Efficacy Varies Among Options for Surgical Scar Revision

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TORONTO — Scar revision can be a challenge for dermatologists. Many patients who are dissatisfied with their post-surgical result expect immediate improvement. Others request topical treatments recommended by a friend or the Internet. However, clinical efficacy varies widely. Lack of substantial evidence compounds the challenge, Dr. David Zloty said at the annual conference of the Canadian Dermatology Association.

Topical treatments, “pressure therapy,” injectable agents, cryotherapy, lasers, and surgical revision are among the many choices for scar management. Although scar revision can be minimized through good surgical technique, some patients seek to improve the appearance, making patient education and expectation management important. Some patients might have to adopt a wait-and-see approach because it can take up to 2 years to reach final scar appearance and strength, said Dr. Zloty of the University of British Columbia, Vancouver.

Only minimal strength returns immediately postprocedure, “so you take stitches out at 1-2 weeks; the site only has 5%-10% of its final strength,” he said. Adhesive tape or semioccclusive dressings are an option, but “I rarely use this except for women on the upper back or chest,” Dr. Zloty said.

Topical imiquimod (Aldara) is another post-surgical treatment. However, Dr. Zloty said, “I have no use for it. Many patients specifically ask for vitamin E. Silicone sheets are another postsurgical option, but “I use the pulse dye laser for keloids, Dr. Zloty said. However, he added, “I use some of that with legislation, but we won’t be able to prevent other physicians from practicing dermasurgery.”

To complicate matters, there is a shortage of dermatologists in the United States, said Dr. Moy, who has served as vice president of the Medical Board of California. “There’s this great shortage and it’s hard to get an appointment,” he said. “That’s only going to get worse. Even if we double the enrollment of all the California medical schools, we won’t come close to the need.”

The looming possibility of a national health insurance program also could affect the development of dermasurgery. “Such a program probably would be modeled on dental insurance,” he explained, “where your health insurance will be catastrophic. But all the little things that we do in dermatology will be on a cash basis.”

On the bright side, increasing numbers of women are entering medical school and dermatology residency programs, and the dermatologists of tomorrow have a strong sense of volunteerism. “They’re going to be better trained, and they’ll be embracing new technology,” he said.

Dr. Moy disclosed that he is a member of the scientific advisory boards for Rhytec Inc. and Bioform Medical Inc.