



IADVL SIG Dermatosurgery (2019-2020)

IADVL Academy

Patient education leaflet: Frequently asked Questions (FAQ's)

Keloid Surgery

Disclaimer: This leaflet has been produced to give you general information. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and your doctor but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team.

1. WHAT ARE KELOIDS?

Keloids are thick scars extending beyond the original wound. Only people who are genetically prone will develop keloid over a scar.

2. WHAT ARE THE SIGNS AND SYMPTOMS?

They grow slowly and can take 3-12 months after injury to develop. It appears pink, red or dusky red in color and can be flat or ball like depending on site. It feels firm, hard or rubbery in consistency and may be multiple. It can be painful and itchy. Keloids do not turn cancerous.

3. COMMON SITES ON BODY WHERE THEY DEVELOP?

They commonly develop on chest, shoulder, ear lobes & back.

4. WHO CAN GET KELOIDS?

You are more likely to develop keloid if you have one or more of the following factors:

- Belonging to ethnic Chinese, African Americans or Black race.
- Having a family history of keloids.

5. WHAT CAUSES KELOIDS?



Keloids may occur after injury, burns, surgery and if the wounds get infected or heal under tension. It can also occur following tattoos, ear piercing, acne, chicken pox etc. It can occur spontaneously also in which case they may be numerous.

6. WHAT ARE THE TREATMENT OPTIONS FOR KELOIDS?

There may be more than one type of treatment, they can be difficult to get rid of and will need multiple treatments. A treatment plan for keloids may include:

- A series of steroid injection into the keloid at intervals of 3-4 weeks, which will shrink the keloid size. If it fails to respond proportionately, Dermatologists may add another therapy to the treatment like anti-cancer medicines.
- Silicone gel sheets and gels can be used post procedures to prevent recurrences.
- Surgical removal of bulky keloids followed up with steroid injections or cryo alone or with intralesional steroids, radiation or pressure dressings is done to prevent recurrence. Surgical removal is commonly attempted for auricular keloid.
- Laser treatments along with steroid injections can be done, which can reduce the thickness and color of keloid.

7. CAN SURGERY BE DONE FOR KELOIDS?

- Surgery is an avoidable option, but can be done on certain sites and conditions like:
 - Ear lobe keloids as they respond better to surgery.
 - Surgery can be done to reduce the bulk of keloid.
- Post-surgery wound care is important, like avoiding prolonged sutures and secondary infection.
- Post-surgery instructions like follow up with pressure dressings or injecting steroids should be emphasized to patient.

8. WHAT IS THE EXPECTED OUTCOME AFTER TREATMENT?

Treatment can reduce the size of Keloid, symptoms like pain and itching in the keloid etc., however many a time it tends to recur in months to years even after successful treatment. Following your Dermatologist instructions can help you reduce the chance of recurrence of Keloids.



9. WHAT ARE THE PRECAUTIONS TO PREVENT KELOID?

- Avoid cosmetic procedures if not essential.
- If you develop keloid after ear piercing, use pressure dressings immediately and avoid second piercing.
- Do a test spot before doing tattoo or body piercing.
- Inform the surgeon of your keloidal tendency, he may use a different technique to reduce chances of keloid or advise you against it.
- Proper wound care after injury reduces the chance of keloid.
- Patients with post burns scars need to use pressure garments, as they are more prone to keloids.

;