

Scar Management

Scar massage to soften and settle a healed surgical scar.

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A scar is the body's record of an injury. Once the wound itself has closed, the scar continues to change for 6–12 months. A bit of attention in those first few months makes a real difference to how soft, flat, and pale it ends up.

How a scar matures

For the first 2–3 weeks the wound is still knitting together – leave it alone, keep it dry, and follow the [wound-care advice](#).

From around 3 weeks onwards the wound is closed and the scar enters a remodelling phase. It will be raised, pink, and firm. This is normal. Over the next 6–12 months the body gradually replaces the rushed, disorganised collagen of the early scar with stronger, more orderly fibres. The scar flattens, softens, and fades. Older scars on your body that you have stopped noticing went through this same process.

When and how to massage

Once the wound is fully closed and any scabs have come off (usually by the end of week 3), gentle massage helps the underlying tissue glide freely and breaks down restrictive bands.

- Use a plain, unscented moisturiser – sorbolene, vitamin E cream, or whatever you already have. Branded “scar creams” are fine but no better than a basic moisturiser.
- Press firmly enough to move the skin over the deeper tissue, not just slide across the surface. The scar should blanch (go pale) as you press.
- Two minutes, twice a day, for about three months.
- Massage in small circles or back-and-forth across the line of the scar.

If massage is uncomfortable for the first week or two that's normal – the scar is sensitive. Stop and try again the next day if it is genuinely painful.

Silicone gels and sheets

Silicone is the only over-the-counter product with good evidence behind it for softening scars and reducing the chance of an overgrown (hypertrophic) scar. It is most useful if your scar is starting to look raised, red, or itchy at 6–8 weeks.

You can buy silicone gel (paint on, dries in seconds, twice a day) or silicone sheets (stick over the scar, wear all day or overnight) from any chemist. Use for 8–12 weeks. Stop if you develop a rash from the adhesive.

Sun protection

A fresh scar pigments more than normal skin. UV exposure in the first 12 months can leave a scar permanently darker than the surrounding skin. Cover it with clothing or apply a high-SPF sunscreen whenever it will be exposed – at the beach, on a long walk, or even driving with your arm near the window.

What's normal, and what isn't

Normal – pink, firm, slightly raised, occasionally itchy, more sensitive than surrounding skin. Improves slowly over months.

Hypertrophic scar – raised, red, and thick, but stays within the boundaries of the original wound. Often itchy. Most settle with silicone and time. We can offer a steroid injection if it is bothering you.

Keloid scar – grows beyond the original wound edges, like a bubble. Rare on the upper limb. More common in darker skin types and on the front of the chest, earlobes, or shoulders. If you have a history of keloid, mention it before surgery so we can plan accordingly.

Call us if

- The scar becomes red, hot, swollen, or starts weeping again – this is more likely to be a late infection than a scar problem
- It grows visibly thicker or wider after the first 6 weeks
- It is severely itchy and not settling with silicone and moisturiser
- It catches and tears with normal use – sometimes a tight scar across a joint needs releasing