

CONTACT MEDIA

	Topical silicone gel	Silicone gel sheeting	Silicone Moulds	Hydrocolloid Hydrogels (No silicone)
Product Options (examples)	Kelocote [®] Stataderm [®] Dermatix [®]	Mepiform [®] Cica care [®]	Ottoform [®] Roylan Elastomer 50:50 mould mix [®] Rolyan Silicone Elastomer [®] Rolyan Ezemix Elastomer Putty [®]	Duoderm [®] Cutinova hydro [®]
Mechanism Action (theory)	<p>Semi-occlusive barrier over skin inducing hydration of outer layer of epidermis (1–3). This increased hydration is caused by occlusion of skin and inhibiting fibroblast proliferation (4,5).</p> <p>Increase in temperature of skin/scar and increases collagenase activity (5).</p> <p>Change in polarisation includes cellular activity (5).</p> <p>Silicone released into stratum corneum increases oxygen tension inhibiting a hypoxia signal from the tissue (5).</p> <p>Silicone influences the number of mast cells accelerating tissue remodeling (5).</p>		<p>Contact with concave/uneven scar by evening out surface.</p> <p>Hydration and occlusion (4)</p>	<p>Speed up activity of collagenase by increasing the temperature beneath the hydrocolloid product.</p> <p>Occlusive coverage scars, increase hydration and reduce trans-epidermal water loss and scarring (4)</p>
Useful for:	<p>Post-surgical/Burn scars</p> <p>Highly movable areas (i.e. fingers/toes, faces, webspaces, ears)</p> <p>Visible areas</p>	<p>Post-surgical/Burn scars</p> <p>Scarring over less movable areas</p> <p>Aggressive scarring</p>	<p>Scars over concave areas - axilla, ankle, hand, clavicle, neck, face (4)</p> <p>Keloid</p> <p>Smaller scars</p>	<p>Highly contoured scars (i.e. chins)</p> <p>Alternative to silicone product if having silicone reaction or reaction to taping silicone products on.</p>
Indicators to Commence:	<p>Burn taken over 21 days to heal</p> <p>Once skin/wound healed</p> <p>Scar active (i.e. NOT mature)</p>			<p>Almost healed – can use over small wounds.</p>
Wearing Regime:	<p>1-2 x day application</p>	<p>Wear started at 2hours per day.</p> <p>Grade up wear by 2 hours per day until worn 23 hours per day.</p> <p>Remove for bath/shower and other specific play activities.</p> <p>Can get up to 7 days out of 1piece depending on location of wear.</p>	<p>Worn 23/24 unless likely to impact on function (i.e. in palm hand, highly moveable area). Remove for skin check, wash skin and wash mould.</p> <p>If impacting on function – consider wear nocte when asleep and combine with use other silicone product in day.</p>	<p>Apply and leave on for 24/24 for up to 3 days.</p>

<p>How to Apply:</p>	<p>Small thin amount required covering the scar only.</p> <p>Avoid application near mouths.</p>	<p>Cut to size of scar and <u>small</u> border overlapping on surrounding healed skin to anchor.</p>	<p>Mould over skin and cut to area required. Use catalyst to “set” mould putty.</p>	<p>Cut to size of scar and small border overlapping on surrounding skin to anchor.</p>
<p>Advantages</p>	<p>Dries transparent over skin (cosmetic appearance)</p> <p>Breathable and allows exchange moisture.</p> <p>Easy to apply. Once dried creams easily applied over the top (i.e. moisturiser/sunscreen).</p> <p>Able to be applied to joints/flexor surfaces without affecting function.</p> <p>Don't have to worry about picking/peeling of dressings from little fingers.</p> <p>(1,3,6-8)</p>	<p>Sheets are re-usable and washable</p> <p>When applied in conjunction with taping can provide pressure over scar areas – particularly deeper areas.</p> <p>Occlusive nature can assist with moisturisation of scar and to relieve pruritus (itch).</p> <p>Will adhere to skin for period of time</p> <p>(1,3,6-8)</p>	<p>Clinically useful for convoluted scars or scarring in concave areas by applying uniform contact with scar.</p> <p>Wash and reuse</p> <p>Increase thickness of product depending on area targeting.</p> <p>Can be worn underneath compression garment/splint.</p> <p>(4)</p>	<p>Can be used over small wounds</p> <p>Typically less skin reactions as silicones</p> <p>No taping/anchoring required</p> <p>Allows some exchange of moisture and skin to breathe.</p>

<p>Disadvantages</p>	<p>Not easily visible on skin</p> <p>Can't apply added pressure as with sheeting</p> <p>Expensive (1,3,6-8)</p>	<p>Can impact on ROM if placed over joints</p> <p>Skin maceration due to occlusive nature</p> <p>Sheet and skin hygiene needs to be maintained to prevent rash/skin breakdown</p> <p>Expensive</p> <p>Loose adhesive 'stick' after a few applications. Will require more frequent replacing or tape to anchor if not worn underneath garment.</p> <p>Cicacare higher profile than mepiform and less elasticity impacting on joint movement.</p> <p>(1,3,6-8)</p>	<p>Can impact on function if used in some concave areas (i.e. palm hand) due to product being less malleable/robust. Design wear regime to minimise this.</p> <p>Can cause skin to sweat and lead to skin maceration/breakdown.</p> <p>Require taping on if not anchored with garment.</p> <p>Often need frequent remoulding as scar changes shape, mould tears or wears out.</p> <p>Difficult to use in large areas of scar.</p> <p>Timely to fabricate due hold in place on child whilst setting. Some children will have difficulty tolerating this and will impact on fit of end product.</p> <p>Movement underneath products will impact on fit.</p>	<p>Single use</p> <p>Expensive</p> <p>May cause skin maceration with long term use.</p> <p>**Some patients recommend wear for 3 days then leave off for 12 to 24 hours whilst moisturising creams are used.</p>
<p>When to stop:</p>	<p>Mature scar</p> <p>Any signs of reaction – dermatitis, blistering, rash, skin breakdown</p> <p>Impacting on function</p>			<p>Mature scar</p> <p>Any signs reaction</p> <p>Any signs skin maceration</p> <p>Impacting on function</p>
<p>Talk to Child and family about:</p>	<p>What time is best based around the families' routines/schedules for silicone to be donned/doffed?</p> <p>Can child be independent in using silicone or aspects of task?</p> <p>What will motivate the child to take responsibility/participation in this?</p> <p>Wear regime</p> <p>Precautions of use.</p> <p>What to do if child has a reaction – remove, wash skin and get in contact with OT. Some children will react to some silicones and not others.</p>			

References

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