Plastic Surgery Institute

PATIENT GUIDE · SCAR CARE

Scar revision

Understanding your options, from the first consultation to recovery and results.



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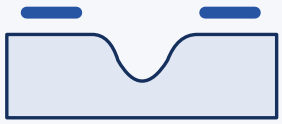
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01 · THE BASICS

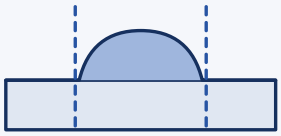
Understanding your scar

Scar revision may improve appearance, symptoms or movement. It cannot erase a scar: excision replaces the original scar with a new one.



Surface & depressed scars

Color or texture changes, including depressed acne scars and scars after minor injury or surgery.



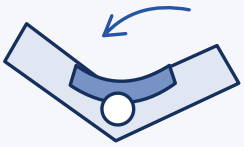
Hypertrophic scar

Raised scar tissue stays within the original wound boundary. It can widen, change color or feel uncomfortable.



Keloid

Scar tissue grows beyond the original wound edges. It may itch or hurt and often recurs after treatment.



Contracture

Tight scar tissue restricts movement after burns, tissue loss or a wound crossing a joint.

Schematic examples, not diagnoses. Dashed lines mark the original wound edges: hypertrophic tissue stays within; a keloid extends beyond.

Who may benefit?

A healthy nonsmoker with realistic, personal goals may be suitable. Age, scar maturity, growth and the planned treatment must be assessed individually. Control active acne or skin disease before elective treatment.

Timing is individual

Scars remodel for months, a year or longer. Some nonsurgical care can help early; surgery may be deferred while a scar matures. Do not delay assessment of restricted movement or other functional problems just to wait a year.

02 · BEFORE TREATMENT

Consultation & preparation

Your scar's history, your health and your priorities guide the plan. Ask what may improve, what may remain and whether treatment is needed now.

Bring your history

- Scar cause, age, changes, symptoms and previous treatments
- Personal or family history of keloids or healing problems
- Previous operations, illnesses, skin conditions and allergies
- All medicines, vitamins, herbs; tobacco, alcohol and other substance use

What your team assesses

- Scar dimensions, color, texture, tension and mobility
- General health, risk factors and photographs for your record
- Nonsurgical care, surgery or no treatment
- Expected outcome, anesthesia, recovery and complications

Prepare safely



Tests if needed



Medicine review



Stop smoking



Transport & support

Tests or medical evaluation are arranged as needed. Follow a smoking-cessation plan and review aspirin, anti-inflammatory medicines and herbs that may increase bleeding. **Do not stop prescribed medication without the treating team's advice.**

Anesthesia & the setting

A limited procedure may use local anesthesia in an office. More extensive treatment may need intravenous sedation or general anesthesia in an appropriately equipped, licensed surgical facility or hospital. With sedation or general anesthesia, arrange an adult to drive you home and stay the first night.

Questions worth asking

Why this technique and this timing? What are the alternatives, likely limitations and recurrence risks? Who handles concerns after hours? Discuss anxiety and unanswered questions before consent.

03 · YOUR TREATMENT PLAN

Treatment options & techniques

Different scars need different approaches. Treatment may combine methods or involve several stages; no method guarantees a scar-free result.



Excision & layered closure | Z-plasty: attached flaps | Expansion beneath the skin

Simplified diagrams: deep sutures support closure; Z-plasty moves attached triangular flaps; an expander sits under healthy skin above deeper tissue, with a filling port beside the scar.

Topical, injection & surface treatments

Silicone gel or sheets, tape and selective pressure may support scar management on closed, healed skin—not open wounds. Pressure needs professional fitting and supervision.

Steroid injections may flatten raised hypertrophic scars or keloids; skin thinning and pigment change are possible. **Fillers** may lift selected depressed scars; results vary and repeat treatment may be needed. Rare vascular blockage can cause tissue death, vision loss or stroke.

Laser resurfacing or vascular lasers target texture or redness as appropriate. Dermabrasion mechanically resurfaces skin; chemical peels may improve selected surface irregularities. These are not interchangeable, and suitability and pigment risks depend on skin color and scar type.

Surgical reconstruction

Excision removes scar tissue, followed by simple or layered closure. Deep absorbable sutures may reduce tension; a new scar remains. **Local flaps and Z-plasty** reorient or lengthen a tight scar using triangular flaps that stay attached—not free grafts.

Skin grafts move skin from a separate donor site and need a recipient blood supply; a donor scar remains. Pharmaceutical tissue substitutes may be considered in selected complex wounds or burns.

Tissue expansion gradually fills a balloon beneath nearby healthy skin with sterile saline over several visits. Later surgery removes it and advances expanded skin; it is not a one-session treatment.

Keloids: surgery alone can recur. A specialist may recommend combined treatment to reduce recurrence, without promising a cure.

04 · HEALING OVER TIME

Recovery & results

Healing follows your treatment and your health, not a fixed deadline. Written instructions from your treating team take priority over general timelines.

Immediately

Protect the area

Dressings and prescribed wound care protect the treated site.

Often 1–2 weeks

Initial healing

Swelling, discoloration and discomfort may occur; the duration varies.

Months to a year or more

Remodeling

A scar gradually changes. Nonsurgical treatments have different recovery patterns.

Care for healing skin

- Follow cleaning, dressing and prescribed medicine instructions. Keep incisions protected from tension, rubbing and excessive movement.
- Start massage or silicone only when the clinician clears you and the skin is closed and healed. Follow separate donor-site, graft or flap instructions.
- Protect from sunlight with shade and clothing. Apply sunscreen only to healed skin when advised, never to an open wound.
- Ask when to exercise, work, bathe and remove stitches. Attend follow-up; do not use a universal deadline.

When to contact the team

Report increasing pain, redness, warmth, swelling or drainage promptly. Seek emergency care for chest pain, shortness of breath or unusual heartbeats.

What to expect from results

The early appearance is not the final result. Improvement may last, but the scar never disappears completely. Results are not guaranteed; more than one treatment or revision may be needed, and keloids may return.

05 · AN INFORMED DECISION

Risks & safety

An informed decision balances possible improvement against complications. Risks depend on the scar, site, technique, extent of treatment and your health.

Allergy & anesthesia

- Allergy to tape, sutures, glues, blood products, topical preparations or injected agents
- Local or general anesthesia and sedation risks
- Bleeding or a collection of blood (hematoma)

Sensation & deeper structures

- Numbness or other altered sensation
- Temporary or permanent injury to nerves, vessels, muscles or, at relevant sites, lungs
- Deep vein thrombosis; cardiac or pulmonary complications

Healing & appearance

- Infection, delayed or poor healing; persistent pain
- Skin discoloration, prolonged swelling or contour irregularities
- Asymmetry, fluid collection (seroma), fat necrosis or skin loss
- A wider or unfavorable scar, recurrence, suboptimal results or revision surgery

Technique-specific risks

- Graft or flap failure; expander infection, exposure or failure
- Laser burns or pigment changes
- Steroid-related skin thinning or color changes
- Fillers: rare vascular blockage, tissue death, vision loss or stroke

Your procedure, your risk profile

Deep-structure injury and systemic complications depend on the site, depth and anesthesia; these are not equal risks for every small office treatment. Ask how your risks are reduced and how complications would be managed.

Before you consent

Discuss the alternatives, including no treatment, and the possibility of recurrence or further procedures. This list is not exhaustive. Seek emergency care for chest pain or shortness of breath.

06 · PLANNING AHEAD

Cost & choosing your surgeon

Ask for an individualized written estimate. Experience, clear communication and safe care matter as much as the price.


Surgeon's fee


Anesthesia


Facility


Tests & medicines

What the estimate may include

Fees vary with technique, scar size, number of stages, surgeon experience and practice location. Ask about facility and anesthesia fees, medical tests, medicines, dressings or prescribed pressure garments, follow-up and possible additional procedures.

Insurance is not a promise

Cosmetic treatment may be excluded. Function-restoring or medically necessary treatment may qualify under some policies. Confirm eligibility, exclusions and any prior authorization directly with your insurer; do not assume local coverage or payment for complications.

Choose a qualified surgeon

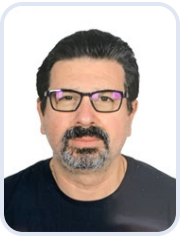
- Check locally recognized qualifications, registration and experience with your scar type and skin color.
- Ask about the proposed facility, anesthesia team and emergency arrangements.
- Discuss realistic examples, recurrence, alternatives and aftercare rather than a guarantee of perfection.
- Choose a clinician who listens, explains risks clearly and gives you time to decide.

Before booking

Request a clear written plan and total estimate. Ask what repeat sessions, stages or revisions would cost and whether payment arrangements are available. No fee or insurance benefit is promised in this guide.

BOOK YOUR CONSULTATION

Let's talk about your goals



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This guide is for general education only. It offers no representation, promise or guarantee about any procedure or outcome and does not replace a thorough, in-person consultation with a qualified plastic surgeon. Your individual care plan and treating team's instructions take priority.