

Cosmetics, Hairstyles, and Facial Accessories for Scar Camouflage

CHAPTER

25

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Scar formation occurs as an inherent and inevitable part of the healing process following injury to the skin's dermal layer, but scars generally evoke feelings of apprehension and disappointment, especially if these permanent blemishes develop on the face. The face plays a critical role in both human function and appearance, housing important sensory organs; providing points of entry into the aerodigestive tract; and allowing for human communication through speech, hearing, and facial expression. Conspicuous facial scars are therefore viewed as functionally and cosmetically disruptive and are strongly correlated with feelings of decreased self-worth, social self-consciousness, and isolation.^{1,2} Despite the significant social and psychological impact of facial scars, affected individuals report that many health care practitioners fail to fully empathize with the physical and emotional effects of facial scarring and do not adequately provide long-term support services.³

Facial plastic surgeons are frequently called upon to assist in the management of facial scarring. Many techniques, ranging from procedural interventions to pharmacological therapies, have evolved over the years to minimize existing facial scars, but none can completely erase a scar. Various options have become available to camouflage and reduce a scar's appearance even after healing is complete.⁴ This chapter reviews options for

nonsurgical treatment of existing scars to improve the visibility and appearance of scars developing on the face. Specifically, scar camouflage through the use of topical cosmetics, hairstyles, and facial accessories has long been an important treatment modality for facial scars. This chapter also highlights other important noninvasive measures, including occlusive dressings, topical therapies, and massage, which play significant roles in the prevention of facial scars during the early healing process and reduce the overall risk of troublesome scar formation.

History of Scar Camouflage

A smooth flawless facial appearance is a primary determinant of health, youthfulness, and beauty in many societies. For centuries, in order to achieve this facial aesthetic, facial powders have been used to lighten and even the skin, although early products required frequent application of multiple layers and, even then, failed to fully conceal scars. In Europe, during the seventeenth century, beauty patches were used to cover and distract from disfiguring small pox scars. Facial foundation was later developed primarily for use in the theater to provide long-lasting skin coverage. The first true facial foundation was termed as "wet white" in reference to the incorporation of white powder into a thin liquid base

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Chapter 42. Chemodenervation

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INDICATIONS

Injection of botulinum toxin type A is the most common cosmetic procedure performed in the United States. Although Botox (Allergan, Irvine, CA) Xeomin, San Mateo, CA and Dysport (Medicis, Scottsdale, AZ) have FDA approval for cosmetic use in the glabellar lines, it is common practice to use these drugs to inhibit muscle contraction all over the head and neck (Fig. 42-1). Off-label cosmetic indications for the use of botulinum toxin type A include horizontal forehead lines, "crow's feet," "bunny lines" on the nose, platysmal bands, and lines the perioral area. Certainly, the most common areas treated with Botox are the glabellar lines, "crow's feet," and horizontal forehead lines (Fig. 42-2).

PREOPERATIVE PREPARATION

Botox is supplied in a vial containing 100 U of a vacuum-dried neurotoxin complex. Manufacturer prescribing information recommends reconstitution with 2.5 mL of

0.9% nonpreserved saline, but many treating physicians use different dilutions, ranging from 2.5 to 4.0 mL per vial. Furthermore, preserved saline can be used. Once reconstituted, product efficacy has been shown to last up to 6 weeks if stored at 4°C (39.2°F). Other than standard precautions, no special handling precautions are necessary. Likewise, Dysport is supplied in a vial containing 300 U of neurotoxin complex. It is reconstituted in a similar fashion.

ANESTHESIA

Experienced injectors and patients who have had botulinum injections before may opt to have no anesthesia used during the procedure. However, a more pleasant experience can be offered with the use of a topical anesthetic, particularly in patients sensitive to needles. Topical

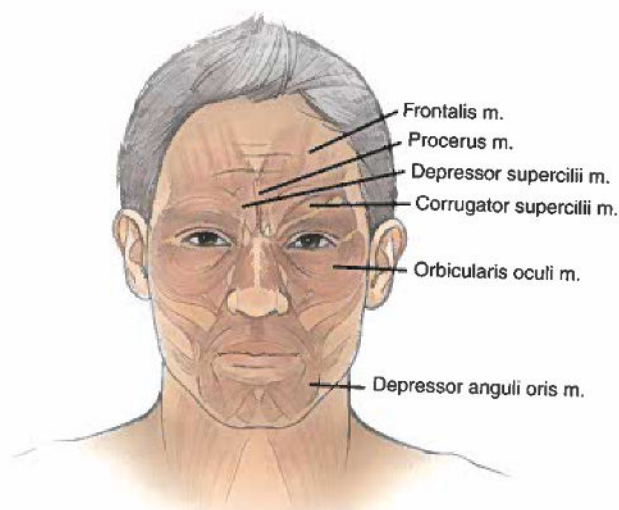


Figure 42-1 Muscles of facial expression that are commonly treated with injectable neurotoxins.

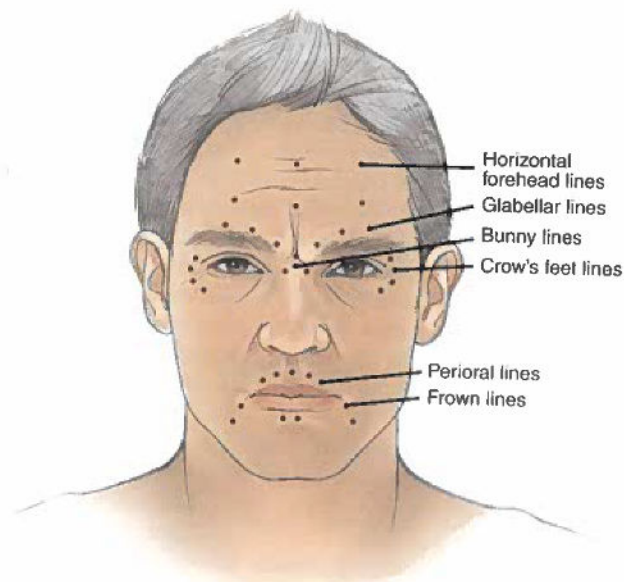


Figure 42-2 Basic injection strategy.

PEARLS

- Importance of complete release of the forehead flap from bone cannot be overemphasized. Inadequate release will risk later loss of lateral eyebrow elevation.
- The ideal needle and suture for fixation of the advanced forehead flap is a G2 tapered needle on 2-0 polyglactic acid suture, although permanent suture material can be used if preferred.
- Leaving the redundant scalp on the advanced edge of the forehead flap and simply rolling this redundancy into a small tube before approximating the wound edges will result in minimal scars and minimal or no hair loss.

SUGGESTED READING

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