Wound care - Silicone scar treatments

In England and Wales, £1.2 million is spent annually on silicone gels and sheets (ePACT August to October 2016). Medicines optimisation projects in this area focus on reducing inappropriate prescribing of silicone scar treatment and using cost effective choices if deemed appropriate to do so.

Key recommendations

- There is weak evidence of the benefit of silicone gels and sheets for the treatment, or prevention of hypertrophic and keloid scarring.¹
- Prescribing of silicone sheets and gels is not recommended for routine cosmetic treatment.
 Examples include treatment that may be secondary to ear piercing or other body piercing procedures, or post surgery prevention of hypertrophic and keloid scars.¹
- Clinical Commissioning Groups (CCGs) may however wish to consider prescribing in certain specified circumstances, e.g. prescribing should be restricted to hypertrophic or keloid scars that result from burns, trauma or from surgery where the scar is functionally disabling (due to significant pain or pruritis) or the scar results in facial disfigurement.
- Exceptions to treatment are where scarring impacts severely on physical function. CCGs may have specific criteria (as stated above). In these cases local procedures should be developed (such as individual funding, prior approval, formulary restriction etc.).
- Silicone gels and sheets are available to purchase if patients wish to use these products, but do not meet the prescribing criteria.
- Patients who have a high risk of scarring should consider self care measures, i.e. avoid tattoos or piercing.² Cosmetic camouflage could be considered.

Background

Keloid and hypertrophic scars are common and are caused by a proliferation of dermal tissue following skin injury. Both types of scarring can cause functional and psychological problems for patients, and their management can be difficult. The British Association of Aesthetic Plastic Surgeons state that time is the best healer, as eventually normal scars and hypertrophic scars will mature and become pale. However, plastic surgeons and dermatologists tend to treat more severe hypertrophic scars and keloids.³

Currently gels, sprays and sheets are available and listed in the NHS Electronic Drug Tariff under Part IXA-Wound Management Dressings, as medical devices. They are designed to be placed onto or applied to healing skin (not open wounds) overnight (12-24 hours) for several months.^{1,2}

Silicone sheets or gels might help to reduce the height or colour of scars but the supportive evidence is weak and limited by potential bias.^{1,2} Therefore use is not recommended.

If prescribing is considered appropriate and an exception, referral to a dermatologist would be appropriate or initiation may be through tissue viability services. Funding may be through the organisation's individual funding request panel.

If patients wish to use silicone gels or sheets that do not fall into criteria for prescribing, they should be asked to self manage and purchase these.

Savings

A potential 40% reduction in prescribing through using appropriate and cost effective prescribing could result in savings of over £474,000. This equates to £775 per 100,000 patients (ePACT January 2016).

Additional resources available: https://www.prescqipp.info/resources/category/354-wound-care-silicone-scar-treatment



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Data pack

References

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Contact help@prescgipp.info with any queries or comments related to the content of this document.

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