

## Choosing a Sunscreen

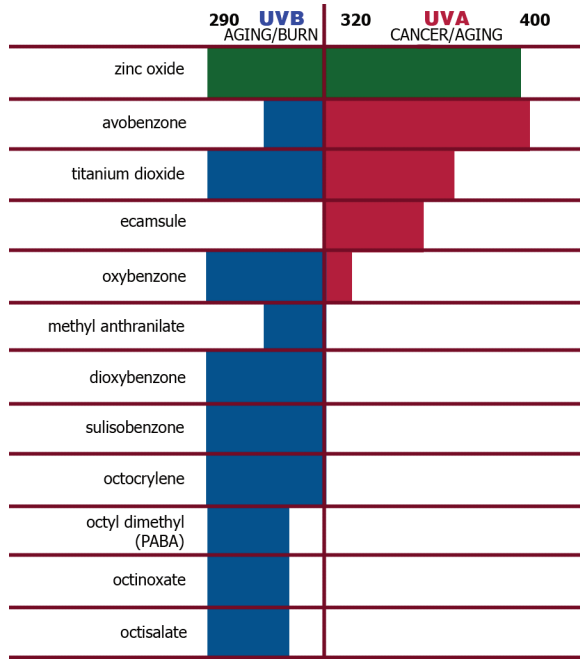


Chart Courtesy of Elta MD

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 active ingredients for both UV-A and UV-B protection. The top three are avobenzene, titanium, and zinc. The avobenzene can be irritating whereas zinc and titanium 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

### 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.

### Vaseline or Aquafor or Silicone based lubricant

Wounds like to be moist while healing. At least applying vaseline, Aquafor, or silicone based lubricant can help with wound healing.

### 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.

### Mederma - You Do NOT Need

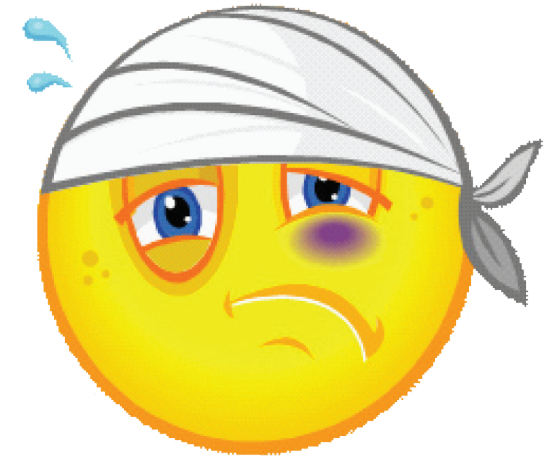
Currently there are two studies which looked at Mederma in wound healing. Neither study demonstrated Mederma to be better than the comparison. One of the studies, though small, had an excellent design and compared Mederma to petrolatum ointments (Vaseline) and showed no difference between the two.



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# Taking Care



# of Your Incisions

D.J. Verret, MD, FACS  
Facial Plastic & Reconstructive Surgery  
Double Board Certified

## Right After Surgery

### Do

Keep the wound clean and dry as possible. Occasional water contact while showering is OK but dirty water like swimming pools and lakes should be avoided for a month.

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 for 48 hours or until instructed by Dr. Verret.

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

Try to keep your head above 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 with very firm pressure within 10 minutes.
- any increasing redness of the wound.
- temperature greater than 101 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.

Apply sunscreen until cleared. To protect the incision, cover with a bandaid if you are out in the sun.

## After Suture Removal

### Do

Apply sunscreen of at least SPF 30 daily at least until the redness has subsided. Start 3 weeks after surgery.

Apply at least Vaseline or other bland moisturizer at least three times a day. For other suggestions see the back panel for optional wound care ointments.

Use paper tape over the incision for two weeks after having the sutures removed if there is any tension on the wound.

Wait at least 3 weeks 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.