

Choosing a Sunscreen

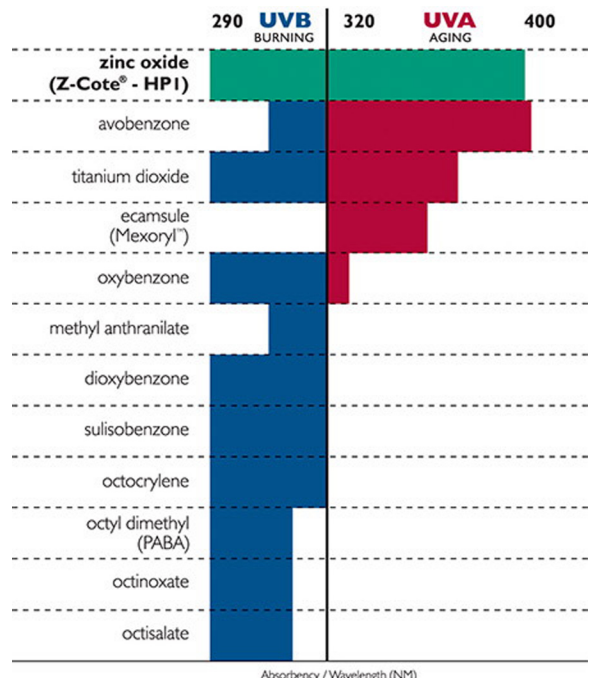


Chart Courtesy of Elta MD

The sun emits ultraviolet radiation which causes aging and cancer in human skin. Arbitrarily, the ultraviolet spectrum of light is divided into UV-A and UV-B. While UV-A is more associated with aging and UV-B with cancer formation, both contribute to cancer formation. The current scale used to determine sunscreen effectiveness is called the **Sun Protection Factor** or **SPF**. SPF only measures UV-B protection, there is no measure of UV-A protection for United States sunscreens. SPF is also a logarithmic scale. This means that an SPF of 15 provides about 95% protection while an SPF of 30 provides about 97% protection. Anything more than an SPF of 30 is probably unnecessary. The graph above demonstrates the best ingredients for both UV-A and UV-B protection. The best bases are avobenzone, titanium, and zinc. The avobenzone can be irritating whereas zinc and titanium bases will be rather bland.

The important thing about sunscreen is reapplying over the course of the day, about every 2-3 hours or after significant water exposure. Also remember that windows, unless they are specially tinted, will only protect against part of the UV-B spectrum and not the UV-A spectrum.

Optional wound care ointments

Mederma
Currently there are two studies which looked at Mederma in wound healing. Neither study demonstrated Mederma to be better than the comparison. One of the studies, though small, had an excellent design and compared Mederma to petrolatum ointments and showed no difference between the two.

Vitamin E
There are mixed studies on vitamin E. Some studies indicate it helps with wound healing, some studies say it doesn't, and one suggests it may worsen scars though likely only if the patient has a contact sensitivity to the vitamin E. If you are considering vitamin E, the best application method is to purchase vitamin E gel caps with a mix of d-alpha and l-alpha tocopherol, break the cap and rub it on the incision at least twice a day. If redness develops, stop using the vitamin E and call Dr. Verret's office so that he can evaluate the incision.

Aloe Vera
There is evidence to indicate that aloe is beneficial to wound healing. Due to the complicated nature of the compounds in aloe, it is best to use aloe directly from the aloe plant and not a mixture that has been manufactured.

Silicone Sheeting
There is evidence to suggest that silicone sheeting can decrease the incidence of hypertrophic scars and keloids. This is likely due to the moisturizing effect of their use. Proper use relies on applying the sheeting over the wound for 12 out of every 24 hours.

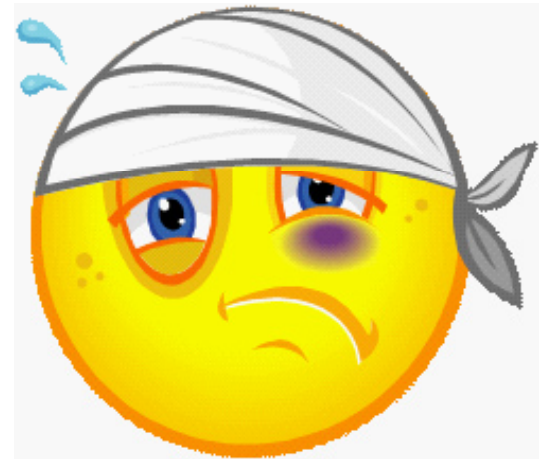
Deep 91
Dr. Verret's office offers an ointment called Deep 91. This contains a mixture of vitamin E and other ointments which he feels aid in the wound healing process. If you are interested, please ask him about the mixture.



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Taking Care



of Your Incisions

Right After Surgery

Do

Keep the wound clean and dry.

If the wound was not covered with tape, clean the wound twice a day with 1/2 hydrogen peroxide + 1/2 tap water using a q-tip. Use the washing to try to prevent a scab from forming.

Apply **Polysporin** (*not Neosporin*) ointment to the incision after cleaning it. Neosporin contains neomycin which can cause a redness in most people if used for a week or more. Polysporin does not contain neomycin.

If the wound is covered, keep the covering in place and as dry as possible until you see Dr. Verret.

Shower or bath after 24 hours, keeping the incision as dry as possible.

Try to keep your head about your heart. Any bruising and swelling will go away quicker if your head is above your heart.

Call Dr. Verret at 972-608-0100 with:

- bleeding that cannot be stopped within 10 minutes.
- any increasing redness of the wound.
- temperature greater than 100 degrees F.
- pain not controlled with pain medication.
- any concerns you may have.

Do NOT

Go swimming in any lakes or pools for at least a month.

Suntan or sunbathe until the incision is no longer red.

Use any type of ointment, including Neosporin, on the incision if it was closed with tissue glue and not sutures or staples.

Use any type of moisturizer, make up, sunscreen, or other cream (except the Polysporin) on the incision before seeing Dr. Verret for suture removal.

Smoke for two weeks before and at least two weeks after your procedure for best results.

Massage the incision for at least 6 weeks. Premature massage can lead to a widened scar.

After Suture Removal

Do

Apply sunscreen of at least SPF 30 daily at least until the redness has subsided.

Apply Vaseline or other bland moisturizer at least twice a day.

Use paper tape over the incision for two weeks after having the sutures removed.

Wait at least 10 days after your surgery to cover the incision with make up or other skin care products.

Start massaging the scar 6 weeks after your procedure.

Do NOT

Expose the incision to excess sun. This includes suntanning and sunbathing for at least 6 months. Excess sun exposure will prolong the redness and can cause a dark scar or a light scar to form.

Go swimming in a lake or pool for at least one month.

Smoke for at least two weeks after your procedure for best results.