



Burns: rehabilitation and aftercare of a scar

patient information

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Your burn needs a longer time to heal or is located on a joint (your foot, hand, shoulder, knee, etc.).

To prevent the scar from causing discomfort, the multidisciplinary burns team applies all measures to prevent or improve a 'problematic scar' from the very beginning of wound care.

For a better understanding of the process of possible scarring, this brochure explains how the skin reacts after a burn and how burn scars are treated.

BURN SCARS

WHAT IS THE NORMAL EVOLUTION OF A BURN?

Redness - pink discolouration - pigmentation

Superficial burns that heal spontaneously within two to three weeks are mainly red initially and turn pink after a while. The skin may be paler afterwards due to loss of pigmentation. This evolution takes a couple of weeks to several months.



Discolouration

Deeper burns that healed spontaneously or were treated surgically are often darker than the surrounding skin initially. Purple discolouration of the skin is harmless and is caused by local blood congestion. Especially when you've been standing up a long time, the skin of your feet and legs can turn purple. The same can happen with dangling arms and hands. Emotions, physical effort or changes in temperature may also cause



discolouration. Temporary rest and elevation, wearing tubular elastic bandages (or custom-made pressure garments if you have a scar problem) can help prevent the purple discolouration.

Itching and dry skin

The skin, as mentioned earlier, is dry and may be itchy. Itching in the early stages is most likely related to the healing process.

Hypersensitivity/hyposensitivity

You often notice increased sensitivity (hypersensitivity) when you touch the healed skin. This is temporary. The sooner you touch the skin, for example by rubbing and massaging the skin, the sooner this unpleasant sensation will disappear.

Reduced sensitivity (hyposensitivity) usually only occurs with deep burns due to damage to the nerve endings and may disappear over time.

Impaired perspiration

Extreme changes in temperature (both cold and heat) and extreme exertion where the body sweats excessively feel very unpleasant and should be avoided for a long time.

Impaired sebum production

Your skin is no longer "lubricated" normally in case of deeper burns. Sebaceous glands may be enclosed and the drainage blocked on the level of the skin graft. This doesn't require specific therapy unless it's infected. Washing the affected region with Isobetadine® soap temporarily can remedy and prevent infection. It's annoying for patients, but improves spontaneously as the channels gradually open.

WHAT PROBLEMS CAN THE SCAR CAUSE?

Persistent itching/redness

This is often due to excessive scarring. Keep moisturising the healed skin regularly with a moisturising cream or lotion to prevent itching as much as possible.

Dark pigment spots

Dark pigment spots can be avoided by using good UV protection and avoiding the sun.

Permanent hypersensitivity

Desensitisation by massaging the scar may bring improvement. Touching the scar and applying moisturising cream is necessary. In case of persistent or extreme symptoms, supportive physiotherapy may be helpful. Discuss this with the physician in charge of your treatment.

Hypertrophy

Hypertrophy or excessive scarring is a major problem. When a burn has healed on the surface, the healing process continues below the skin's surface. The formation of scar tissue causes the skin to thicken and harden. Initially, the most noticeable effect is the redness caused by the numerous blood vessels that are formed. Gradually, over the course of several months, the scar fades, but sometimes the formation of this scar tissue is excessive and a thick and bumpy scar develops. This is known as a hypertrophic scar.

Whether or not hypertrophy occurs depends on the nature of the lesions (it's more likely after deep second- and third-degree burns have healed), the location of the lesion and your skin type (darker skin types are more likely to develop hypertrophy). Hypertrophy results in a less attractive appearance. The degree to which it causes complaints depends in part on the location of the scar on the body.



Scar contraction/reduced mobility

The healed burn tends to contract (scar contraction). This may lead to restricted movement, especially at the joints (e.g. neck, elbow, shoulder, armpit, knee, hands, feet, etc.).

AFTERCARE OF BURN SCARS

GENERAL

Moisturise against itching: Use a UV-resistant factor 50 sunscreen for one year

See general aftercare of the healed burns and donor sites.

SPECIFIC

Pressure garments/silicones

The formation of excessive scar tissue (hypertrophy) can be controlled by wearing pressure garments and by using silicone scar plasters or orthopaedic devices. Silicone plasters and/or pressure garments are worn several weeks after the burns heal on the advice of the burn surgeon or treating physician.

Pressure garments

Custom-made pressure garments reduce the blood flow to the scar, making the scar less red and less swollen. Pressure garments reduce itching and are UV resistant.

- Putting on the pressure garments is not easy at first. If your fingers and toes get cold or swell up, the pressure is too much. If this happens, remove the pressure garments and notify the physician or the orthopaedic instrument maker (VIGO, tel. 016 34 07 55). The same advice applies in case of loss of sensation, pain or skin problems while using silicone and pressure garments.
- Ideally, pressure garments are worn 24/7. You just don't wear them while swimming, washing, intense sports or during physiotherapy sessions.
- On average, pressure garments are worn 6 to 12 months or longer. The number of months you need to wear the pressure garments varies individually.
- It's important you wash the pressure garments at least every two days with a neutral detergent. Dirty garments quickly lose their elastic properties. Do not use fabric softener or tumble dry.

Silicones

Not all areas of the body are suitable for wearing pressure garments or can be treated efficiently with circular elastic garments. One possibility is to apply pressure locally in those areas using silicone padding. The silicone devices (plasters or custom-made) retain the moisture evaporated by the skin, so that the skin becomes supple. These devices also result in faster scar fading.

- In case of burns on your face and neck, a custom-made mask with a silicone inner layer provides the necessary pressure. This mask must also be worn as much as possible. The mask and the silicone inner layer are not completely UV resistant. They only filter out a limited part of the UV light. Wearing a sun hat or cap, using a parasol, and avoiding the sun remain very important.
- This therapy requires a progressive increase in the number of hours you wear the mask. Your skin needs to get used to the moist environment under the silicone bandage. The maximum wearing time for silicone is 16 hours per day.
- You should not use creams under the silicone.
- In case of wounds or skin irritation, you should not use silicones.
- You should also apply strict hygiene measures when using silicones: wash your skin with neutral soap or bath oil and wash the silicone patch every day with neutral soap and rinse thoroughly. Soap residue in the silicone may cause skin irritation.

- Once a week, the silicones should be boiled briefly for one minute. This also applies to orthopaedic devices made of this material such as collars, masks and padding.

Splints/braces

The most comfortable positions need to be avoided, because these very protective positions in a folded position usually lead to contractures. Splints or braces (customised or not) help you maintain good posture. The physiotherapist will give you more information about this.

Physiotherapy

Already during your hospital stay, the physiotherapist will start exercises to prevent scar problems, such as hypertrophy (raised scar), reduced mobility and contractures (muscle shortening). Various physiotherapy techniques are used to stimulate and/or maintain joint mobility and flexibility of the skin. A correct joint position is applied to avoid contractures.

If necessary, the physiotherapist starts applying pressure garments, silicone supplements, splints or other orthopaedic devices if prescribed by the treating physician. They're regularly evaluated and adjusted if necessary.

ADDITIONAL

Scar camouflage

Camouflage is an option for making scars less noticeable. Special make-up can mask the colour of the skin and, in part, the bumpy appearance. One week or 14 days after the burn is completely healed, you may start camouflaging it.

For questions: dermatology UZ Leuven campus Gasthuisberg,
tel. 016 33 79 50

Scar corrections

Long-term surgical scar correction can be necessary to improve a scar. Corrections are always performed at a later stage (from one and a half years after the accident) when the scars have faded. Surgery planned too early may not produce good results and increases the risk of scar contraction recurring. In addition, physiotherapy and pressure garments may be needed again after surgery.

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