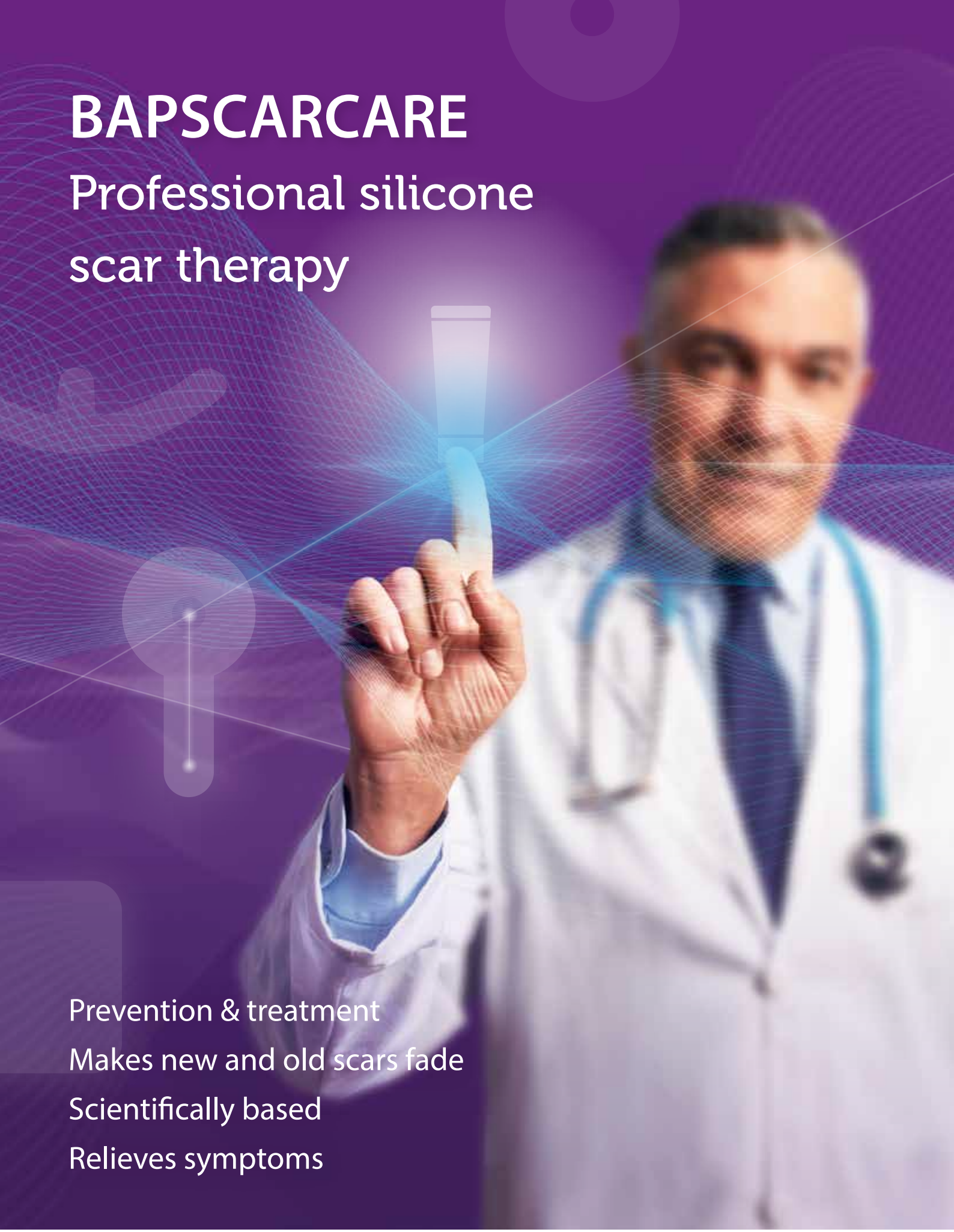
BAPSCARCARE

Professional silicone scar therapy



Prevention & treatment

Makes new and old scars fade

Scientifically based

Relieves symptoms

BAPSCARCARE Because every scar needs care

Because every scar needs care!

Table of contents

Scar-related symptoms often only appear after about six weeks - when the patient may no longer be in your care.

These symptoms can range from redness to itchiness, swelling, pain and tightness. It is therefore important that you – the healthcare provider – can advise your patient on treatment options early on.

Globally, silicone therapy is recognised as the 'Gold Standard' for the treatment of scars, including keloids and hypertrophic scars. This treatment method has been included in several international guidelines and recommended for its proven effectiveness.

Multiple clinical studies show that silicone therapy helps to improve appearance, reduce redness and relieve itchiness and pain. With early silicone therapy, healthcare providers can effectively treat scarring and prevent complications.

GOLD STANDARD
for the treatment of scars
According to the International Scar Management Guidelines

The skin

The skin is the largest organ of the human body and plays a vital role in protecting it from external influences. Besides providing a physical barrier, the skin also regulates hydration and helps maintain a stable moisture balance. A properly functioning barrier is essential for maintaining healthy skin and preventing various problems such as abnormal scarring.

A healthy skin barrier

The skin plays an important part in protecting the body from external challenges such as UV radiation, pollution and infections. It also acts as a barrier to prevent the excessive loss of moisture from the body.

The amount of water that leaves the body through the skin is known as transepidermal water loss (TEWL). Healthy skin has a stable TEWL level with the top layer consisting of approximately 30% water. This level is necessary for optimal skin functioning [1] (see Figure 1).

A damaged skin barrier

A damaged skin barrier increases transepidermal water loss (TEWL). This leads to dehydration of the epidermis which prevents the skin barrier from functioning properly. In turn, this prevents the skin from healing and protecting itself. The dehydration leads to symptoms such as itchiness, redness and dryness.

It also leads to an over-production of collagen, which results in the development of abnormal scars (see Figure 2). Recovery requires optimal epidermal hydration and barrier functioning [1].

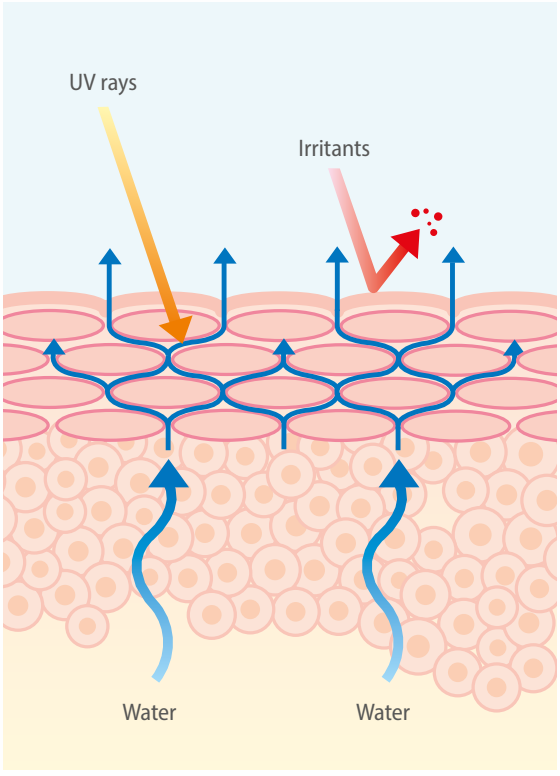


Figure 1: *Healthy skin barrier with a stable TEWL level [1].*

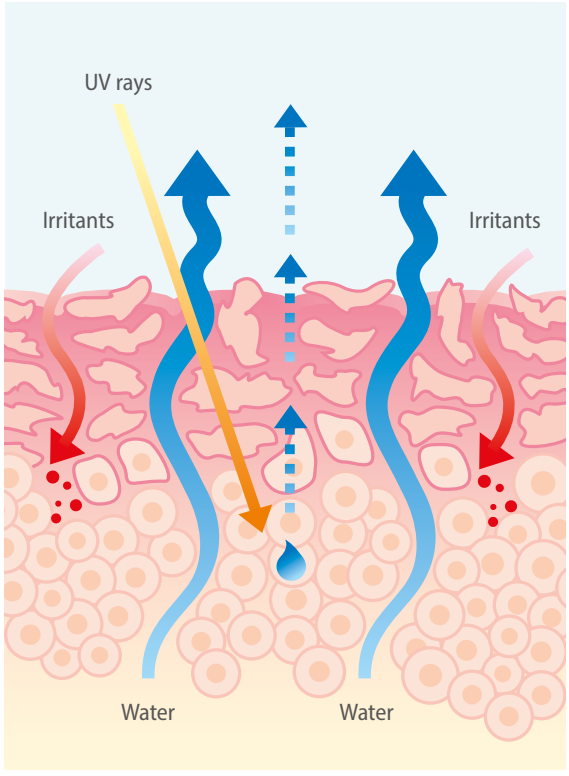


Figure 2: *Disrupted skin barrier with high TEWL [1].*

Scar development

The incidence of hypertrophic scars ranges from 40% to 70% after surgery and can be as high as 91% after burns [2]. Keloid formation has an incidence of up to 16% with a higher prevalence in people with darker skin [2]. Scar symptoms range from persistent redness, itchiness and pain to restriction of movement.

It is therefore crucial to be aware of these high incidence levels and the impact hypertrophic and keloid scars can have on a patient's quality of life.

A normal scar

A normal scar is usually thin, flat and flush with the surrounding skin. It does not cause itchiness or restriction of movement. The scar does not pull on the skin and usually slightly paler than the natural skin tone, making it barely noticeable [3-5] (see Figure 3).

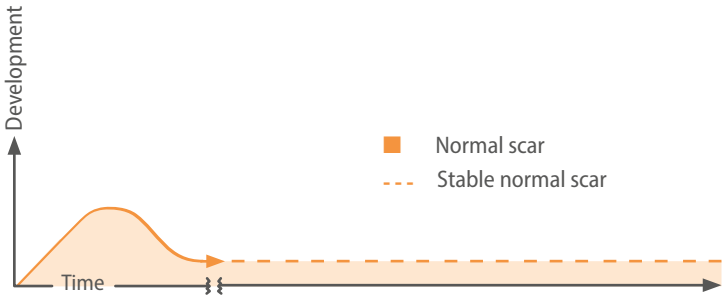


Figure 3: *Development of a normal scar [3].*

A hypertrophic scar

A hypertrophic scar is swollen and raised above the skin. The scar is often dry, pulls on the skin and is extremely itchy. 96% of hypertrophic scars develop within the first 3 months. 60% of patients still have a hypertrophic scar after 12 months. Not all hypertrophic scars eventually heal to a 'normal' scar [3-6] (see Figure 4).

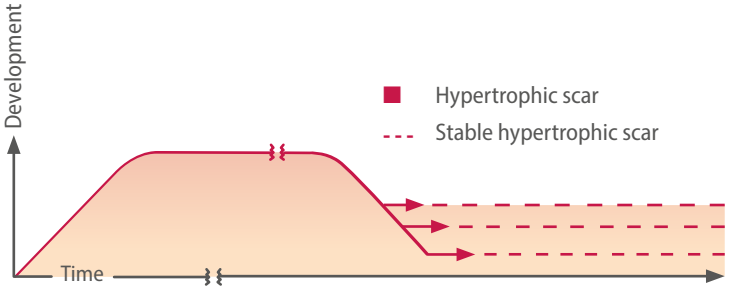
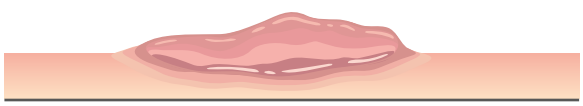


Figure 4: *Development of a hypertrophic scar [3].*

A keloid scar

A keloid scar grows outside the edges of the wound. The colour of the scar is bright red to purple and will become increasingly symptomatic. A keloid scar almost always develops progressively and treatment is always necessary [3-5] (see Figure 5).



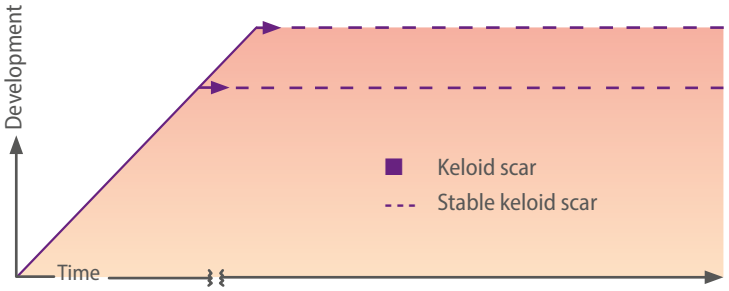
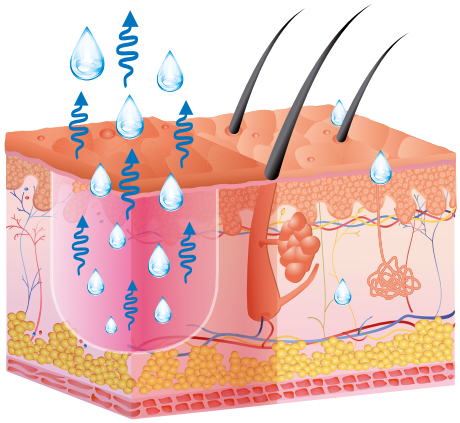


Figure 5: *Development of a keloid scar [3].*

What is silicone scar therapy

Professional silicone scar therapy improves scars by providing a semi-occlusive covering layer on top of the skin. This reduces transepidermal water loss and increases skin hydration. In turn, this inhibits collagen production and growth which prevents abnormal scarring, accelerates scar recovery and improves skin elasticity and blood flow. Silicone therapy also protects the scar and the surrounding skin [4].

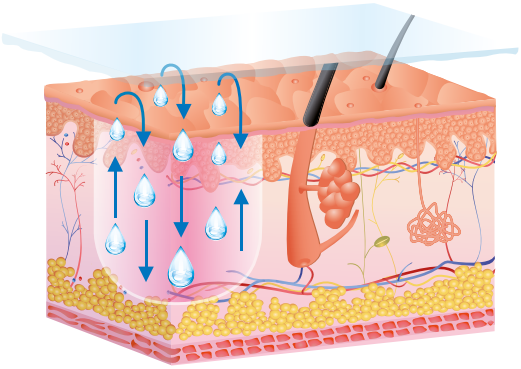


A scar that is not treated with silicone therapy

Excessive moisture loss from the scar causes persistent symptoms such as redness, dryness, itchiness and pain [2, 5, 7, 8].

Extra formation (swelling) due to overproduction of collagen, leading to an increased risk of a hypertrophic/keloid scar.

Normalisation of the scar is not guaranteed [2].



A scar that is treated with silicone therapy

Prevents moisture loss from the skin, making the scar less swollen/raised.

Stops the overproduction of collagen, reducing tension on the scar and making it less painful/smoother.

The scar heals faster and better, making it less red/noticeable.

Figure 6: *Damaged skin versus damaged skin treated with silicone therapy.*

The effect of silicone scar therapy?

Silicone scar therapy is applied to the scar and the surrounding skin as a protective layer. The occlusive effect reduces and normalises moisture loss which reduces itchiness, redness, dryness, swelling, volume, thickness and hardness of the scar.
This improves moisture balance which reduces scar symptoms and makes the scar more elastic and supple. According to International guidelines, silicone is the 'Gold Standard' when it comes to scar treatment [4, 5, 7, 8].

When to start silicone scar therapy?

Preventing an abnormal scar is easier than treating it. It is therefore vital to start the right therapy as soon as possible. The flowchart below (see Figure 7) shows practical guidelines based on a consensus protocol from various studies and research.

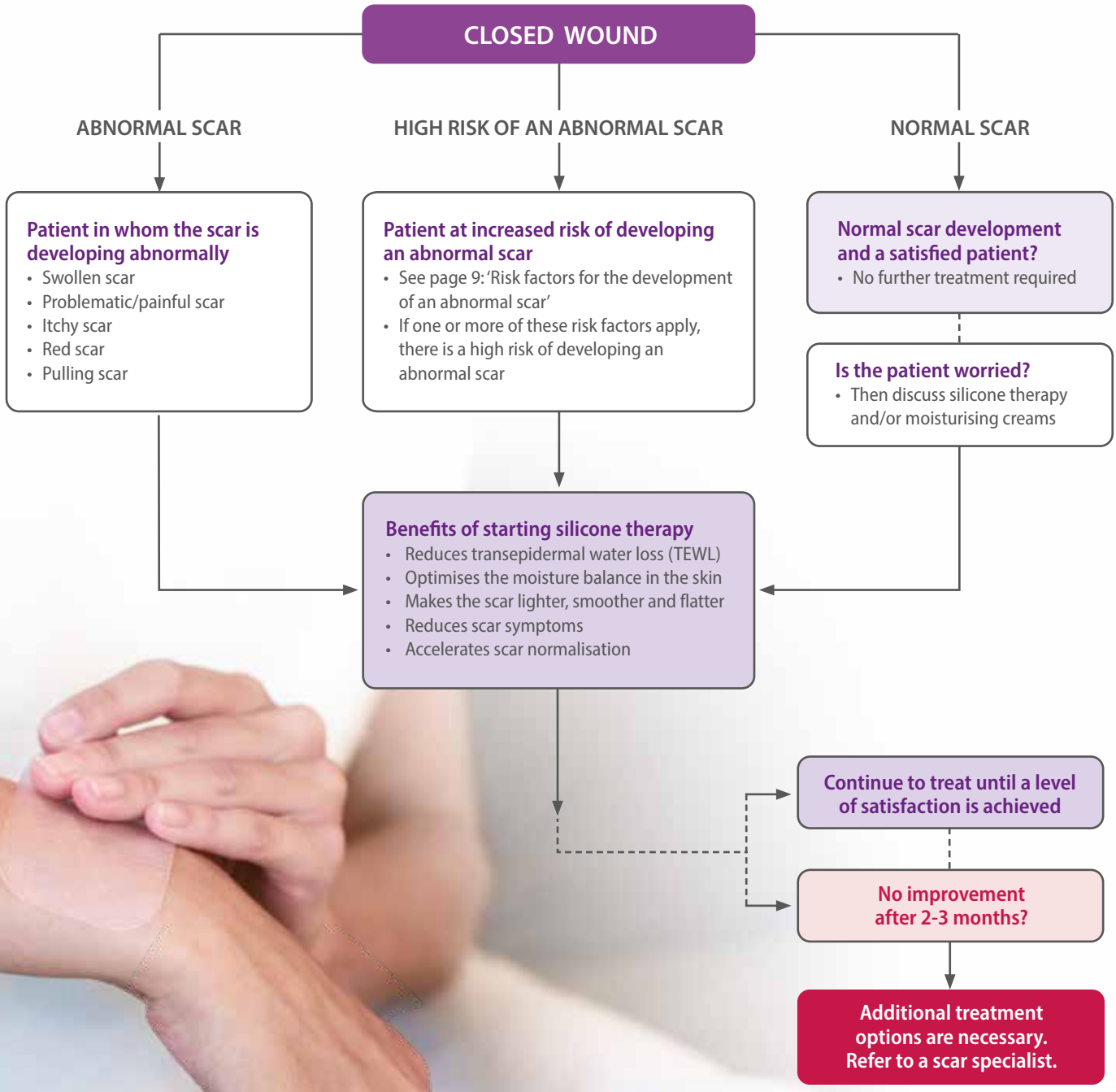


Figure 7: *Practical guidelines for the use of silicone therapy* [9].

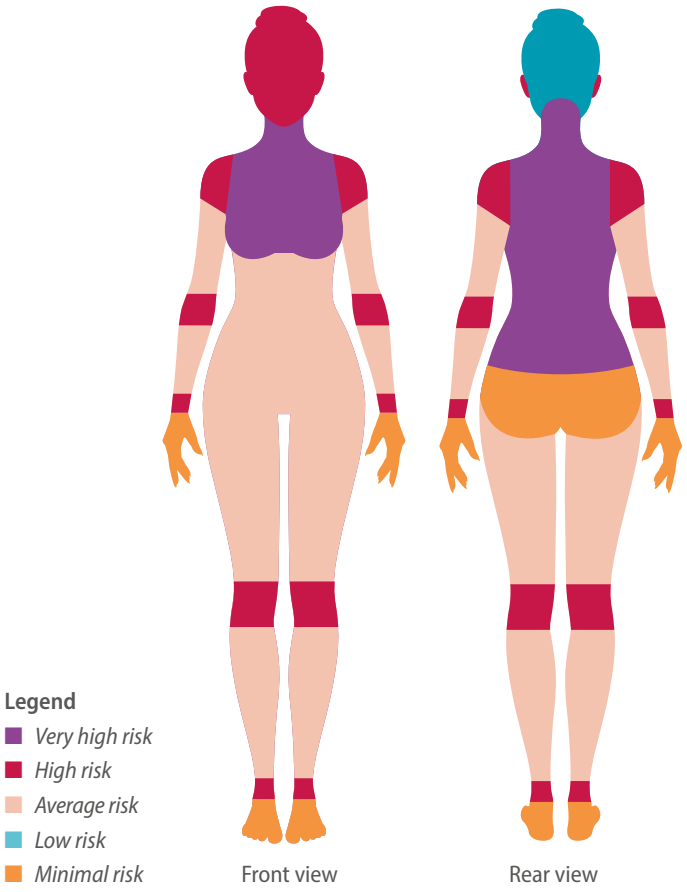


Figure 8: *Risk of abnormal scar formation on the body.*

Risk factors for the development of an abnormal scar

- **Severity of injury:** [4]
  The more severe the injury, the greater the likelihood of abnormal scarring.
- **Cause of skin damage:** [4]
  Surgery or burns affect scar development differently.
- **Speed of wound healing:** [4]
  Due to a longer inflammatory phase, slow healing can lead to more scarring.
- **Age:** [4]
  Younger people tend to have a higher collagen production which can lead to hypertrophic scars.
- **Genetic predisposition and skin colour:** [4]
  Some people are genetically at an increased risk of scar growth, for example those with darker skin.
- **Location of the scar:** [4]
  Scars in areas with a lot of movement such as joints may increasingly heal abnormally (see Figure 8).

Proven effect of silicone scar therapy

The International Scar Management Guidelines state that silicone scar therapy is: [4, 5, 7, 8]

- **Proven to be effective:**
  Globally, silicone therapy is the '*Gold Standard*' for scar treatment.
- **Evidence-based:**
  The recommended therapy in the guidelines.
- **The preferred treatment:**
  The preferred therapy for the treatment and prevention of abnormal scars.
- **Safe and user-friendly:**
  Easy to use and suitable for everyone.

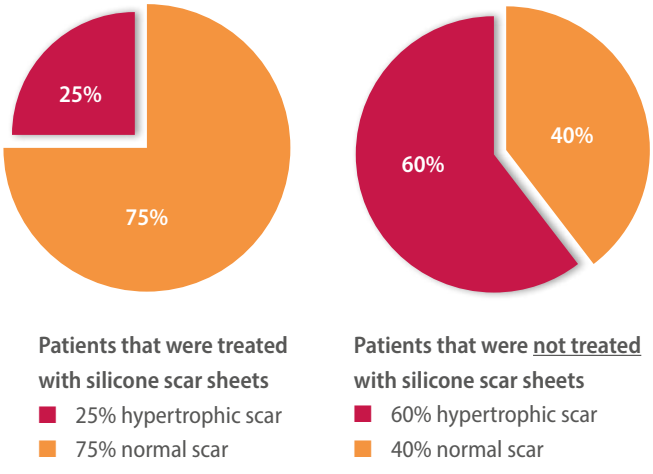


Figure 9: *This study compare hypertrophic scars in patients treated with silicone scar sheets for 2 months vs untreated scars at 6 month follow up* [4].

Product range

BAPSCARCARE GEL
Silky smooth and instantly dry

- For small scars
- For scars on the face/neck
- Suitable for wearing under make-up and camouflage
- Also available with high UV protection

Scar gel
7 g | 1 tube

Scar gel
20 g | 1 tube

Scar gel with SPF 40
10 g | 1 tube

BAPSCARCARE T
Discreet and thin

- Rectangular sizes
- Self adhesive power
- Flexible for skin folds and joints
- Disposable (no washing required)
- Comfortable and fully transparent
- Can be cut to size
- 5 - 7 days of therapy per sheet

5 x 7 cm
10 pieces

10 x 15 cm
10 pieces

5 x 30 cm
10 pieces

BAPSCARCARE S
Thick silicone sheets

- Range of shapes and sizes
- Easily washable
- Comfortable and fully transparent
- Can be cut to size
- 4 - 8 weeks of therapy per box
- For larger scars

Mastopexy
4 x 30 cm | 4 pieces (2 pairs)

Breast
4 x 30 cm | 4 pieces (2 pairs)

Nipple
Ø 10 cm
4 pieces (2 pairs)

Keyhole
10 x 18 cm
4 pieces (2 pairs)

Abdominal
4 x 40 cm | 2 pieces (1 pair)

5 x 20 cm
2 pieces

10 x 15 cm
2 pieces

15 x 20 cm
2 pieces

BAPSCARCARE S sheets are also available in larger sizes. These sheets are great for treating burns and large scars.
By cutting them to size, they can easily be adapted to the specific needs of the patient.

BAPSCARCARE silicone scar therapy

BAPSCARCARE medical silicone scar therapy is available as a silicone sheet or gel. Both the sheet and gel reduce scar symptoms, visibility and promote healing.

Silicone scar gel

The silicone gel is perfect for small scars on visible body parts such as the face and neck. The gel is not sticky and it is easy to wear under make-up and camouflage.

Silicone scar gel with high UV protection

In addition to silicone scar gel, we also offer a scar gel with high UV protection (SPF 40). Scars are sensitive to the sun and have an increased risk of permanent discolouration and skin cancer from UV radiation for up to a year after wound closure. On hard-to-cover areas (such as the neck, face and hands), it is important to properly protect the damaged skin.

Silicone scar sheets

Silicone sheets are completely transparent and are often recommended for larger scars on non-visible body parts under pressure clothing.

Literature reference

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8) Meaume S, et al. *Management of scars: updated practical guideline and use of silicones.* European Journal of Dermatology (2014) 24(4): 435-43.
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Case: Surgical intervention

1. Case study description

BSC60-001

Patient age	29 years
Gender	Female
Cause	Scar resection after former thyroidectomy
Why scar treatment	Increased risk of scar hypertrophy
Start scar treatment	10 days post surgery
Therapy	1 year BAPSCARCARE T in combination with BAPSCARCARE gel

2. Evolution of the scar

10 days post operative

follow-up 1 month

follow-up 2 months

follow-up 3 months

follow-up 4 months

follow-up 14 months

3. Conclusion medical team

- Start therapy: immediately after removal of sutures due to increased risk of scar hypertrophy.
- No side effects of silicone scar therapy.
- Easy to apply.

4. Patient experience

- The silicone sheet sticks well.
- The silicone gel is easy to apply and does not feel sticky.
- The silicone gel is discreet and invisible.
- Very pleased with the final result.

Case study: University Hospital of Ghent, department of Plastic and Reconstructive Surgery, Belgium

Case: Surgical intervention

1. Case study description

BSC60-002

Patient age	55 years
Gender	Male
Cause	Surgery of the abdomen, ordinary cholecystectomy
Why scar treatment	High risk for problematic scar development due to complications during wound healing
Start scar treatment	1 month post surgery
Therapy	1 month BAPSCARCARE T and then 5 months BAPSCARCARE gel

2. Evolution of the scar

1 month after surgery, starting with BAPSCARCARE T

2 months after surgery, starting with BAPSCARCARE gel

4 months after surgery

End of study, 6 months after start therapy

3. Conclusion medical team

- Cutaneous crease formation significantly reduced over time.
- Reduced swelling and improved skin pliability.
- Combining silicone sheet with silicone gel resulted in higher therapy compliance.

4. Patient experience

- Improvement overall appearance of the scar.
- Both BAPSCARCARE T and BAPSCARCARE gel are easy to apply. Mild erythema and little itchiness during application.
- tchiness disappeared immediately after continuing silicone therapy with BAPSCARCARE gel. The gel is invisible and not sticky.

Case study: Prof. C.M. Durante MD, Instituto Estetico Italiano and G. Ciprandi, MD, PHD, Ospedale Pediatrico Bambino Gesù, Roma, Italy

Case: Keloid scar after road trauma

1. Case study description

BSC60-003

Patient age	38 years
Gender	Female
Cause	Soft tissue loss on the right external malleolus after accident
Why scar treatment	Keloid scar
Start scar treatment	3 months after accident
Therapy	7 months BSC T (during the night) in combination with BSC gel (during daytime)

2. Evolution of the scar

3 months after accident, start therapy 2 months after start therapy

2 months after start therapy

3 months after start therapy

Further treatment with BAPSCARCARE gel and sheets (T)

3. Conclusion medical team

- Significantly reduced swelling.
- Improved vascularisation.
- Improved skin pliability.

4. Patient experience

- Improvement overall appearance of the scar.
- Both BAPSCARCARE T and BAPSCARCARE gel are easy to apply. The gel is invisible and not sticky.
- Chose to use the gel during the day due to sweating (fitness instructor).

Case study: Prof. C.M. Durante MD, Instituto Estetico Italiano and G. Ciprandi, MD, PHD, Ospedale Pediatrico Bambino Gesù, Roma, Italy

Case: Surgical intervention

1. Case study description

BSC60-004

Patient age	38 years
Gender	Female
Cause	Multiple fractures of the right forearm, surgery to ensure realignment (plates)
Why scar treatment	Early stage hypertrophic scar development
Start scar treatment	7 weeks post surgery
Therapy	4 months BAPSCARCARE T in combination with BAPSCARCARE gel

2. Evolution of the scar

Anterior view: 7 weeks after surgery, starting therapy

Anterior view: 4 months after starting therapy

Posterior view: 7 weeks after surgery, starting therapy

Posterior view: 4 months after starting therapy

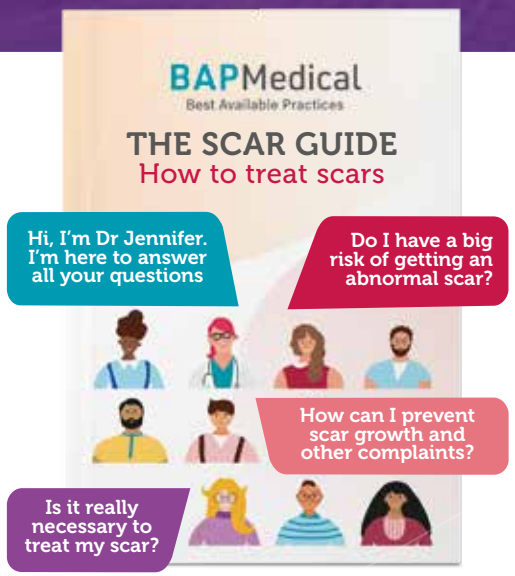
3. Conclusion medical team

- Significantly reduced vascularisation (less redness) and reduced pigmentation.
- Reduced scar thickness and improved skin flexibility.
- Combining silicone sheet with silicone gel resulted in higher therapy compliance.
- Advice: continue therapy.

4. Patient experience

- Improvement overall appearance of the scar.
- Both BAPSCARCARE T and BAPSCARCARE gel are easy to use.

Case study: Prof. C.M. Durante MD, Instituto Estetico Italiano and G. Ciprandi, MD, PHD, Ospedale Pediatrico Bambino Gesù, Roma, Italy



Request more scar information for your patients

The Scar Guide was created in collaboration with medical professionals. It offers clear and practical advice on how to prevent and treat hypertrophic and keloid scars. The earlier your patients start scar treatment, the better the results.

It's free – just scan the QR code
Make sure your patients receive their copy as soon as possible.

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BAP Medical B.V., Laan van Westenenk 64, NL-7336 AZ Apeldoorn, Tel.: +31 (0)55 355 25 80, info@bap-medical.com, bap-medical.com

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