



DERMABRASION

Notes for Guidance

Scars from burn wounds can take a year or more to “mature;” that is, to finish healing. A scar goes through several stages during this time. While the scar is maturing it gradually changes in appearance. The color will usually become less red and may return to the color of normal skin. Ideally, the surface of the scar will have a smooth texture and the same height as the normal skin it is next to. However, some scars grow above the height of nearby skin and are known as hypertrophic scars. Keloids are scars that grow not only above surrounding skin but beyond the borders of the scar. Yet other scars are the same height as nearby skin but have a rough surface that is noticeably different than normal skin. If a mature scar has a cosmetic appearance that is distressing to a burn survivor, a surgical procedure can sometimes improve the appearance of the scar.

Dermabrasion and dermaplaning can smooth scars

Dermabrasion and dermaplaning resurface the skin's top layers through surgical scraping. In dermabrasion the surgeon scrapes away the outermost layer of skin with a rough wire brush or a burr containing diamond particles attached to a motorized handle. In dermaplaning the surgeon uses a dermatome, the same type of instrument used by burn surgeons to obtain skin for grafting. A dermatome has a blade that moves rapidly back and forth to "skim" off layers of skin. In dermaplaning only the top layers of skin with surface irregularities are removed. Both procedures can be performed on small or large areas of skin. They can be used alone or together with other procedures such as chemical peel.

Some physicians perform dermabrasion, dermaplaning and chemical peels, using one or more procedures depending on the particular patient and problem. Other doctors prefer one procedure for all skin surface repairs. Chemical peels are used more often to treat small surface irregularities, such as fine wrinkles, while dermabrasion and dermaplaning are used to treat deeper imperfections, such as scars.

Risks of surgery

The most common risk of skin resurfacing is color changes. The resurfaced skin may become permanently darker or lighter than it was before the treatment or it may develop a blotchy appearance. People with darker skin are at the highest risk of color changes. Dermabrasion and dermaplaning are less likely than chemical peels to cause permanent color changes and hence are often the preferred method for treating people with darker skin. Resurfaced skin that is exposed to the sun before it is completely healed is also at higher risk of permanent color changes.



Other risks of skin resurfacing include skin infection, hypertrophic scarring, and keloids. And while resurfacing can smooth roughened scars, it will not make them completely disappear. Before you decide to have a skin resurfacing procedure, think carefully about your expectations and carefully discuss them with your doctor. Physicians who are trained and experienced in skin resurfacing will evaluate your skin type, medical history, and skin color in advising you about the possible benefits and risks of dermabrasion or dermaplaning.

If you are considering surgery, first find a competent surgeon

It is important to do your homework before seeing a physician about a resurfacing procedure. Cosmetic surgery is a lucrative business because it is usually paid for by individuals and not insurance companies or the government. Without the controls imposed by insurance companies, prices for cosmetic procedures are unregulated and tend to be high. This attracts physicians who aren't necessarily trained or qualified to perform cosmetic procedures.

Plastic surgeons and dermatologists are the physicians most likely to have received competent training in skin resurfacing during their "residencies;" that is, the four or five (or more) year programs after medical school in which doctors become specialists in dermatology or plastic surgery. If a physician claims to be a specialist, find out if her or she is "board certified." Every specialty has a board that certifies which doctors have met the board's requirements to become a specialist. You can find out whether a plastic surgeon is board certified from the American Society of Plastic Surgeons (<http://www.plasticsurgery.org/contact.cfm>). You can also ask physicians about how long they have been performing a particular surgery or procedure, how many of the procedures they have performed, and where they received their training to perform the procedure. If the training occurred during a residency program, the training was almost certainly much more thorough than if the training took place after a physician began a private practice. In the latter case, the training may have been nothing more than a seminar conducted over a long weekend.

About surgery

Dermabrasion and dermaplaning are usually performed in an outpatient surgery center. Local anesthesia is typically used, which numbs the skin that will be resurfaced. A sedative is used to make the patient drowsy and relaxed. Sometimes a numbing spray, such as freon, is used instead of injecting a local anesthetic drug. The procedures can be performed in a few minutes or they may take an hour and a half, depending on how large an area of skin is involved. The resurfacing may need to be performed in stages on separate days, especially when scarring is deep or a large area of skin is involved. The way in which skin heals following skin resurfacing is crucial to the success of the surgery. Removing too much skin may result in the formation of new keloids or hypertrophic scars, permanent color changes, or a rougher scar. Removing too little skin may leave the cosmetic appearance of a scar unchanged. The surgeon must use experience and good judgment in knowing when to stop.



Recovering from surgery

After surgery the physician will treat the skin in one of a number of ways, including a wet or waxy dressing, dry treatment, or some combination of these. Treated skin will initially be quite red and swollen. Eating and talking may be difficult. Patients usually feel some tingling, burning, or aching, and a pain medication is usually prescribed. The swelling ordinarily begins to decrease in a few days to a week.

A scab forms over the treated skin as it begins to heal. Scabs then fall off as a new layer of tight, pink skin forms underneath. The new skin is usually somewhat swollen and sensitive for several weeks. The pinkness of resurfaced skin takes about three months to completely fade. It is important to avoid any activities that could result in bumping resurfaced skin for at least two weeks following surgery, at which point in time most patients can return to work. Active sports, and especially contact sports or other sports in which an object such as a racketball could strike a player, should be avoided for four to six weeks. Swimmers need to avoid chlorinated water for at least a month. And everyone must carefully protect resurfaced skin from the sun until the skin pigment has completely returned. This can potentially take six or even twelve months. If healing skin is exposed to sun before then, there may be permanent color changes.

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This leaflet has been prepared to give a basic understanding of the procedure before a consultation takes place, and to cover many of the questions frequently asked about this type of cosmetic surgery. Final decisions should not be made until an individual assessment has taken place with the surgeon. There is no obligation on the part of the patient to undergo surgery by attending for consultation. If you have any further questions or would like to arrange a consultation please do not hesitate to call us.