PROCEDURE

Scar revision

Scar revision uses surgical or minimally invasive techniques to improve a scar's appearance or function.

PURPOSE
Improve a scar's appearance, comfort, or effect on movement

PROCEDURE TYPE
Therapeutic - surgical or minimally invasive

WHERE IT IS DONE
Outpatient clinic or operating theatre

ANAESTHESIA
Local or general; sedation may accompany local anaesthetic

HOW LONG IT TAKES
About 30 minutes to several hours

PREPARATION
Medication review, smoking plan, and fasting when required

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Infection, bleeding, wound problems, pigment changes, scar recurrence

RESULTS
Early change immediate; final appearance after several months

Overview

Scar revision is a planned procedure to make a scar less noticeable, more comfortable, or less restrictive. It may help a scar that is raised, wide, sunken, discoloured, painful, itchy, or limiting movement.

Revision cannot erase a scar. It replaces or reshapes the existing scar with the aim of producing a better result. The new scar still needs time to heal and mature.

Treatment may involve cutting out and carefully closing the scar, changing its direction, moving nearby skin, or using a skin graft. Laser treatment, dermabrasion, microneedling, or injections may be used instead of surgery or alongside it. The best approach depends on the scar's type, location, age, and effect on you.

Why the procedure is performed

Scar revision may be offered when a scar:

Keloids are scars that grow beyond the edges of the original wound. Hypertrophic scars are raised but stay within those edges. Both can return after treatment, especially if surgery is used without other measures.

- Pulls across a joint or limits movement
- Causes ongoing pain, itching, or tightness
- Is raised, thick, wide, indented, or uneven
- Distorts a nearby feature, such as an eyelid or lip
- Has a colour or texture that stands out
- Has not improved enough with less invasive treatment

Who should and should not have it

Scar revision may be suitable if the scar is stable enough to assess and the likely improvement matters to you. Your surgeon will consider your goals, skin type, healing history, general health, and whether the scar affects movement or daily life.

It may not be the right choice if the expected change is small or if you expect the scar to disappear completely. Some scars continue to fade and flatten for a year or longer, so delaying revision may give a clearer final result. Earlier treatment can still be appropriate when a scar restricts movement or distorts an important structure.

The procedure may be delayed or avoided if you have:

Tell your surgeon about previous wound-healing problems, abnormal bleeding, allergies, implanted devices, and all medicines or supplements you take.

- An infection, open wound, or active skin inflammation at the site
- A health condition that is not well controlled and could impair healing
- A strong tendency to form keloids, unless recurrence is addressed
- Poor blood supply to the treatment area
- Current nicotine use that creates an unacceptable healing risk

How to prepare

The treating facility's own instructions take priority because preparation differs by technique and type of anaesthesia.

You may be asked to stop nicotine before and after surgery. Nicotine narrows blood vessels and can interfere with healing. Ask whether this includes cigarettes, vaping, patches, gum, or other nicotine products.

Provide a complete medication list. Blood thinners like warfarin or apixaban , anti-inflammatory medicines, and some supplements can affect bleeding, but do not stop prescribed medicine unless the treating team tells you to.

If you will have sedation or general anaesthesia, you will receive instructions about when to stop eating and drinking. Arrange for an adult to take you home and, if advised, stay with you afterward.

On the day, avoid applying make-up, creams, or lotions to the area unless instructed otherwise. Wear loose clothing that will not rub the dressing.

What happens during the procedure

Before treatment, the clinician examines and may mark the scar. Photographs may be taken for your medical record. The area is cleaned, and anaesthesia is given.

For a small surgical revision, local anaesthetic numbs the area while you remain awake. Larger or more complex procedures may use sedation or general anaesthesia.

The specific technique may include:

Stitches may dissolve or may need removal later. Skin adhesive, tape, or a dressing is placed over the area. More complex reconstruction may require a drain, although this is not usual for a small revision.

- Removing the old scar and closing the skin in careful layers
- Repositioning the scar so it follows natural skin lines
- Using Z-plasty or W-plasty, which rearranges the scar into small angled segments
- Moving nearby tissue with a flap or covering an area with a skin graft
- Resurfacing the skin with a laser or dermabrasion
- Injecting a raised scar to help flatten or soften it

Recovery and what to expect afterward

Pain is often mild to moderate and may feel like soreness, tightness, or stinging. Use pain relief exactly as directed. Swelling, bruising, itching, and temporary numbness can occur.

You can usually eat normally after local anaesthetic. After sedation or general anaesthesia, begin with fluids and light food if that is what your discharge instructions recommend.

Keep the wound clean and dry as directed. Activity limits depend on the scar's location and how it was repaired. You may need to avoid exercise, heavy lifting, stretching, swimming, or pressure on the area while the wound gains strength.

Do not drive after sedation or general anaesthesia. You should also avoid driving if pain, dressings, restricted movement, or pain medicine prevents you from controlling a vehicle safely.

Return to work may be possible within a few days after a small revision. A larger repair, physically demanding job, or highly visible swelling may require more time away.

Risks and possible complications

Scar revision creates a new healing wound. Possible risks include:

Keloids have a particular risk of returning. Your clinician may discuss combined treatment, such as injections or silicone therapy, rather than surgical removal alone.

- Bleeding, bruising, or a collection of blood under the skin
- Infection
- Delayed healing or separation of the wound edges
- Numbness, altered sensation, or nerve injury
- Skin colour changes, especially after resurfacing treatments
- An uneven contour or a result that does not meet your expectations
- A wider, raised, or recurrent scar
- Anaesthetic reactions
- Partial loss of a skin graft or flap

Results and follow up

The scar's position or shape may look different immediately, but early swelling and redness

can hide the final result. The new scar often feels firm at first and then softens and fades over several months. Some scars continue changing for a year or longer.

Follow-up visits may be used to check healing, remove stitches, review grafts or flaps, and discuss scar care. You may be advised to use tape, silicone gel or sheets, massage, or sun protection once the wound has closed.

If removed tissue is sent for laboratory examination, your team will explain when and how you will receive that result. This is separate from judging the cosmetic result.

Alternatives

You do not have to undergo scar revision. Real alternatives include:

Different options treat different features. For example, injections may flatten a keloid but will not correct a wide or indented scar. Ask what improvement is realistic with each option and what recovery it involves.

- Observation: avoids procedure risks, but the scar may change little once mature
- Camouflage products: cover colour differences without changing the scar itself
- Silicone gel or sheets: may help some raised scars but require regular, prolonged use
- Pressure therapy: may flatten selected scars but can be uncomfortable and time-consuming
- Steroid injections: may soften raised scars but can thin or discolour nearby skin
- Laser treatment: may improve redness or texture with less cutting, but often needs several sessions
- Microneedling or dermabrasion: may improve surface texture but will not remove the scar
- Physiotherapy or splinting: may improve movement when tightness is the main problem

When to call your healthcare team

Contact the treating team promptly if you develop increasing redness, warmth, swelling, pain, or cloudy drainage. Also call if the wound opens, bleeding continues despite firm pressure, you develop a fever, or a graft or flap becomes pale, blue, dusky, or dark.

Mild swelling, bruising, itching, and a small amount of blood-stained drainage can be part of routine healing. Mention concerns at follow-up if they are stable rather than worsening.

Seek emergency help for difficulty breathing, chest pain, fainting, severe bleeding that will not

stop, or signs of a serious allergic reaction.

Common questions

Will I be asleep?

Not always. Small revisions are often performed while you are awake with local anaesthetic. Larger repairs may require sedation or general anaesthesia.

Can I drive home?

Not after sedation or general anaesthesia. Even after local anaesthetic, you may need a ride if the dressing, procedure location, or pain limits safe driving.

How painful is scar revision?

You should not feel sharp pain once local anaesthetic is working. Soreness, tightness, swelling, or stinging afterward is common and usually improves as the wound heals.

When will I know if it worked?

You may see an immediate change in the scar's shape or position. The final appearance cannot be judged until swelling settles and the new scar matures over several months.

Will the scar disappear completely?

No. Scar revision aims to make a scar less noticeable or restrictive, but it cannot restore completely unscarred skin.

Can the scar come back?

Yes. Any revised scar can widen, thicken, or become raised. Keloids are especially likely to return, so combined treatment may be considered.

Sources

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