Improved Facial Scar Maturation Using Topical Silicone Gel with SPF 30

Dean DeRoberts, M.D., Board Certified Plastic Surgeon, Syracuse, NY

ABSTRACT: Silicone based products are commonly used to prevent and treat post-surgical skin scars. This case demonstrates the results after approximately 2 months of treatment with Silagen® + SPF 30 silicone gel in a patient who underwent excision of a basal cell carcinoma on her cheek. After 6 months the scar is barely visible apart from a few pink areas. These types of results are particularly important on the face since patients are fearful and anxious about significant scarring and disfigurement.

PROTOCOL: This case demonstrates patient use and compliance of Silagen® + SPF 30 topical silicone gel product. Treatment was initiated three weeks following surgery and continued with twice daily application for 8 weeks.

PROCEDURE: The patient was a 46-year-old female patient who presented with a nonhealing cheek lesion that was diagnosed as a basal cell carcinoma after a shave biopsy. Figure 1 shows the patient immediately after lesion excision using a Mohs technique that resulted in a 12 x 15 mm full thickness defect and rotational flap repair. Sutures were removed on day 7 and scar treatment was started within 2 weeks after suture removal.

RESULTS: Fig. 2 shows minimal cheek scaring 6 months after the procedure. The scar is flat and thin with minor redness. The patient was pleased with the results and found the Silagen® + SPF 30 topical silicone gel easy to use. She reports that she did not experience any side effects or adverse events during course of treatment.

DISCUSSION: Excision of benign and malignant skin lesions are a common problem that causes patient apprehension due to potential for significant scars on a prominent and socially important body region. Although many scars fade after several months, a protocol to minimize scars is useful, particularly in patient who are more sensitive about their appearance. All patients should be informed that any skin lesion excision will result in a visible scar and the possibility of future scar revisions. They should also be educated on the importance of techniques to minimize scar visibility such as scar massage, sun protection and the use of silicone based products on a routine basis. Patient compliance can be improved by providing patients with written instructions and educational material describing the use of silicone based products, a product sample with more product availability at future visits, and scar management discussions at each follow up visit.

CONCLUSION: This case shows the significant improvement in facial scarring after skin lesion excision. Silagen ® + SPF 30 topical silicone gel was incorporated as part of the scar management protocol. Patients who are preparing for excision of facial lesions should be provided a standard scar treatment protocol that includes a topical silicone based product. This patient expressed initial shock when she saw the sutured closure, stating, "It was HUGE! I was shocked and I thought that I looked like Frankenstein's monster." She was pleased with the results, stating, "I originally thought that I would be stuck with a very long, obvious scar. I was amazed by the results and so were family and friends. People do not notice my scar, and I don't even think about it at all."



Fig 1. Patient immediately after flap closure.



Fig 2. Same patient 6 months post-surgery. Patient used Silagen + SPF 30 gel twice daily beginning 2-3 weeks post-op and continued for 6-8 weeks.