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**Royal Manchester Children’s Hospital**

**Information for Patients**

**Scar Management**

**Information for Parents and Carers**

**Scar Management**

After the burn wounds have healed, patients and families can be very frustrated with how they look and feel.

We aim to work with families and patients to get the best possible outcome both physical and functional.

**Why do scars form?**

We do not know why scars form. However, we do know that certain factors such as;

* age
* ethnicity of the child
* the depth of the burn
* the length of time the burn takes to heal

All of these will affect the quality of the burn scar. During the healing phase of the burn, a protein called collagen is laid down in the wound bed. However, just as it is laid down, the collagen also undergoes breakdown and it is this balance which affects the quality of the burn scar.

Burn scar also has a lot of blood vessels that make the scar look red but this also reduces over time and the scar becomes paler with time.

Sometimes the cells in the skin which produce pigment that gives the color to the skin, are damaged and this can cause the scar to look lighter or darker than normal skin color. Overtime, pigment cells may normalize and the pigment can return to normal but this is variable.

**All these changes in a burn scar over time are known as remodeling. Remodeling of the burn scar continues for a very long time.**

Burn scars therefore change from pink to red to pale over time; go from being flat and soft/firm/hard to soft again over time.

Time for burn scars to mature can range from **12 months to 18 months**, maybe longer in some cases.

**Problems with scars**

Burn scars are sometimes referred to hypertrophic scars; *this is when the scar tissue is seen above the skin level*. These types of scars can cause problems especially when over joints; these can decrease the movement of these joints.

Scars can also become dry, itchy and may breakdown. These issues are discussed later in booklet.

In order to reduce some of these problems and aim for the best possible scar we advise home treatment of **“Washing, moisturising and massaging”**.

# **Washing and Creaming**

A strong commitment is required from parents, carers and families to follow through with the treatment plan to ensure that we achieve the best possible scar result.

Burn scars can become very dry and this will lead to itching and breakdown of skin. The reason why scars are dry is due to damage to the glands in the skin that produce the natural oil. If the glands are damaged or scarred as in deeper burns or after skin grafting, the scars will always be dry. In more superficial burns, the glands will recommence natural oil production but will take time.

We need to reintroduce the oils by applying non-fragranced moisturising creams to the areas involved.

This also allows the patient (careers, parents) to massage the burn scars more easily.

**This is usually done 3 times a day** (if this is different your therapy team will inform you), but the length of time varies depending on the size and position of the scar. As a team we will advise you on this on an individual basis.

**Process**

1. **Skin is washed thoroughly with a non-fragrance soap (i.e. baby soap), then dried**.

It is extremely important to wash previous cream off before applying new cream to help prevent blackheads and pimples.

1. **Moisturiser cream is applied onto the affected areas.**
2. **It is done in a circular motion**. It is important to support the scar before applying pressure and commencing the circular massaging to ensure that you are not just moving the scar tissue around itself.

Massaging the scar helps to keep it supple by shifting the fluid that builds up in the scar tissue. Massaging helps joints to move better and they do not feel stiff and achy.

Further massaging techniques will be shown to you by our after-care team. For some patients the scar itself can be very sensitive and therefore increasing the amount of pressure you use over a short time can help with this.

Your child may not enjoy the procedure but with patience, encouragement and perseverance your child will come to enjoy it.

**Things to watch out for**

**Areas that have not healed on leaving hospital**

The Burns and Plastics After-Care Clinic will review these dressings, but it is extremely important that these dressings do not get wet. If this happens you must return to the hospital and get new dressings applied to reduce the risk of infection.

**Itching**

Itching is a very common problem in burned or scalded children, affecting both the burned area and donor areas. Unfortunately, there is **no ‘magic’ cure**, but some comfort can be given if the instructions below are followed:

1. Bathing your child in cool not cold/hot water.
2. A close-up of a label

   Description automatically generatedWearing cotton clothing and cotton sheets to sleep in. Try to avoid pure wool or nylon as they can cause your child to become hot and therefore start itching.
3. Wearing of the pressure garment can also help to reduce the itching.

If you find that none of this work, you can ask our Doctors to prescribe some medicine that may reduce the itching although this can also make them sleepy**. Please speak to the Burns and Plastic Aftercare Clinic for more advice.**

**Blistering**

Small blood blisters may occur if your child knocks themselves or they are sometimes caused by rubbing of pressure garments. This is quite common, and usually stops after a few months.

***Treatment*** –Apply a small dry dressing. If you are at all concerned please contact the Burns and Plastics After Care Clinic.

**Skin breakdown**

Small areas of breakdown can occur from knocks, leaving raw areas that may need dressing at the Burns and Plastics After Care Clinic until healed. This problem occurs in children who have thermal injuries but will improve over time.

**Blackheads**

These are a very common problem, caused by soap or dirt collecting in the uneven surface of the grafted area. To treat, simply squeeze the blackheads out! Not more than once a day and preferably after bathing when the skin is soft and supple. Make sure you wash all scars before application of cream to prevent a buildup of the cream.

**Getting back to normal**

**At home**

Any child who has spent a period in hospital may experience problems with their behavior. This is common in any age group. They can revert to an earlier developmental stage and become very clingy towards parents and may start to bed wet or have a disturbed night’s sleep.

This behavior is normal, and a reaction to the injuries they have sustained, but with reassurance and understanding from parents and friends your child will return to their usual ways. Should this change in behavior continue please inform our Burns and Plastics After Care team. Our clinical psychologists will be able to help you.

**Swimming**

A blue and white logo of a person swimming in water

Description automatically generatedSwimming is very much encouraged when all areas are healed, as it allows the child to exercise all limbs fully. Your child must shower after swimming to ensure all the chlorine is washed off their body. You should then cream the affected area thoroughly. If they are using pressure garments these should be removed before changing into the swimming costume. Please wait until your child is completely dry before putting the pressure garments back on. Make sure you have wiped excess cream with a towel before putting on the pressure garment.

Schooling

Normally we would recommend that patients who still have dressing and a fresh burn injury do not attend school. This is to reduce the risk of infection, thus delaying the wound healing.

Please speak to a member of the burns team either in the inpatient ward or our dressing clinic to ask when it would be a suitable time for returning to school.

**Sun Care**

You don’t have to go to a sunny country to damage your skin. Following a burn injury you are more at risk of burning as your skin will not tolerate the sunrays. It does not matter if the patient has had a skin graft or not, donor areas will also be affected. We advise sun block (factor 50) which is suitable for a child to be applied to all scars after you have moisturized and massaged the scars.

Following advice is given out by the Cancer Research UK;

1. Cover up with a t-shirt, hat and sunglasses, sunscreen alone is not enough.
2. Spend time in the shade between 11am and 3pm. The summer sun is most damaging to your skin during the middle of the day.
3. Use SPF15+ sunscreen with at least 4 stars on the UVA/UVB.
4. Apply sunscreen generously and reapply often during the day, especially if in water.

If there is any other advice we need to offer your child, then the medical staff will inform you.

**Continuing support**

**If you feel that things do not improve over time and that you still have ongoing concerns either for yourself, child or family members, please do not hesitate to speak to the Burns and Plastics Aftercare or the Burns Service 701 8100.**

**Burns And Plastics Aftercare Clinic**

communication-1293317_960_7200161 701 9250 (Monday to Friday 8.00am to 16.00am)

Burns Unit 0161 701 8100 (24hrs a day)

envelope-35392_960_720

mft.bpacteam@nhs.net

www-1632431_960_720

https://mft.nhs.uk/rmch/our-wards/ward-81-burns-unit-2