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Laser Dressing Avoids Postoperative Problems

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Contribution Editor

Amsterdam — Postoperative dressing following laser skin resurfacing can prevent complications, Alina Fratila, M.D., said at the European Academy of Dermatology and Venereology meeting.

“I prefer to cover my patients after the operation. I don’t want to let them treat themselves and to be permanently stressed with this soaking and moisturizing of the face,” said Dr. Fratila, a dermatologist in private practice in Bonn, Germany.

With the dressing in place, patients cannot scratch their faces, she said. “If patients scratch, they have a wound again, it’s bleeding, and they start from the beginning.”

In addition to scratching, which generally occurs while the patient is asleep, there are compelling reasons to use a postoperative dressing protocol, Dr. Fratila said. Patients might fail to wash their hands adequately and touch the resurfaced skin, causing an infection. Problems can also arise if patients lie on a pillow with open wounds, which sometimes stick to the pillow.

Dr. Fratila covers the face immediately after the operation with Silon-TSR dressing. The transparent dressing does not adhere to the wound, and it can be removed immediately and put back on again. “If you leave it on for more than two days, the risk of infection is higher. So we recommend changing it every other day,” she said. Crusting is rare under the dressing, but if it does occur, moisturizing cream must be applied.

Changing the dressing is performed in an office visit. “I see the patient every other day, myself, in the office for the first week.” After five days, a dressing is usually not needed. At that point, Dr. Fratila recommended moisturizing with cold cream. Patients are instructed to wait for another week before applying makeup, at which time a very fine moisturizing makeup with sunscreen can be used. Water resistant makeup is not recommended because it is too difficult to remove without damaging the recently treated skin surface.

“And if there is a tendency of hyperpigmentation, we start after two weeks with a prophylaxis, which consists of a cream containing 4 percent hydroquinone in a cream base of alpha hydroxy acid,” she said.

Two to three weeks after the skin resurfacing, topical antioxidants, such as vitamin C, are applied to enhance the skin resurfacing results. A very high SPF sunscreen cream is recommended for at least three months.

Other recommendations include taking an antihistamine at night, keeping the head elevated with two or three pillows, and avoiding any strenuous activities.

Of course, I know in the United States, the patient doesn’t want to wait two weeks, so they can even put makeup on after one week. It’s up to them. I prefer to tell my patients to be careful and wait another week.”