

Scar Revision

(Options to improve the look, feel, and symptoms of scars, including raised, thick, itchy, or painful scars)

What is “scar revision”?

A scar is a normal part of healing after surgery, injury, acne, or inflammation. **Scar revision** refers to a personalized plan to make a scar **less noticeable, flatter, smoother, or less symptomatic (itchy/tender/tight)**. It may include **topical care, injections, laser/light treatments, microneedling, or surgical revision**, depending on the scar type and location.



Common scar types we treat

Raised scars

- **Hypertrophic scars:** raised and thick, but stay within the original wound edges.
- **Keloids:** raised scars that extend beyond the original wound edges and may keep growing.

Depressed or “pitted” scars

- Often from acne or prior inflammation.

Discolored scars

- Red/pink scars (early healing)
- Dark marks after inflammation (more common in deeper skin tones)

Tight scars

- May feel “pulling” or limit movement, especially across joints.
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Treatment options

Your plan depends on the scar’s **type, age, color, thickness, symptoms, and your skin type**.

1) At-home scar care (often step one)

- **Silicone gel or silicone sheets** for raised scars (used only on fully healed skin).
- Moisturizing + gentle massage (when appropriate).
- **Sun protection** to reduce long-lasting discoloration and help scars blend in.

2) In-office injections (for raised, itchy, thick scars)

- **Intralesional corticosteroid injections** can help soften and flatten raised scars and reduce itch/pain.

3) Laser/light or other procedures

- Treatments may be used to reduce redness, improve texture, and blend scars more naturally (choice depends on your scar and skin type).

4) Surgical scar revision (selected cases)

- For scars that are wide, poorly oriented, or function-limiting, **surgical scar revision** may improve how the scar blends with surrounding skin. It cannot erase a scar completely, but it can often make it less noticeable.
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What to expect at your visit

- Review of how the scar formed (surgery, injury, acne, burn, etc.)
 - Scar exam (size, thickness, color, symptoms, mobility/tightness)
 - Photos may be taken for medical documentation (practice-specific)
 - A clear plan: “what helps most” + “what to avoid” + realistic timeline
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Pre-Op Instructions

(These vary by treatment—follow your provider’s instructions if they differ.)

Before injections or in-office procedures

- Tell us if you take **blood thinners** or have a bleeding disorder.
- Tell us if you have a history of **keloids**, poor wound healing, or pigment darkening after irritation.
- Avoid sunburn/tanning in the area.

Before surgical scar revision (if planned)

- Bring a medication list (including supplements).
 - Arrange your schedule for reduced activity if the scar is on the back/shoulder/chest/joints.
 - Ask us about timing if you recently used acne meds, topical retinoids, or had other procedures near the site.
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Post-Op Instructions

After injections

- Mild soreness or swelling for 24–48 hours can be normal.
- Avoid vigorous rubbing/massage over the site for a day or two (unless instructed otherwise).
- Call us if you notice increasing pain, warmth, spreading redness, or drainage.

After laser/procedure-based scar treatments

- Expect temporary redness and mild swelling.
- Use gentle cleanser + bland moisturizer until healed.
- **Strict sun protection** is important during healing.

After surgical scar revision

- Keep the incision clean and follow bandage instructions.
 - Avoid stretching/heavy lifting that pulls on stitches.
 - Watch for infection signs: worsening redness, warmth, pus, fever, or bleeding that won’t stop with pressure.
 - Long-term results take time—scars remodel over **months**, not days.
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Scar Revision FAQ

Can you remove a scar completely?

No—scars are permanent. The goal is to make the scar **flatter, softer, less noticeable, and/or less symptomatic**.

How do I know what type of scar I have?

Raised scars that stay within the wound are often hypertrophic; scars that grow beyond the wound edges are more consistent with keloids. Your dermatologist can confirm on exam.

Do silicone sheets really work?

They are commonly used for **hypertrophic scars and keloids** and should be applied only to **fully healed skin** (not open wounds).

Do steroid injections help raised scars?

Yes—dermatologists use intralesional steroid injections to help **flatten raised scars** and reduce symptoms like itch and pain.

How many treatments will I need?

It depends on the scar. Raised scars often require **a series** of treatments. Some scars improve with a single approach; others need combination therapy.

When should I start scar treatment?

Many scar therapies begin **after the skin has healed** (closed, no scab/drainage). Early guidance is helpful—especially if you have a history of keloids.

What can make scars worse?

Common triggers include sun exposure, picking/scratching, tension across the scar, and irritation from harsh products during healing.

When should I get a scar checked?

If a scar becomes rapidly thicker, very painful, ulcerates/bleeds, or starts growing beyond the original injury, it's worth an evaluation.