

VENICE PLASTIC SURGERY

A.E. HAAS, M.D.

Cosmetic, Reconstructive, Face, Breast, and Hand Surgery

Scar Surgery

Scar conditions are the result of many things. They may result after trauma, from birth defects, fire, infection and from the persons own healing pattern. Traumatic scars are often treated by the Plastic Surgeon. In general, it is the nature of the wound itself that determines the severity of the scar from the onset.

A tearing or a crush injury heals less well than a clean even cut. When repaired Plastic Surgeons use more and smaller stitches rather than fewer and larger sutures. This results in a better scar in many cases than would have otherwise occurred. Absorbable sutures inside the repair take tension off the wound at the skin level making for a better scar on the surface. But we cannot always use stitches inside a wound. For example in a dirty wound, as a dog bite, the wound is filled with bacteria. Wounds are sometimes left open altogether in these situations. We have to come back at a later time to make the wound better, after it has fully healed and there is no bacteria present.

Abnormal healing from within the person is possible. Hypertrophic scars are one type of abnormal healing. In this case the wound from trauma or even elective surgery heals abnormally. The patients own body forms scar tissue in the normal healing process. But in abnormal Hypertrophic healing the body forms too much of the "normal" scar tissue. Usually, given enough time these will eventually heal fairly well as the excess scar tissue is removed by your own body. For lesser scars we often wait 12 to 18 months for them to fully mature before deciding on a scar revision.

In the case of Keloid scar formation we have an actual pathological condition. It will not ordinarily heal better with time and in fact they usually worsen with time. The body forms excess scar tissue but it is not the normal scar tissue we usually see. It is abnormal scar tissue and very difficult to treat by any method.

Hypertrophic scars can be removed and scar reduction methods applied to minimize the new scar formation. The doctor will help with these methods. Keloid scar tissue is often removed surgically but recur and must be removed again. The cure is only temporary. Sometimes the recurrence can be slowed down by the use of steroids.

Still other scars are well healed in the long run but still highly visible. Things that make otherwise normal scars visible are the location, direction, and contour of the scar.

If the scarred area bulges then the bulge may be surgically removed to reduce the defect. If there is a depression then new tissue can be moved into the area. When scars are well healed but in long straight lines they are frequently highly visible. The way around this is to break up the long scar into several legs in varying directions. This is called Z or W plasty. The revision of a scar is also dependent on the part of the body involved. There are many variables.

In some cases there is not much that can be accomplished. The back, chest, and areas of tight skin as the leg and ankles usually have wide scars no matter what the surgeon does. Areas of motion as the shoulders and knees often have wide scars in the best of conditions as well.

One thing often ignored is sun exposure. A fresh wound from trauma or from a surgical procedure must be protected from sun exposure. The sun alone accounts for a lot of scar conditions. Avoidance and the use of high SPF clothing and sun block are a must. This is one thing that makes scars worse and is for the most part preventable.

**The above represents the opinion of A. E. Haas, M.D.
Venice Plastic Surgery, Venice Wound Center, Lakeside Medical Center**

Just call us directly. No referral needed unless required by your insurance company

836 Sunset Lake Blvd # 103, Venice, FL 34292
(941) 492-4775