

# Using *Elasto-Gel™* in Burns and Scars

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## Summary

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

Burns are different in the —

- ◆ conformation
- ◆ etiology
- ◆ construction
- ◆ extension and depth of the wound (unambiguously determining damaged tissue from the surrounding undamaged tissue is more difficult)

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

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

Most of the pathologic scars develop after the healing of the burns! That is after the spontaneous healing of the dermal and full thickness burn and the degree of severity is determined by the dermal level of damage and the reaction of patient's repair process to the injury.

The quality of the developing scar depends on a number of different factors:

1. The type of burns
2. Absence/Presence of complications during the wound healing
3. Familial disposition
4. Degree of pigmentation
5. The patient's biological system
6. And others

Several local agents and methods of wound therapy are used in burn care. We regularly use silver nitrate (0.5% solution), 1% silver sulfadiazene cream, or Betadine® solution for control and reduction of bioburden levels in the wound.

For the deep dermal burns and the full thickness burns, we prefer the early operative technique necrectomy and grafting – for more rapid wound closure.

We use *Elasto-Gel™* in almost all stages of wound healing of burns. In the acute phase of burns to assist in controlling the bioburden and elimination of infection and in the recovery period for prevention and therapy of pathologic scars.

*Elasto-Gel™* is effective in the prevention of pathological scars and in the therapy of non-physiological scars. We have used it successfully on more than one hundred patients with pathological scars!! 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 three months in the prevention and three to six 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 trial and experiences, our recommended application are the following:

1. Covering skin defects and wounds of all kinds.
2. Cleaning necrotic tissues and moderately infected wounds.
3. Treatment and temporary covering of donor sites and deep partial thickness and full thickness burns.
4. Treatment of wound after necrectomy.
5. Preparation of wound 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, new born surgery injuries, prevention of sacral and calcaneal pressure ulcers.

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