

What are the medical and surgical treatments for scars?

There are several different types of scars including:

- **flat, pale scars** – these are the most common type of scar and can be red or dark and raised after the wound has healed, but will become paler and flatter naturally over time
- **red, raised scars** – (hypertrophic scars) that form along a wound and can remain this way for a number of years
- **excess of scar tissue produced at site of the wound** – (keloid scars) where the scar grows beyond the boundaries of the original wound, even after it has healed
- **pitted scars** – (atrophic or 'ice-pick' scars) that have a sunken appearance
- **scars caused by the shrinking and tightening of the skin** – (contracture scars) usually form after a burn, which can restrict movement.

Depending on the type and age of a scar, a variety of different treatments may help make them less visible and improve their appearance. Scars are unlikely to disappear completely, although most will gradually fade over time. If scarring is unsightly, uncomfortable or restrictive, treatment options may include:

- soft wound covers (silicone gel sheets)
- pressure dressings
- surgery
- steroid injections (corticosteroid)
- make-up (cosmetic camouflage).

It is often the case that a combination of treatments can be used. Refashioning or removal of scars/treatment and keloids are restricted to certain patients who meet the eligibility criteria below. This is because the medical and surgical treatment of scars and keloids that does not meet the criteria is considered to be a cosmetic procedure.

Patient eligibility criteria:

The patient's local NHS commissioning organisation will fund this treatment if the patient meets the following criteria:

- for severe post burn cases or severe traumatic scarring or severe post- surgical scarring, **OR**
- revision surgery for scars following complications of surgery, keloid formation or other scar formation will only be funded where there is significant functional deformity or to restore normal function.

The clinician in charge of the care of the patient's specific condition, usually a hospital doctor, can assist the application, if there is exceptional clinical need for the treatment to be funded. The patient's clinician must evidence clinical exceptionality and must be supported by the patient's local NHS commissioning organisation. See separate leaflet for more information on Individual Funding Requests (IFRs).

Advice and further guidance:



For more information search for 'scar treatment' at www.nhs.uk

Treatment policy for patients covered by NHS Solihull, Birmingham CrossCity and Birmingham South Central Clinical Commissioning Groups.