

Is there anything I can do to make my scar go away?

THINKSTOCK

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I am frequently asked “Is there anything that can be done to make my scar go away?”

A scar is caused by injury to the middle layer of the skin (dermis), which in turn stimulates the body to produce new collagen and elastic fibers in an attempt to repair the defect. Unfortunately, any dermal injury will result in a scar, and a scar is never the same as your normal skin.

Such injuries can be accidental or intentional (e.g. a surgical intervention). Don't confuse a scar with discoloration that occurs from a skin scrape or first-degree burn. This is called post-inflammatory dyspigmentation and usually will eventually go away — sooner if you avoid sun exposure.

I'm always amazed when patients ask if we can do a skin biopsy or remove a skin cancer without leaving a scar. The answer is that every surgery, even if minor, starts with a cut and ends with a scar. The real issue is how significant the scar will be, and this depends on many factors, including the type and extent of the surgical procedure; the surgical site; your genetics; how you care for the wound; the amount and kind of physical activities you do after surgery; secondary factors, such as picking and digging and infection; and the skills of the

surgeon.

Another misconception is that plastic surgery will result in no scar, when in fact there are simply techniques we skin surgeons use to help minimize and conceal the scars we produce.

For example, when we cut out a skin cancer, we like to bury the sutures below the skin and close it in layers to minimize the so-called “railroad tracks” that commonly occur with surface sutures and to help prevent “spread scars” that result from tension on the wound.

Scars can have many faces depending on the cause.

For example, scars in areas where there is wound tension can be atrophic “spread” scars (such as pregnancy stretch marks) or hypertrophic raised scars. These later scars are often incorrectly called keloids, but keloids generally occur in more darkly pigmented persons and typically exceed the size of the wound several-fold.

Scars can occur from deep inflammation (a type of skin injury), a good example being severe acne. In this situation the scars can be small but deep, mimicking an injury from an “ice pick”. Some body areas, despite the best efforts by both the surgeon and patient, are simply prone to “bad scars,” especially the chest, shoulders and upper back. Believe it or not, we would rather perform a surgical procedure on your face than these areas!

Now that you understand that scars cannot be

eliminated, let's discuss strategies to improve them. First and foremost, remember that early intervention is generally best. Hypertrophic scars can be improved with injections of intralesional corticosteroids, pressure, and topical application of physician grade creams formulated with ingredients to promote scar remodeling. I like to use these in conjunction with silicone-based products to apply at bedtime that work by super-hydrating and softening the scar. Favorites of mine include Scar Esthetique and RejuvaSil.

If early (reddish in color), atrophic “stretch” scars can be helped by using topical retinoids. Remember, scars undergo constant remodeling; therefore they cannot be judged until at least one year has passed. Sometimes, old scars can be excised and the repair revised to achieve a better scar.

Laser therapy is another option. Early on, when there are lots of blood vessels within the scar, we may be able to slow progress of the scar using vascular lasers. Alternatively, for older scars, we may use either a non-ablative or ablative laser to help stimulate the now inactive fibroblasts in the skin to again remodel the scar.

I hope you now have a better understanding of scars and what can be done to improve them, even though they can't be prevented nor eliminated. Talk to your dermatologist should you need more information.

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