



## USING ELASTO-GEL IN BURNS AND SCARS

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### Abstract

Burn wounds differ from other types of wounds (mechanical, traumatic, contusion, laceration, operative, etc...).

Burns are different from - aetiology,  
- conformation,  
- construction,  
- extension and depth of the wound and unambiguously from its substance.

Burn wounds differ from the other types of wounds because of the wound healing and wound therapy and for the end-phase of wound healing of the cicatrisation, i.e. the development of scars.

Also the picture of scars is very variable: the scar may be lined, spotty, broken or unbroken, hyperpigmented or hypopigmented, etc...

Most of the pathologic scars develop after the healing of burns! After the spontaneous healing of dermal and full thickness burn because of the dermal level damage.

The quality of the scar developing depends on different factors, e.g. the type of burns, absence/presence of complications during the wound healing and familial disposition.

Several local agents and methods of wound therapy are used in burn care. We regularly use silver nitric 0.5% solution, 1% silver sulphadiazine cream and betadine solution.

We prefer the early operative technique - necrectomy and grafting - in the deep dermal burn and the full thickness burn.

We use Elasto-Gel almost in all stages of wound healing of burns. In the acute phase of burns and in the recovery period for prevention and therapy of pathologic scars.

Elasto-Gel is effective in the prevention and in the therapy of non-physiological pathological scars. We have used it successfully on more than hundred patients! The result was very good in 85% of the cases and moderate in only 10% of the cases and there was no response in 5%. The use of Elasto-Gel for 3 months in the prevention and for 3-6 months for treatment of hypertrophic scars is sufficient in most cases. Elasto-Gel gave additional comfort and a cooling effect as well as scar reduction when used together with pressure garments. The Elasto-Gel was applied directly on the scars.

After our clinical trials and experiences, our recommended applications are the following:

1. covering skin defects and wounds of all kinds,
2. cleaning necrotic tissue and moderately infected wounds,
3. treatment and temporary covering of donor sites and deep partial thickness and full thickness burns,
4. treatment of wounds after necrectomy,
5. preparation of wounds before skin grafting,
6. temporary preservation of living and necrotic tissue,
7. biotic transforming treatment of torpid wounds and hypergranulated surfaces,
8. prevention and treatment of hypertrophic scars,
9. extra special use: plastic surgery, newborn surgery/injuries, prevention of sacral and calaneal sores.

Elasto-Gel was used without any complications and side-effects in our practice.