

Scar Management After Hand Surgery

Patient information from Mendip Hand Clinic

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This leaflet explains how to look after a surgical scar on the hand, and why it is worth the effort. It is designed to support, not replace, your conversation with Miss Edwards or your hand therapist.

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Why scars on the hand need attention

Every operation leaves a scar. On the hand, a scar is not only a cosmetic matter, because the skin here has to move for the hand to work.

A scar that becomes tight can restrict the movement of a finger, the thumb or the wrist. A scar can stay tender or sensitive, particularly when pressed. It can become thickened and raised — the medical words are hypertrophic, meaning thickened within the original wound, and keloid, meaning overgrowing beyond it. And because hands are visible and constantly in use, a noticeable scar bothers some people a good deal.

Scar management aims for a scar that is flatter, softer, more flexible and less noticeable. How much difference it makes varies from person to person — genetics play a part, and some people scar more readily than others whatever they do — but starting early and being consistent gives you the best chance.

Phase 1: the first two weeks — protection

The scar is not ready for treatment yet. This phase is about letting the wound close.

Follow your wound care instructions exactly. Keep the dressing dry and in place, and do not get the wound wet unless you have been told you can.

Wear your splint if you have one, as instructed, and keep it clean and dry.

Keep your hand elevated above heart level as much as you can. Swelling puts tension on a healing incision, and controlling it early pays off later.

Keep the scar out of the sun. Ultraviolet light can darken a new scar permanently. At this stage it should be covered anyway.

Do not start massaging yet. Massaging a wound that has not fully closed can open it.

Phase 2: from about two to six weeks — moisture and movement

Start this phase once the incision is fully closed and the stitches are out, and once you have been told it is safe to begin.

Scar massage

This is the mainstay, and it is more effective than any product.

Why it helps: it softens the scar, improves the blood supply to it, reduces sensitivity, and — most important on a hand — stops the scar sticking down to the structures underneath, which is what restricts movement.

How to do it: wash your hands. Use a fragrance-free moisturiser, petroleum jelly or silicone gel. With one or two fingers, apply firm pressure — firm enough to move the scar, not so firm that it hurts:

- Small circles directly on the scar
- Strokes along the length of the scar, and across it
- Gentle pinching and rolling of the scar between your fingers

How often: start with 1 to 2 minutes, 2 to 3 times a day. Build up to 3 to 5 minutes, 3 to 5 times a day as you are able. Consistency matters far more than duration.

Moisturising

Keep the scar supple. Apply your moisturiser or silicone product through the day, particularly after massaging and after washing your hands.

Silicone gels and sheets

Silicone is the topical treatment with the best evidence behind it for thickened scars. It works by hydrating the scar and influencing the way collagen is laid down, helping to flatten and soften it.

Apply to clean, dry skin. Sheets should be worn for at least 12 hours a day, and overnight suits most people; they can be washed and reused daily. Gels dry clear and are easier on a hand that is in use.

Movement

Keep doing the exercises you have been given. Moving the joints stops the scar tethering and restricting movement — a scar that is regularly stretched stays flexible.

If the scar is over-sensitive

Some scars, and the skin around them, become uncomfortably sensitive to touch. Desensitising helps: touch the area with different textures, work from the area around the scar towards it rather than starting on it, and build up gradually.

Vibration is useful for this too. A cheap electric toothbrush, applied gently in circles starting away from the sensitive area and working towards it, for 5 to 10 minutes twice a day, is an easy way to do it.

Phase 3: three months to a year and beyond — persistence

Keep massaging and moisturising. The scar is still remodelling during this period, and this is when the gains are consolidated.

Continue silicone for as long as the scar still looks active — red, raised or itchy.

Pressure, where a scar is raised. Custom pressure garments made by a hand therapist give consistent, measured pressure and are worth it for significant scarring. Self-adhesive wraps can be used on a linear scar under guidance. Combining silicone with pressure is a common approach.

Sun protection, for at least a year. This is the one that people skip and later regret. A new scar has no protection of its own, and sun exposure darkens it permanently. Use a high-factor broad-spectrum sunscreen, or cover the scar, whenever it will be exposed.

Keep up your exercises. Scar tissue needs regular gentle stretching to stay flexible.

How long does it take?

Longer than most people expect. A scar continues to mature for around 12 to 18 months, and sometimes longer. It will go through a stage of looking worse — red, firm and raised — before it improves.

Progress can seem slow. The techniques here work best when they are started early and done faithfully every day, so it is worth setting up a routine rather than relying on remembering.

When to contact us

- Signs of infection: increasing redness, swelling, warmth, discharge or fever
- A sudden increase in pain
- The wound opening again
- Significant loss of movement despite doing your exercises
- Severe or persistent itching or pain from the scar
- A scar that is thickening or reddening rapidly

Contact details

Mendip Hand Clinic, Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP. Bookings: 0330 818 8981.

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above.

A final note

This leaflet is general information and does not replace individual advice. When to start each stage depends on your operation and your wound, and should be confirmed with Miss Edwards or your hand therapist, in line with GMC guidance on decision making and consent.