



# STRENGTH+

Issue 2 - Jan - June 2015

For clients and internal circulation only



www.tropicanamedicalcentre.com

## The **FAT** of the Matter

The TMC Approach  
**Tackling Obesity**

**9 Strategies**  
*to Keep Your Heart Healthy*

**Piles**  
The Silent Stigma

**HEADACHES**

*So Common Yet So Complex -How To tell Them Apart?*



**URINARY INFECTION**  
5 things you should know

Say Goodbye to  
**SCARS**





# Say Goodbye to *Scars*



A normal scar is one that has matured rapidly without increase in width, height and without forming more collagen than is necessary for its strength.

## **Types of Abnormal Scars:**

### **Hypertrophic Scar**

Scars that are elevated above the skin surface but limited to the initial boundaries of the injury. It is due to excessive production of collagen during the healing process. The severity of the initial injury determines the extent of the scar. Hypertrophic scars may occur at any age or site, starts soon after the injury and tend to regress spontaneously and are more responsive to treatment. If the hypertrophic scar is across a joint it is called contracture scar.

### **Keloid Scar**

Keloid scars extend beyond the borders of the injury. Collagen production is overtly excessive leading to thicker and wider scars. Familial tendency is significant. Commonly occurs between 10 – 30 years of age and starts to develop months after the injury / surgery. Keloid scars are usually less responsive to treatment and require a specialized multi modal therapy. Commonly occurs at the face, ear lobes, anterior chest, back, shoulder and pelvic region. More common in dark skinned people.

### **Widespread scar**

Widespread scars are flat, wide and depressed scars resulting from excessive tension across the wound edges and defective collagen production. They can occur at any age. They commonly occur over the arms, legs and abdomen.

#### **Common symptoms caused by:**

- Abnormal Scars
- Pain
- Itchiness
- Cosmetic disfigurement

**Treatment options:**  
**Generally all scars look the worst between 2 weeks to 3 months post injury, hence any intervention should be initiated after this period.**

• **Pressure**

Pressure decreases the tissue metabolism and increases the collagenase activity to improve the appearance of the scars. Pressure techniques include compression garments especially for burn scars. It is required to wear the pressure garments for a minimum of 18 hours a day for 4 – 6 months to observe the change.

• **Silicone gel**

Silicone gel has been proven to be beneficial for the treatment of hypertrophic and keloid scars. The exact mechanism of action is however still unclear.

• **Steroid injections**

Injection of steroid into the scars are commonly used to treat keloid scars. Steroid injections help to modulate the excessive collagen deposition onto the scars. These injections need to be repeated every 3 – 4 weeks for atleast 6 times to see results.

• **Laser therapy**

A number of lasers are used to treat scars. Fractionated CO2, Erbium : YAG, Nd:YAG and PDL are some of the lasers used for scars. Fractionated CO2 and Erb: YAG lasers are most effective in treating keloid scars. The number of laser treatments will depend on the size and thickness of the scars. Generally for keloid scars 3-4 sessions of laser treatment is required.

• **Scar revision surgery**

Scars that do not follow the skin crease line may need plastic surgery to revise the appearance of the scars. Keloid scars that are large will need surgical removal first before other modalities of treatment can be initiated. Commonly a combination of surgical excision, laser therapy and steroid injection is necessary for the treatment of keloid scars. Scar revision surgery can be used to correct widespread scars.

• **Irradiation**

Radiation therapy using external radiation is generally used for those keloid scars which do not respond to treatment with other modalities.

# Plastic, Reconstructive, Aesthetic & Laser services available at TMC

**Plastic and Reconstructive:**

- AV Fistula
- Advanced Wound Management
- Burn Injuries
- Breast Reconstruction
- Cleft Lip / Palate
- Facial Trauma
- Facial Bone Fractures
- Head & Neck Reconstruction
- Hypospadias
- Keloid Scars
- Pressure Sore Surgery
- Reconstructive Microsurgery
- Skin Cancer
- Varicose Vein

**Aesthetic / Cosmetic:**

- Arm / Thigh / Body Lift
- Blepharoplasty – Double Eye Lid / Eye Bags
- Breast Augmentation
- Breast Lift
- Breast Reduction
- Botox / Fillers
- Chemical Peels
- Face / Neck Lift
- Fat Transfer
- Gynaecomastia
- Hair Transplantation
- Liposuction
- Otoplasty (Bat Ear Correction)
- Rhinoplasty
- Tummy Tuck

**Laser:**

- Facial Rejuvenation
- Facial Resurfacing (Acne Scar)
- Facial Pigmentation
- Hair Removal
- Tattoo Removal
- Mole / Skin Tag Removal
- Scar / Keloid



**by Dr. A. Ananda Dorai**  
 Consultant Plastic, Reconstructive & Aesthetic Surgeon  
 MBBS (Madras), MS Plastic Surgery (USM), AM(MAL),  
 Fellowship in Burns, Reconstructive, Laser & Aesthetic Surgery (Taiwan)