MEDITECH SCAREX JEL

YARA iZLERiNiN GiDERiLMESiNDE YARDIMCI

MediTech Scarex JEL

- **Hipertrofik izler**
- **Keloidler**
- **Yara, yanık ve akne izleri tedavisinde kullanılan medikal bir silikon jeldir.**

Yeni jenerasyon 3 farklı silikon içermektedir.

- Cyclopentasiloxane
- Dimethicone crosspolymer
- Cyclomethiecone

Amerika'dan ithal edilmektedir.

MediTech Scarex JEL

Etki Mekanizması

- Meditech Scarex Jel, Fibroblast aktivitesini düzenleyerek aşırı kolajen üretimini azaltır.
- Kimyasal, fiziksel ve mikrobiyal etkiye karşı koruyucu bir bariyer sağlar. (hava alan ancak su geçirmeyen bir tabaka oluşturur.)
- Kolajen sentezinin normale dönmesi için uygun şartları sağlar.
- Yara izinin fizyolojik görüntüsünü düzeltir.

MediTech Scarex JEL

Endikasyonları

- Keloid yara izleri
- Yanık izleri
- Sezaryen bölgesi yara izleri
- Dikiş izleri
- Hipertrofik yara izleri
- Akne İzleri
- Estetik ameliyatı yara izleri

MediTech Scarex JEL

Özellikleri

- Vücut tarafından emilmez, sistemik yan etkisi yoktur.
- Çocuklarda güvenle kullanılır.
- Leke yapmaz, yapışkan kalıntı bırakmaz.
- Dermatolojik olarak test edilmiştir.*

*İÜ. Cerrahpaşa Tıp Fakültesi Dermatoloji Anabilim dalı

MediTech Scarex JEL

Kullanım Şekli

- Günde 2 kez çok ince bir tabaka halinde 4 ile 6 ay süreyle uygulanmalıdır.

Uyarılar

- Dikişler alındıktan sonra uygulanır.
- Haricen kullanılır.
- Göz ve mukoza zarına temasından kaçınılmalıdır.
- Açık yaralar üzerinde kullanılmaz.

MediTech Scarex JEL

Meditech Scarex Jel (15 gr)	Contractubex (120 gr)
Son jenerasyon 3 adet medikal silikon jel içermektedir.	Heparin, Allantoin ve Soğan ekstresi (Extractum cepae) içermektedir.
Uluslararası Yara İzi Yönetimi Paneli tarafından hipertrofik izler, keloidler, ve tüm yara izlerinde ilk seçenek tedavi yöntemi olarak medikal silikonlar gösterilmektedir.	Uluslararası Yara İzi Yönetimi Paneli tarafından kullanılması yönünde bir bilgi yoktur.
Medikal başlık sayesinde kullanım kolaylığı sağlar. Günde 2 kez ince bir tabaka halinde iz bölgesine uygulanır. **Hasta uyumu yüksektir.**	Günde 3-4 kez kalın bir tabaka halinde sürülmeli ve masaj yaparak uygulanmalıdır. Akşamları naylon poşet ile iz bölgesi sarılmalıdır. **Hasta uyumu düşüktür.**
Sistemik yan etkisi yoktur. Vücut tarafından emilmez.	*ürün prospektüs bilgisi
Güncel klinik çalışmalarda silikon jellerin daha etkili olduğu gösterilmektedir.	
Meditech Scarex Jel Satış fiyatı 37 TL	**Contractubex** Satış fiyatı 78 TL

MediTech Scarex JEL

Meditech Scarex Jel (15 gr)	Dermatix Si gel (15 gr)
Son jenerasyon 3 adet medikal silikon jel içermektedir.	Daha eski jenerasyon silikon içermektedir.
Meditech Scarex Jel; • Medikal başlık ile kullanım kolaylığı sağlar. • Günde 2 kez ince bir tabaka halinde bölgeye uygulanır. • Yapışkanlık hissi bırakmamaktadır. **Hasta uyumu yüksektir.**	• Sivri uç ile yayılması kolay değildir. • Hastanın eli ile ürünü iz bölgesine dağıtması gereklidir. • Hijyene dikkat edilmelidir. **Hasta uyumu düşüktür.**
Sistemik yan etkisi yoktur.	*ürün prospektüs bilgisi
Meditech Scarex Jel Satış fiyatı 37 TL	**DermatixSi Jel** Satış fiyatı 37 TL

GATA ÇALIŞMASI

MediTech Scarex JEL

no: 816798, 7 sayfa

BURNS 35 (2009) 1097–1103

available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns

Comparison of efficacy of silicone gel, silicone gel sheeting, and topical onion extract including heparin and allantoin for the treatment of postburn hypertrophic scars

Huseyin Karagoz[a,*], Fuat Yuksel[b], Ersin Ulkur[b], Rahmi Evinc[b]

[a] Maresal Cakmak Military Hospital, Department of Plastic and Reconstructive Surgery, Erzurum, Turkey
[b] Gulhane Military Medical Academy, Haydarpasa Training Hospital, Department of Plastic and Reconstructive Surgery, Istanbul, Turkey

GATA ÇALIŞMASI

Huseyin Karagoz[a,*], Fuat Yuksel[b], Ersin Ulkur[b], Rahmi Evinc[b]

[a] Maresal Cakmak Military Hospital, Department of Plastic and Reconstructive Surgery, Erzurum, Turkey
[b] Gulhane Military Medical Academy, Haydarpasa Training Hospital, Department of Plastic and Reconstructive Surgery, Istanbul, Turkey

ARTICLE INFO

Article history:
Accepted 2 June 2009

Keywords:
Scar
Burn
Silicone
Onion

ABSTRACT

We compared the efficacy of silicone gel (Scarfade®), silicone gel sheet (Epi-Derm™), and topical onion extract including heparin and allantoin (Contractubex®) for the treatment of hypertrophic scars.

Forty-five postburn scars were included in the study. Patients with scars less than 6 months from injury were assigned at random to three groups each containing 15 scars, and their treatment was continued for 6 months. Scars were treated with Scarfade®, Epiderm™ and Contractubex®. Scar assessment was performed at the beginning of the treatment, and at the end of the sixth month when the treatment was completed by using the Vancouver scar scale.

The difference between before and after treatment scores for each three groups was statistically significant. The difference between Scarfade® group and Epi-Derm™ group was not significant; however, the differences of the other groups (Scarfade®-Contractubex®, Epiderm™-Contractubex®) were significant.

Silicone products, either in gel or sheet, are superior to Contractubex® in the treatment of the hypertrophic scar. The therapist should select the most appropriate agent according to the patient's need and guidelines of these signs.

MediTech Scarex JEL

Silikon jellerin hipertrofik yara izleri ve keloidler üzerine etkisi

MediTech Scarex JEL

BRIEF COMMUNICATION / CASE REPORT

Comparison of a Silicone Gel-Filled Cushion and Silicon Gel Sheeting for the Treatment of Hypertrophic or Keloid Scars

BRIAN BERMAN, MD, PHD AND FRANCISCO FLORES, MD

Department of Dermatology and Cutaneous Surgery, University of Miami School of Medicine, Miami, Florida

BACKGROUND. The exact mechanisms of action responsible for the effectiveness of silicone gel dressings are unknown, although it has been proposed that static electricity generated by friction could be the reason for their anti-scarring effects.

OBJECTIVE. We compared the efficacy of a cushion of silicone filled with liquid silicone gel reported to induce greater negative static-electric charge with silicone gel sheeting in the treatment of hypertrophic and keloid scars.

METHODS. The size, volume, symptoms (tenderness and itching), and signs (color and induration) of hypertrophic (10 patients) or keloid scars (22 patients) were measured at baseline at 16 weeks following use of either the silicone gel cushion or silicone gel sheeting, as determined by random assignment.

RESULTS. Both the silicone gel cushion and the silicone gel sheeting treatments were effective in decreasing scar volume, 53.0% and 36.3%, respectively. The percentages of keloids and hypertrophic scars benefiting from the silicone cushion and the silicone sheeting were similar with respect to reduction in tenderness (36.3% vs 33.3%), itching (45.5% vs 33.3%), and redness (0.1% vs 0.1%), and in the degree of softening (45.5 vs 25.0%).

CONCLUSIONS. Both the silicone gel cushion and the silicone gel sheeting treatments were effective in the treatment of keloids and hypertrophic scars, although no statistically significant differences were found between the two treatment modalities.

Silikon jellerin hipertrofik yara izleri ve keloidler üzerine etkisi

MediTech Scarex JEL

A Randomized, Placebo-Controlled, Double-Blind, Prospective Clinical Trial of Silicone Gel in Prevention of Hypertrophic Scar Development in Median Sternotomy Wound

Kin Yoong Chan, M.R.C.S.Ed., Chee Lan Lau, B.Sc.Pharm., Syed Mohd Adeeb, M.S., Sathappan Somasundaram, F.R.C.S., and Mohd Nasir-Zahari, F.R.C.S.

Kuala Lumpur, Malaysia

Background: Hypertrophic scarring caused by sternotomy is prevalent among Asians. The effectiveness of silicone gel in scar prevention may influence the decision of surgeons and patients regarding its routine use during the postoperative period.

Methods: The authors conducted a randomized, placebo-controlled, double-blind, prospective clinical trial. The susceptibility to scar development varied among patients; therefore, sternal wounds were divided into the upper half and the lower half. Two types of coded gel prepared by an independent pharmacist were used on either half. Thus, selection and assessment biases and confounders were eliminated.

Results: One hundred wounds in 50 patients were randomized into two arms, 50 control and 50 silicone gels. The median differences were statistically significant in all parameters, including pigmentation ($p = 0.02$), vascularity ($p = 0.001$), pliability ($p = 0.001$), height ($p = 0.001$), pain ($p = 0.001$), and itchiness ($p = 0.02$).

Conclusions: The effect of silicone gel in prevention of hypertrophic scar development in sternotomy wounds is promising. There are no side effects and patients' compliance is satisfactory. This study may popularize the use of silicone gel in all types of surgery to minimize the formation of hypertrophic scars in the early postoperative period. (*Plast. Reconstr. Surg.* 116: 1013, 2005.)

Median sternotomy hypertrophic or keloid scarring is prevalent among cardiac surgical

Uluslararası yara izi yönetim paneli Thomas Mustoe

MediTech Scarex JEL

Special Topic

International Clinical Recommendations on Scar Management

Thomas A. Mustoe, M.D., Rodney D. Cooter, M.D., Michael H. Gold, M.D., F. D. Richard Hobbs, F.R.C.G.P., Albert-Adrien Ramelet, M.D., Peter G. Shakespeare, M.D., Maurizio Stella, M.D., Luc Téot, M.D., Fiona M. Wood, M.D., and Ulrich E. Ziegler, M.D., for the International Advisory Panel on Scar Management

Chicago, Ill., Nashville, Tenn., Adelaide, South Australia, and Perth, Western Australia, Australia, Birmingham and Salisbury, United Kingdom, Lausanne, Switzerland, Turin, Italy, Montpellier, France, and Hamburg, Germany

Many techniques for management of hypertrophic scars and keloids have been proven through extensive use, but few have been supported by prospective studies with adequate control groups. Several new therapies showed good results in small-scale trials, but these have not been repeated in larger trials with long-term follow-up. This article reports a qualitative overview of the available clinical literature by an international panel of experts using standard methods of appraisal. The article provides evidence-based recommendations on prevention and treatment of abnormal scarring and, where studies are insufficient, consensus on best practice. The recommendations focus on the management of hypertrophic scars and keloids, and are internationally applicable in a range of clinical situations. These recommendations support a move to a more evidence-based approach in scar management. This approach highlights a primary role for silicone gel sheeting and intralesional corticosteroids in the management of a wide variety of abnormal scars. The authors concluded that these are the only treatments for which sufficient evidence exists to make evidence-based recommendations. A number of other therapies that are in common use have achieved acceptance by the authors as standard practice. However, it is highly desirable that many standard practices and new emerging therapies undergo large-scale studies with long-term follow-up before being recommended conclusively as alternative therapies for scar management. (*Plast. Reconstr. Surg.* 110: 560, 2002.)

Many techniques for management of hypertrophic scars and keloids have been proven through extensive use, but few have been supported by prospective studies with adequate control groups. Several new therapies showed good results in small-scale trials, but these have not been repeated in larger trials with long-term follow-up. Judgment of efficacy has further been limited by the difficulty in quantifying change in scar appearance, and by the natural tendency for scars to improve over time. Thus, cutaneous scar management has relied heavily on the experience of practitioners rather than on the results of large-scale randomized, controlled trials and evidence-based techniques.

This article reports a qualitative overview of over 300 published references using standard methods of appraisal and, where studies are insufficient, expert consensus on best practices from an international group with extensive experience and interest in the treatment of scarring. Although focusing primarily on the management of hypertrophic scars and keloids, the recommendations are internationally applicable in a range of clinical situations.

DATA COLLECTION

Uluslararası yara izi yönetim paneli Thomas Mustoe

MediTech Scarex JEL

patients showed complete flattening (six patients) or significant flattening (>90 percent; six patients) of hypertrophic scars and keloids following administration of bleomycin (1.5 IU/ml) using a multiple-puncture method on the skin surface.[119] Although published research is limited, there is considerable clinical experience in using this modality in some European countries. The rationale for use of bleomycin, which is another chemotherapeutic agent, is similar to that of 5-flourouracil. A comparative study of the two agents with steroids is warranted. Adverse effects have not been reported for this indication, although side effects in the treatment of warts with bleomycin include nail loss and Raynaud's phenomenon.[120,121]

Bleomycin and intralesional 5-fluorouracil have been used by some of the authors with considerable success. Despite a strong theoretical rationale, larger scale prospective studies with appropriate follow-up are needed before these treatments can be considered as standard therapy.

In addition, experimental animal studies suggest that there may be a role for transforming growth factor modulators.[122-125] Transforming growth factor-β has been implicated in several scarring conditions including pulmonary fibrosis, glomerulonephritis, and cutaneous scarring. There are three isoforms, and there is some evidence that the ratio is critical for optimizing scar outcome. In addition to blocking transforming growth factor-β effects with antibodies, researchers have proposed blocking transforming growth factor-β activation by means of the mannose 6-phosphate receptor.

Recommendations

These recommendations are made primarily on the basis of the clinical evidence reviewed above and reflect the practice of the authors and have been summarized in simple management algorithms (Figs. 1 and 2). Cost-effectiveness of therapies is not assessed in this article.

Prevention

Every effort must be made to prevent the development of hypertrophic scars or keloids after surgery or trauma. Excellent surgical technique and efforts to prevent postsurgical infection are of prime importance.[125] Special attention should be given to high-risk patients (i.e., those who have previously suffered abnormal scarring or are undergoing a procedure with a high incidence of scarring, such as breast and thoracic surgery). To our knowledge, there has been no large-scale assessment of scar outcomes and risk factors. Recommended preventive techniques include the following:

- Hypoallergenic microporous tape with elastic properties to minimize the risk from shearing. Use of taping for a few weeks after surgery is standard practice for the majority of the authors. Although there are no prospective controlled studies documenting its efficacy, the authors' consensus is that it is beneficial.
- Silicone gel sheeting, which should be considered as first-line prophylaxis. Use of silicone gel sheeting should begin soon after surgical closure, when the incision has fully

MEDITECH SCAREX JEL

YARA iZLERiNiN GiDERiLMESiNDE YARDIMCI