
ABOUT
A cosmetic procedure to improve the appearance of the eyelids. Scars can often be hidden in the natural eyelid creases and can be practically invisible once the scar has matured.

AFTERCARE ADVICE
- Due to the location, application of products is not recommended but scars should heal well and be hidden.
- Rest eyes regularly for the first week and keep head elevated as much as possible to reduce swelling. Sunglasses can help protect eyes from sun and wind.
- Avoid make-up until stitches have been removed.
- Don’t remove any steri-strips and avoid touching the crusting around the stitches.
- Don’t apply any make-up until at least a week after stitches have been removed and wounds have sealed to avoid scarring and infection. Using new products will further lessen the risk of infection.
CAESAREAN SECTION

ABOUT
A 10-20cm long horizontal scar just below the bikini line resulting from delivery of a baby through an incision in the abdomen. In rare cases, women may have a vertical scar just below the belly button.

AFTERCARE ADVICE
Initial redness and any lumpiness will reduce over time, but the process can be helped:

- Keep the wound clean and dry.
- Women should avoid wearing tight clothing or underwear that may irritate or disrupt the wound.
- Silicone gel dressings have been shown to help improve scar appearance but can cause irritation when used for long periods. Advise women to increase wear time incrementally until they can be tolerated for eight hours or more.
- Regular scar massage with a cream or oil may also help by disrupting fibrotic tissue and increasing scar flexibility.
- Activities such as driving, carrying/lifting heavy items, can begin once she has fully recovered\(^\text{ii}\), usually at least 6 weeks post procedure.
- Warn the woman that she may have some temporary loss of sensation where nerve damage has occurred, this will reduce over time and normal sensations should be felt after approximately 2 years.
CHEST (THORAX) SCARS

ABOUT
Numerous cardiothoracic procedures result in a variety of scars.

Routine incisions include:
1  Medium sternotomy: open heart surgery.
2  Axillary thoracotomy: pneumothorax, pleurectomy, pulmonary resections.
3  Posterolateral thoracotomy: pulmonary resections, oesophageal surgery and chest wall resection.
4  Anterolateral thoracotomy: open chest massage, the scar often follows the left breast line.
5  Pacemaker incisions: a 4-5cm incision resulting in fairly small discrete scar.

AFTERCARE ADVICE
One study found heart surgery scars may have a considerable effect on patients’ body image and everyday life. As such patients may be keen to reduce their appearance.

General advice can include:
Follow aftercare advice to help wound heal and prevent infection:
• Keep any dressings on unless advised to remove them.
• Keep areas dry (damp dressings leave the area susceptible to infection).
• Wrap cling film over the treatment site when showering.
• If the wound is exposed, salt water bathing daily is helpful, ensuring the area is gently dried afterwards.
• Avoid lifting heavy items, driving or vigorous exercise until 6 weeks post-surgery.
• Avoid tight clothing that will irritate the scar area.
• Reassure that their scar will mature gradually for up to 2 years.
• Once the wound has fully healed and the skin is no longer broken:
  - Daily massage with an oil or moisturiser to hydrate and soften scar tissue – see page 24 for further information about massage
  - They can apply silicone gels/sheets to the scar (these can be purchased from pharmacies)
  - Avoid sun exposure on new scars and use SPF 30.

**AFTERCARE ADVICE**

Scars resulting from common viral infection in childhood that typically produces atrophic or pitted scars when the pox are disrupted.

**CHICKENPOX SCARS**

**ABOUT**

Scars resulting from common viral infection in childhood that typically produces atrophic or pitted scars when the pox are disrupted.

**CONTRACTURE SCARS**

**ABOUT**

A type of scar that develops when scars cross joints or skin creases at right angles, often as a result of burns. Can cause skin tightening or affect movement which may require referral to a plastic surgeon.

**AFTERCARE ADVICE**

See BURN SCARS for care advice.
CRANIECTOMY SCAR

ABOUT
A neurosurgical procedure in which part of the skull is removed to allow a swelling brain room to expand. The wound is likely to be closed with both sutures and clips and can leave a significant scar.

AFTERCARE ADVICE
Advise patient to:
• Keep wound clean and dry. Hair can be washed but avoid rubbing off scabs. Towel dry carefully and avoid use of hair dryer and heated styling devices for 2 weeks.
• Don’t apply oils, creams or hair products until the wound has healed, which might take up to 12 weeks. Avoid hair dye for 12 weeks.
• Clips and stitches will be removed by a practice nurse and patients will be advised when to make this appointment by their surgical team.
• Scars can be hidden in the hair, however, hair follicles will not return on the scar tissue.

CUTS

ABOUT
Cuts to the skin may be minor and be treatable at home or be more significant and require medical attention.

AFTERCARE ADVICE
Minor cuts (less than 5cm/2 inches) will stop bleeding within a few minutes:
• Apply pressure for several minutes using a clean and absorbent material to help stop any bleeding.
• With clean hands, clean the wound with tap water, pat dry with a clean towel.
• Apply a sterile plaster, using a waterproof one for showering and changing regularly.
• Allowing scabs to fall off naturally to help avoid a scar.

WHEN TO SEEK HELP
• The wound is larger than 5cm/2 inches or is deeper.
• The bleeding does not stop after pressure had been applied for a few minutes.
• Blood is coming out in spurts or is hard to control.
• If any loss of sensation occurs.
• If the wound is significant and is on the face.
• If there are any signs of infection or dirt or foreign bodies within the wound.
EPISIOTOMY SCAR

ABOUT
A surgical cut used during vaginal childbirth to aid delivery of the baby.

AFTERCARE ADVICE
Women should speak to their midwife, health visitor or GP if they have concerns over healing.

- Hygiene care of the vulva and perineum is vital to avoid infection:
  - Clean water douches at the time of passing urine or soon afterwards.
  - Ensure sanitary pads are changed frequently.
  - If signs of infection are noted such as offensive odour, increased pain or bleeding report to the midwife.

- Stitches will not need to be removed and will gradually reabsorb.

- Encourage women to do pelvic floor exercises from birth which will help with healing.

- Gentle massage with a lubricant can assist with comfort and getting to know how the perineum feels since giving birth.

- Some pregnant women find perineal massage can relax the scar tissue and allow any tension in that area to be reduced. This is very specific to the individual woman and she should discuss with her own midwife.

FACIAL SCARS

ABOUT
Facial scars can result from acne, trauma, mole removal and cosmetic procedures. Whether large or small, facial scars can be difficult to come to terms with.

AFTERCARE ADVICE
Texture and colour will continue to improve for up to 2 years

- Scarred skin lacks sweat glands, is prone to dryness, so keep hydrated by massaging with an oil or cream.

- Protect scars with a high factor sun cream for the first year as the sun can cause darkening.

- Avoid applying make up until wounds have healed.

- For patients with concerns, charity changingfaces.org.uk offers a free scar camouflage service.

FINE LINE SCARS (COMMON/NORMAL SCARS)

ABOUT
Most common form of scarring resulting from minor cuts and surgical incisions.

AFTERCARE ADVICE
Fine line scars will usually heal well and get paler and flatter over time (up to 2 years).
GENDER REASSIGNMENT
SURGICAL SCARS

Male to Female (MTF)

ABOUT
Common procedures include Facial Feminization surgery and Breast Augmentation surgery.

AFTERCARE ADVICE
See BREAST AUGMENTATION SCARS for care advice.

Female to Male (FTM)

ABOUT
Common procedures include Bilateral Mastectomy, chest contouring and Hysterectomy.

AFTERCARE ADVICE
See MASTECTOMY SCARS and ABDOMINAL SCARRING for care advice.

GRAZES

ABOUT
Small skin scrapes where the top layers of skin are removed or damaged as a result of knocks, bumps and falls.

AFTERCARE ADVICE
Most are superficial and won’t scar but this can be helped by:

- Applying pressure for several minutes using a clean and absorbent material to help stop any bleeding.
- With clean hands, clean the wound with tap water, pat dry with a clean towel.
- Apply a sterile plaster, using a waterproof one for showering and changing regularly.
- Allowing scabs to fall off naturally to help avoid a scar.
**SKIN GRAFT**

**ABOUT**
Skin grafting is when a wound cannot be closed with sutures alone and requires additional skin to be placed over the wound site. It results in two scars – wounds on the skin donor area usually produce a fine line scar, in the case of a full-thickness graft. A split-thickness graft takes only the upper layers of skin. Scars on the graft site depend on the graft size and may never completely blend in with surrounding skin.

**AFTERCARE ADVICE**
Skin grafts can be prone to developing contracture scars (see CONTRACTURE SCARS on page 9). Grafted skin may be dry and require regular application of a suitable oil or cream once the skin has healed. Patients should avoid sun exposure for at least 2 years and always use an SPF.

**HIP REPLACEMENT SCARS**

**ABOUT**
Surgical replacement of the hip joint can leave a significant scar.

**AFTERCARE ADVICE**
See JOINT SCARS and ABDOMINAL SCARS for care advice.

**HYPERTROPHIC SCARS**

**ABOUT**
A scar that forms red lumps, raised above the surface of the skin due to excess collagen. They can continue to thicken for up to 6 months, be itchy or painful, but remain in the boundaries of the wound site.

**AFTERCARE ADVICE**
Usually flatten and fade over time. May require topical or injectable treatments to improve appearance.

**HYSTERECTOMY SCAR**

**ABOUT**
A surgical procedure to remove the womb (uterus) that can be performed vaginally, via open abdominal surgery or laparoscopically.

**AFTERCARE ADVICE**
See ABDOMINAL SCARS for care advice.
JOINT SCAR

ABOUT
Scarring on joints can result from numerous procedures and may interfere with joint mobility.

AFTERCARE ADVICE
• Once wounds have healed and skin is no longer broken, massage the scar two to three times to help promote skin elasticity.
• Using a cream or oil can help hydrate and soften scar tissue.
• Massage will also help to desensitise the scar, break up tissue fibres, relieve itching and stretch the scar.
• Advise patients to use their fingertip to rotate the scar in circular motion.

KELOID SCAR

ABOUT
A type of scarring that results in raised scars that unlike any other type of scarring will spread beyond the original area of skin damage that may be minor or major. They continue to grow over time, and usually recur after excision.

AFTERCARE ADVICE
Refer patient to a dermatologist as keloid scars often need medical intervention.

KNEE REPLACEMENT SCAR

ABOUT
Surgical removal and replacement of the knee joint, where an incision is made down the front of the knee.

AFTERCARE ADVICE
See JOINT SCAR for care advice.
LAPAROSCOPIC/LAPAROSCOPY (KEYHOLE) SCAR

ABOUT
A common minimally invasive surgical technique resulting in multiple small incision marks (each 0.5-1cm long) that will fade over time. Incisions are closed using stitches or glue and a dressing is applied. One of the advantages of laparoscopic surgery is reduced scarring and recovery time compared to open surgery.

AFTERCARE ADVICE
Dressings can usually be removed after 24 hours to allow bathing. Once stitches have dissolved or been removed and wounds have healed, regular massage with a hydrating topical product, such as an oil or a cream, can help to improve appearance of scars.

LIPOSUCTION SCAR

ABOUT
A cosmetic procedure for removal of unwanted body fat leaving multiple small scars similar to keyhole surgery.

AFTERCARE ADVICE
Scars usually mature well. Avoiding sun exposure and/or wearing a high factor SPF can help to avoid pigmentation. Regular massage (see page 24 for massage details) with a topical cream or oil can also help to improve the appearance of scars.

LUMPECTOMY SCAR

ABOUT
Removal of a lump or cyst. Scars are generally small and linear, but procedure may also leave a small depressed/sunken area.

AFTERCARE ADVICE
Once wounds have healed, regular massage (see page 24 for massage details) with a topical cream or oil can help to support scar maturation.
Mastectomy

About

Surgical removal of one or both breasts. A surgeon may remove breast tissue but spare the skin and nipple or the skin and muscle may be removed requiring a more complicated repair. Most surgeons perform simple mastectomies by an elliptical incision, which leaves a single wound across the chest and are designed so the resulting scar runs parallel with existing skin creases which puts the wound under less tension and is less noticeable.

Aftercare Advice

Depends whether a mastectomy has been performed alone or with a reconstruction but general advice can include:

- Follow surgeons advice about whether or not to remove the bandage or wait until the first follow up visit.
- Take sponge baths until drains and/or sutures have been removed by a doctor or nurse.
- Often drains are removed before hospital discharge, but in some cases the patient will have them for up to 1-2 weeks post-surgery and will need to empty the fluid from the detachable drain bulb a few times a day.
- Continue to perform the arm exercises outlined by the doctor.
- Allow wounds to heal before wearing a bra or prosthesis.
- Once wounds have healed and the skin is no longer broken, scar massage may be beneficial to help the patient emotionally as well as to physically support scar maturation – see page 24.

Mole Removal Scar

About

There are three main procedures:
• **Shave removal** – leaves a small pink scar that will fade.

• **Excision** – requires incision into the dermis and suturing that will leave a small scar.

**AFTERCARE ADVICE**

Scars are small and will fade over 2 years. Topical cream or oil can be massaged to help improve the appearance and increase flexibility of the scar.

Advice for each type of procedure can be given as follows:

**Shave and excision removal** – expect healing to take 5-10 days. The wound will likely ooze and scab over like a graze. Clean the area 2-3 times daily using salt water and a cotton bud but do not disrupt or pick the scab. Ointment can be applied to keep the wound moist whilst it heals and steri-strips can be applied over the wound for up to 3 weeks. Scar redness should subside after 6 weeks. For excision scars steristrips can be applied on the wound before and after suturing for up to 3 weeks to stop wound stretching.

**PIERCING SCAR**

**ABOUT**

Piercings are common in the nose, ear, lip, eye brow and navel. Most won’t scar, but piercings through cartilage, such as nasal piercings, are more prone to scarring.

**AFTERCARE ADVICE**

Scarring is usually the result of infection so proper aftercare is essential. Piercings should be cleaned twice daily until healed with saline solution (1/4 teaspoon of sea salt per egg cup of warm water) and then dried carefully afterwards with a fresh piece of kitchen towel. Patients should avoid fiddling with the piercing and wash hands thoroughly before touching to help prevent infection. Keloid scars (pictured) can occasionally develop in some patients. See KELOID SCARS.
PREGNANCY

Pregnancy can impact the skin in many ways from causing stretch marks (for aftercare advice, please see page 20) to stretching existing scars (for aftercare advice, please see page 26). For some women the delivery of their baby may result in a caesarean section scar (for aftercare advice, please see page 7) or an episiotomy during a vaginal delivery (for aftercare advice, please see page 11).

PUNCTURE SCAR

ABOUT

Puncture wounds caused by pointed objects that pierce the skin may leave an atrophic scar.

AFTERCARE ADVICE

See ATROPHIC SCARS for care advice.

RHYTIDECTOMY SCAR (FACELIFT)

ABOUT

Facelift incisions are made above the hairline at the temples and extend down by the ears. Jawline incisions may also be made.

AFTERCARE ADVICE

Incisions are placed in discrete areas and will fade over time. Hair loss may occur on scars in the hair line but these are small and fine.

- Avoid showering and keep dressings dry for the first 2 days.
- Help reduce swelling by keeping head propped up in pillows for a couple of days.
- Avoid strenuous activity for at least two weeks.
- Don’t partake in massages or use a sauna for at least 2 weeks.
- Bruising and swelling will reduce over time.
- Non dissolvable stitches will be removed after about a week.
SELF-HARM SCARS

ABOUT
Self-inflicted wounds that vary from small linear cuts to burns or marks made using sharp objects.

AFTERCARE ADVICE
Coming to terms with the scars can be a pivotal part of the healing process. Whilst scars cannot be completely removed, touching and massaging them can help to not only reduce their appearance but also help people to emotionally connect with them.

There are numerous charities that can help to support patients who self-harm or have scars related to self-harm. These include Mind, selfharm.co.uk and Young Minds.

SKIN CANCER SCARS

ABOUT
Procedure depends on the type, location and size of skin cancer.

- **Excisional biopsy** – wounds may be larger than the patient expected as a healthy margin around the cancer will also be removed. Usually heal well, topical oil or cream can be applied to scars once healed.
- **Cryosurgery** – liquid nitrogen causes a scab to form over the cancerous tissue, which then drops off. Scarring is minimal.
- **Curettage and electrocautery** – scars are usually flat, round and similar in size to the cancerous legion. Topical oil or cream can be applied once healed to aid the scar maturation process.
- **MMS (a surgical procedure called Moh’s micrographic surgery)** – preserves as much healthy tissue but will leave a scar that will fade over time. Application of a topical oil or cream can help to improve the appearance.
- **Wide local excision** – used for larger cancers. Skin graft or skin flap may be required to repair the area. See SKIN GRAFTS.
- **Lymph node removal** – small incision resulting in a linear scar that will fade over time. Lymphedema is noted by swelling and can increase infection risk, postoperative care should be sought.

AFTERCARE ADVICE
Care depends on the type of procedure. See above.
SPINAL SURGERY SCARS

ABOUT
Caused by a variety of spine procedures, these incisions can be prone to scar tissue that can lead to mobility restrictions.

AFTERCARE ADVICE
Patients should be advised on post-surgical exercises such as slow stretching that help to reduce fibrous adhesions from forming. Exercises should not be started too early to avoid compromising the wound healing process so follow post-surgical advice. Hydrating the scar by application of a topical oil or cream can help ease tightness in addition to improving the appearance.

STRIAE/STRETCH MARKS

ABOUT:
When skin suddenly stretches due to rapid weight gain, pregnancy or growth spurts, the dermis breaks in places and the deeper layers show through. Striae will mature and fade from red/purple to silvery white lines.

AFTERCARE ADVICE
Keeping skin hydrated during pregnancy, avoiding rapid weight gain may help to prevent or lessen the amount of striae.

- Massage a topical oil or cream into the abdomen, breasts and hips twice daily from the start of the 2nd trimester.
- Family history, baby’s birth weight, multiples pregnancy and maternal weight gain can affect the likelihood of striae.
- Laser therapy can’t completely remove stretch marks, but it may help fade them and make them less noticeable.
- Reassure women that striae is common and should not be a source of worry.
- Massage and moisturising the skin can help to improve comfort, but striae may not change.
- Striae may cause itching and irritation, should this be more than just an irritation or the skin is red or broken, further advice from a midwife or obstetrician is needed as there be an underlying disorder that needs to be excluded.
- Some women experience breast enlargement post-birth that causes striae. This will subside with regular feeding. Massage can help with milk output and to make them more comfortable.
TIME

It can take up to two years for a wound to fully mature and during that time the appearance of scars will change, often fading in colour. For further information on scar maturation see page 25.

TREATMENT

For more information about scar treatments, see page 26 for details.

V-Y PLASTY

ABOUT

A plastic surgery technique used to cover defects and wounds or lengthen tissue.

AFTERCARE ADVICE

Following v-y plasty revision, the scar will naturally fade over time, daily massage (see page 24) with a topical product can support the process.
Z-PLASTY

ABOUT
Z-plasty is a technique often used to correct scar contractures by elongating or rotating the scar tension line.

AFTERCARE ADVICE
Scar will naturally fade over time, application of a topical cream or oil can support the process.

W-PLASTY

ABOUT
A plastic surgery technique to correct scars that are perpendicular to the normal lines of tension and therefore more likely to stretch and be visible.

AFTERCARE ADVICE
Following w-plasty revision, the scar will naturally fade over time, application of a topical oil or cream can support the process.
FURTHER ADVICE ON SCAR MANAGEMENT

DRESSINGS
Different dressings are required depending on where the wound is, how large it is or what sort of wound it is. The choice of dressing will usually be decided by a nurse and if patients are unsure what dressing their wound needs, they should consult the practice nurse at their GP surgery. Some wounds may require the specialist knowledge of a tissue viability nurse.

MOIST DRESSINGS
Either prevent a wound from drying out, or actively donate moisture to the affected area. Moist dressings come in two types, hydrogel and hydrocolloid, and their purpose is to aid the body’s process of removing dead tissue.

ABSORBENT DRESSINGS
There are many different types of absorbent dressing that are designed to soak up any fluid to prevent it damaging surrounding skin or leaking onto clothing.

INFECTION
ABOUT
Wound infection can delay the healing process and impact how well a scar heals.

AFTERCARE ADVICE
To minimise infection, patients should be advised to:

• Keep any dressings on unless advised to remove them.
• Keep areas dry (damp dressings leave the area susceptible to infection)
• Wrap cling film over the treatment site when showering.

FILM DRESSINGS
A primary or secondary protective dressing that is flexible and transparent and used to keep wounds dry. It might also be used to protect a wound or area that is subject to friction.

SIMPLE NON-WATERPROOF DRESSINGS
Such as Mepore®, often used in the first 24 hours post-surgery to absorb any oozing.

NON ADHESIVE DRESSINGS
These dressings won’t stick to secretions and are therefore easier to remove without damaging the wound site. Often bandages are used to secure them in place. Might be used for clean sutured wounds, abrasions, lacerations and minor burns. Brands include HypaCover®, Melolin®, Mesorb®, Jelonet® and Cuticell®.
• If the wound is exposed, salt water bathing daily is helpful, ensuring the area is gently dried afterwards.

• If infection is suspected, contact the GP or practice nurse.

**MASSAGE**

**ABOUT**

Scar massage has been proven to help desensitise the scar, break up tissue fibres, relieve itching and stretch the scar to improve flexibility.

**ADVICE**

• Wound healing typically takes up to 3 weeks and a wound can be classed as healed once the skin is no longer broken and new skin is covering it.

• Once wounds have healed, patients can massage their skin two to three times a day for around 10 minutes to hydrate the skin, help promote skin elasticity and make it supple.

• Using a cream or oil make it easier to massage whilst also helping to hydrate the scar and soften scar tissue.

• Advise patients to use their fingertip to either rotate the scar in circular motion, up and down or side to side using gentle but firm pressure.
SCAR MATURATION PROCESS

ABOUT

It can take up to two years for a wound to fully mature and during that time the appearance of scars will change, often fading in colour.

Wound healing and the creation of a scar comprises several overlapping phases.

HAEMOSTASIS & INFLAMMATION

1. Blood rushes to the site of the wound to form clots and stop the bleeding.

2. Cells in the blood release chemicals, which cleanse the wound and prepare it for healing.

This stage lasts up to seven days.

PROLIFERATION

3. Collagen and ground substances, the bricks and mortar of scar tissue, are laid down.

4. New blood vessels are formed and the outer layer of the skin is healed.

This stage lasts approximately two weeks.

MATURATION & REMODELLING SCAR FORMATION

5. Collagen continues to build and fill in the area, creating the scar.

6. The scar covers and protects the site of the wound, though it can easily be disrupted. It will appear red at first but will gradually mature over time and reduce in appearance.

This stage can take up to two years depending on the size and depth of the wound.
TREATMENT

ABOUT
While there is no treatment that can make a scar disappear entirely, there are various solutions, including preventative measures, used alone or as part of combination therapy, which offer an opportunity to improve the scar’s appearance

AFTERCARE ADVICE
Once a wound has healed and the skin is no longer broken:

- Massage an oil or moisturiser into the scar daily in order to keep the scar hydrated and soften the scar tissue.
- Apply silicone gels or sheets to the scar.
- Wear a sun cream as sun exposure on new scars can cause pigmentation.
- If desired by the patient, consult a trained camouflage practitioner to discuss camouflage options.
- Should further medical intervention be required, these options are available for consideration: corticosteroid injections, surgery, laser or light therapy, pressure therapy.
- Aesthetic treatments, which wouldn’t be available on the NHS include: Dermal fillers, skin needling.
Bio-Oil has been specifically formulated to:

- Help maximise skin elasticity during pregnancy to reduce the formation of striae.
- Help improve the appearance of scarring (new and old) and help maintain elasticity of scar tissue.
- Hydrate dry skin to improve skin comfort and appearance.

Formulated with a blend of essential plant oils and vitamins known to be beneficial to skin health and appearance. Bio-Oil also contains a unique ingredient, PurCellin Oil™, which lowers the viscosity so that it can be easily absorbed into the skin, rather than acting superficially on the surface.

HOW TO USE

- Bio-Oil should not be used on broken skin so please advise patients to wait until their skin is fully healed before applying.
- Massage into the skin twice daily until fully absorbed.
- Use for a minimum of 3 months for best results.

References:

1 Survey of 1,000 UK people with scarring conducted by Opinion Health on behalf of Bio-Oil. Feb 2016.
2 Caesarean section guidelines [CG132]. Available at: nice.org.uk/guidance/cg132/chapter/1-guidance.
3 ncbi.nlm.nih.gov/pubmed/16444631