

## ***Elasto-Gel™* vs Silicones In Scar Management**

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***Elasto-Gel™*** and Silicones have been used extensively for scar management for more than 10 years. Silicones have been used for this purpose since the early 1980's and ***Elasto-Gel™*** since about 1985. Both products are effective at reducing keloids and hypertrophic scars. The earlier application the faster the results. Since ***Elasto-Gel™*** has been approved for use as a dressing, it can be used immediately as the wound cover.

There are now numerous companies providing silicones with different properties. Some are quite firm and tough. They last a long time, are relatively expensive initially, and are totally water resistant. Some silicones are softer and do not last as long, are more comfortable and pliable, but are still relatively expensive. As mentioned, silicones are totally water resistant and most do not "breathe" and moisture will accumulate under them especially in warm weather. Some companies have perforated the sheets to give some breathability. These products are used extensively by burn patients and the PT's, OT's, and "Burn Nurses" with more details and experience.

***Elasto-Gel™*** is a glycerine-based "hydrogel" sheet dressings (also sold as cast and splint padding). It will absorb water and, if not covered with a moisture barrier, will breath most of the moisture away from the skin. In hot climates, it will become saturated with sweat. Under these conditions it will disintegrate under shear forces. Wear time can be from a few days in areas of high friction and shear, to 1-3 months. It has been reported that to extend wear time, buy 2 sets. Wear one set for 12 hours, remove and wipe of the surface with a damp cloth, apply the other set for 12 hours and continue the cycle. This allows absorbed body moisture to evaporate and product will retain it's physical strength longer.

Both types of products can cause rashes to develop under them with continued use. The occurrence of these rashes can be reduced by frequent cleaning of the products surfaces. In the case of silicones, they can be thoroughly washed. Please see the manufacturer's instructions as not to introduce problems from soaps, detergents, or absorbed chemicals. In the case of ***Elasto-Gel™*** contact with water must be limited as it absorbs large volumes of water. To clean the surface, take a damp cloth and gently rub the surface, allow it to air dry for 5 to 10 minutes and then it can be reapplied. Alternatively, the surface may be cleaned with a cloth moist with alcohol. Again wait a few minutes before applying.

***Elasto-Gel™*** is a soft gel, is very comfortable and the stretch backing allows it to conform to the body contours. In side by side clinical trials, the products perform essentially equally well for the management of scars that have already formed (See publication, *Advances in Wound Care*, Vol. 11, No. 1, Jan. 1998, pp40-43). Our own side by side studies by Dr. Baksa of St. Janos, Budapest, Dr. Hayashida of Canada, and others, have shown that silicones are just a few days faster on scars that have been treated for several months, but most patients find the soft ***Elasto-Gel™*** more comfortable. There may be soft silicones that are comfortable as well.

You must always be concerned with your cleaning procedures or the patient's cleaning and bathing soaps and skin treatments if they begin to develop skin irritation. It could be traces of soaps, detergents, lotions, etc., that become irritants when moisture is trapped on the surface of the skin.

These are reports as I know them and the feedback that we have received. Maybe you will get some additional information from manufacturers of the silicones. I hope this is of value to those who are concerned with scars. Chest wounds and breast surgeries are of particular potential for hypertrophic scarring, as well as, the patients with darker skin.