ULLAS

FACIAL PLASTIC SURGERY

Treatment of Problematic Surgical and Traumatic Scars

Patient Information Guide

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This leaflet explains the options we offer for improving scars that have formed after surgery or injury, what each treatment involves, what to expect during recovery, and the possible risks. Please read it carefully and keep it for reference. If anything is unclear, we are happy to answer your questions at your consultation.

Understanding Problematic Scars

All surgery and skin injuries leave a scar. Most fade and flatten over 12–18 months as they mature, but some remain troublesome. A scar may be considered problematic if it is:

- **Stretched —** Wide or spread beyond the original wound line.
- **Depressed or tethered —** Sunken below the surrounding skin, or stuck down to the deeper tissues so it puckers with movement.
- **Raised —** Thickened and red but staying within the original wound (hypertrophic), or growing beyond it (keloid).
- **Tight or contracted —** Pulling on nearby skin and restricting movement or distorting features such as the eyelid, nostril or lip.
- **Discoloured —** Persistently red, brown or pale compared with the surrounding skin.
- **Symptomatic —** Itchy, tender or painful.

The right treatment depends on the type, age and site of the scar, and your skin type. Scars are often best treated once mature, though early treatment is sometimes advisable — particularly for raised scars. Many scars benefit from a combination of the treatments below, staged over several months.

Conservative Measures

For younger scars, simple measures can make a real difference and are usually tried first: silicone gel or sheeting applied daily for 2–3 months, regular firm massage once the wound has healed, taping, and strict sun protection (SPF 50) for at least a year — sun exposure can permanently darken an immature scar. We will show you how to do these correctly.

Steroid Injections

What it is

Corticosteroid (usually triamcinolone) is injected directly into raised hypertrophic or keloid scars to soften and flatten them and relieve itch and tenderness.

What to expect

- A quick clinic procedure; the injection can sting briefly.
- A course of 2–4 injections, spaced 4–6 weeks apart, is typical.
- For keloids, injections are often combined with other treatments to reduce the risk of recurrence.

Risks

Thinning or dimpling of the surrounding skin, lightening of the skin at the injection site, visible fine blood vessels, and recurrence of the scar — keloids in particular can return and may need maintenance treatment.

Microfat and Nanofat Grafting

What it is

Fat grafting uses your own fat, harvested by gentle liposuction (usually from the tummy or thigh) under local anaesthetic, and processed before being re-injected.

- **Microfat —** Fine particles of intact fat injected beneath depressed, tethered or contracted scars. It restores lost volume, releases the scar from the deeper tissues (often combined with subcision), and improves contour.
- **Nanofat —** Fat that is further emulsified and filtered into a liquid rich in regenerative cells, injected into and just under the skin itself. It does not add volume, but improves the quality, suppleness, colour and texture of scarred skin, and can soften tight, discoloured or sun-damaged scars.

Microfat and nanofat are frequently combined in one session — microfat to correct the depression, nanofat to improve the overlying skin. Because the tissue is your own, there is no risk of allergic reaction, and the improvement in skin quality tends to build over several months.

What to expect

- Performed under local anaesthetic (with sedation if preferred), usually taking 60–90 minutes.
- Bruising and swelling at both the harvest site and the treated scar typically settle within 1–2 weeks.
- Some of the transferred fat (commonly 30–50%) is naturally reabsorbed in the first 3 months; the fat that survives is long-lasting. A second session is sometimes needed for the best result.
- Skin-quality improvements from nanofat appear gradually over 3–6 months.

Risks

Bruising, swelling and temporary lumpiness or unevenness, infection (uncommon), oil cysts or firm areas where fat has not survived, under- or over-correction, and irregularity at the harvest site. As with any injection, there is a very rare risk of injury to blood vessels.

Subcision and Dermal Fillers

For scars that are tethered down, a fine needle or cannula can be used to release the fibrous bands beneath the scar (subcision), often combined with microfat or a hyaluronic acid filler to hold the space and lift the depression. Fillers give an immediate but temporary result (typically 6–18 months); fat grafting offers a longer-lasting alternative.

Laser Therapy

What it is

Different lasers target different problems: fractional resurfacing lasers remodel the scar surface, softening texture, blending edges and improving tightness, while vascular lasers reduce persistent redness. Laser treatment can also be used early, once a wound has healed, to guide better scar maturation.

What to expect

- Performed with numbing cream or local anaesthetic depending on depth.
- Redness and swelling for a few days after fractional treatment; vascular laser may cause temporary darkening or bruising of the treated area.
- A course of 2–4 sessions, spaced 4–8 weeks apart, is common.
- Strict sun protection (SPF 50) is essential for at least 3 months after treatment.

Risks

Prolonged redness, darkening or lightening of the skin (more likely in darker skin types — we will assess this carefully), infection including reactivation of cold sores, blistering, and rarely worsening of scarring.

Surgical Scar Revision

What it is

The scar is removed and the wound carefully re-closed in layers using fine techniques. Where a scar lies in an unfavourable direction or is causing tightness, it can be re-orientated or lengthened using techniques such as Z-plasty or W-plasty, or geometric broken-line closure, so the new scar sits within natural skin lines and is less noticeable. Revision is usually reserved for mature scars, generally at least 6–12 months after the original injury or surgery.

What to expect

- Usually performed under local anaesthetic as a day procedure.
- Sutures are typically removed after 5–7 days on the face.
- The new scar will look red and firm at first and takes 12–18 months to fully mature — it is a trade of one scar for a better-placed, finer one, not scar removal.
- We often recommend silicone therapy, taping or laser treatment afterwards to help the new scar heal as well as possible.

Risks

Bleeding, infection, wound breakdown, stretching or thickening of the new scar, recurrence of the original problem (particularly with keloid-prone skin, where revision is combined with steroid injections or other measures), numbness around the scar, and the general risks of anaesthesia.

Comparing the Treatments

	Steroid injections	Microfat / nanofat	Laser therapy	Surgical revision
Best for	Raised (hypertrophic / keloid) scars	Depressed, tethered or poor-quality scars	Texture, tightness and redness	Wide, poorly positioned or contracted scars
Downtime	None	1–2 weeks of bruising / swelling	A few days per session	About 1–2 weeks
Results appear	Over weeks, with each injection	Immediate lift; skin quality over 3–6 months	Gradually over 3–6 months	As the new scar matures (12–18 months)
How long results last	Long-lasting; keloids may recur	Long-lasting once fat is established	Long-lasting	Permanent new scar
Typical sessions	2–4	1–2	2–4	1

Before Your Treatment

- Tell us about all medicines you take, including blood thinners, and any history of keloid scarring, cold sores, or problems with previous surgery or anaesthetic.
- Avoid aspirin, ibuprofen, alcohol and fish-oil supplements for a few days beforehand where safe to do so, to reduce bruising.
- Stop smoking, ideally at least 4 weeks before fat grafting or surgical revision — smoking significantly reduces fat survival and wound healing.
- Avoid suntanning and self-tan for 4 weeks before laser treatment.

After Your Treatment

- Follow the specific aftercare instructions we give you on the day.
- Keep the area clean and avoid pressure, massage or rubbing of fat-grafted areas for the period we advise.
- Apply SPF 50 sunscreen daily and avoid direct sun exposure while the scar is maturing.
- Avoid strenuous exercise, saunas and swimming for the period we advise (usually 48 hours to 2 weeks depending on the treatment).
- Contact the clinic promptly if you develop increasing pain, spreading redness, discharge, or a wound that opens.

Realistic Expectations

No treatment can remove a scar completely or return the skin to exactly how it was before. The aim is a significant, natural-looking improvement in the scar's appearance, comfort and function. Scars respond gradually, improvement often continues for many months after treatment, and more than one treatment or session is frequently needed. We will give you an honest assessment of what is achievable for your scar at consultation.

Alternatives

Other options include microneedling and radiofrequency microneedling, dermabrasion, medical tattooing (micropigmentation) to disguise pale scars, pressure therapy for keloids, and skin camouflage make-up. Doing nothing is always an option — many scars continue to improve slowly on their own. We are happy to discuss all alternatives with you.

Questions and Contact

If you have any questions before or after your treatment, please contact the clinic and we will be pleased to help. You will have the opportunity to discuss everything in detail, including costs and a personalised treatment plan, at your consultation, and you will be asked to give written consent before any procedure.

> *This leaflet is for general information only and does not replace an individual consultation. Ullas Facial Plastic Surgery — Mr Gautham Ullas.*