Fat Injection

Content to follow

Skin cancer

We are currently working on the information for this page, please call or email for more information.

Scar revision

All wounds heal with a scar. Many elements affect the severity of scarring: the size and site of a wound, the blood supply of the area, the quality and type of the skin, the direction of the scar and whether infection has occurred. Complicating factors may include medication such as steroids or anticoagulants, medical conditions such as diabetes, or smoking.

While it is not possible to remove scars completely, plastic surgeons are trained to optimise the appearance of scars, and they can often improve them and make them less obvious.

They can do this through the judicious use of tapes and steroid applications, or through surgical procedures know as scar revisions.

Scar revision

If you are concerned about a scar, you may discuss your options with your GP and a plastic surgeon. The surgeon will talk you through the possible methods of treating your scar and the risks, benefits and limitations of each. Most scar

revisions are done under local anaesthetic, so you do not need to be put to sleep.

Scar revision may be performed for hypertrophic scars, keloid scars, skin contractures, or unsightly skin grafts.

It is important to remember that a scar takes one to two years to mature fully, and any surgical procedure will mean that the whole process of healing and maturing must begin anew.

Hypertrophic scar

A hypertrophic scar occurs when the body continues to produce the protein collagen when the wound has healed. The scar remains active and red, itchy and thick. It remains within the boundaries of the original incision or wound.

A hypertrophic scar may improve on its own, although it may take a year or two to do so. Usually steroid creams and injections are needed.

Sometimes this conservative approach is not sufficient, and the scar can be improved by surgical removal and regular injections of steroids, beginning from the time of the surgery, to prevent the thick scar from reforming.

Keloid scar

A keloid scar is also thick red and itchy. It is different from a hypertrophic scar in that it grows beyond the boundaries of the original incision or wound.

Keloid scars are commonly seen on the earlobes, the shoulders and the upper chest. They are commoner in young people and in people of Asiatic or darker skin.

Steroid injections may help. Often surgical excision of the scar is necessary and steroid injections may be used regularly beginning from the time of surgery, as these scars do have a tendency to recur. In some cases radiotherapy is even indicated to shrink the scar.

Skin contracture

If a skin deficit from a burn or trauma heals with a tight scar, ie with scar

contracture, there may be a restriction of movement and discomfort.

It is possible to correct this by moving tissue around in a skin flap, or by applying a skin graft.

Unsightly skin grafts

Skin grafts are applied when there is a shortage of skin after trauma or a surgical operation. Sometimes the cosmetic result is not so satisfactory, and once the scar has matured it is often possible to revise it and improve the cosmetic appearance.

Moles and skin lesions

Benign skin lesions: moles, skin tags, lipomas and cysts

You may consider removing benign skin lesions for a number of reasons: they may be unsightly, itchy, cause discomfort by rubbing on clothes, or worry you because they are growing.

It is worth consulting your GP if a mole changes suddenly, ie grows, becomes darker, itches or bleeds. This does not mean it is becoming malignant but it should be checked.

Some lesions may be shaved flush with the skin, which may leave little or no scar.

Most lesions are cut out, and this will leave a scar. The plastic surgeon will use his skill to excise them in a manner that reduces the visibility of the scar. Some skin types or some sites are prone to thick scars: keloid and hypertrophic scars. Your surgeon will warn you about these.

Skin tags/ papillomas: Benign epithelial lesions of the skin. Very common, often occur on the neck and under the breast. They have small narrow stalks connecting them to the skin surface. Can itch or catch on clothes. Often occur in groups.

Seborrheic keratoses: Very common, occur mostly in older patients, often on sun-exposed areas of the body. Common on the face, trunk and back. They look brown and often crusty or wart-like and they may feel greasy. They often itch. They can be easily shaved or excised.

Sebaceous cysts: They are blocked glands of the skin which continue to produce sebum to lubricate the skin and so continue to grow. They occur on the face, neck or back most commonly. If they discharge, they release a cheesy white material. They are not cancerous but may become infected.

Lipomas: They are benign tumours of fat tissue. They may be very small, or can grow over years to large masses. They may be removed by excision or fine liposuction.