Guidance on the use of Kelocote®, Pro-Sil®, Cica-Care®, Advasil Conform®, Mepiform® in the treatment of Hypertrophic Scars

Kelo-cote®, Pro-Sil,™Mepiform®, Advasil Conform® and Cica-care® are topical silicone products used for the management of scars resulting from trauma, burns and surgery. They improve and reduce the appearance of scars, soften, flatten and reduce associated discolouration, pain and itchiness.

Following application, Kelo-cote® and Pro-Sil™ dry to form a sheet which is gas permeable, flexible and waterproof. Mepiform®, Advasil Conform® and Cica-care® are self adhesive gel sheet products. They all form a bond with the outer layer of the skin creating an environment which promotes maturation of the scar through normal collagen synthesis cycles improving the physiological and cosmetic appearance of the scar. It is recommended that a thin layer of Kelo-cote® or Pro-Sil™ is applied twice daily. The sheet gels are worn for long periods as tolerated or practical.

Occupational Therapists select the most appropriate gel product according to the location, size and severity of a scar. Scars on the face, ears and neck are highly visible and a topical cream silicone such as Kelo-cote® or Pro-Sil™ would be selected for these areas. Harder thicker scars on other larger areas can be treated with a silicone gel sheeting such as Mepiform®, Advasil Conform® or Cica-care®. Mepiform® is self-adhesive, thin and flexible. Cica-care® and Advasil Conform® is thicker, may require securing in place with adhesive tape and is effective on very raised, dense hard scars.

The use of silicones is supplemented with additional scar management treatments such as pressure therapy with lycra pressure garments, massage with cream, stretches, exercises and the use of moist heat to promote extensibility of the scar tissue to optimise range of movement. In complex scar management cases such as burn injuries, a combination of silicones may be indicated.

Specific Criteria for Use

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<tr>
<th>Included</th>
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<tr>
<td>Scars less than 2 years old</td>
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<tr>
<td>Wound completely healed</td>
<td>Scars where itch is the only symptom, and are otherwise flat, soft and pale</td>
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<td>Hypertrophic scars i.e. raised, red, lumpy, hard, tight, immobile</td>
<td>Consider prescribing Gabopentin in accordance with Midland Burn Care Network Pain Guideline.¹</td>
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<td>Patients of all ages</td>
<td>Patients who are dissatisfied with the appearance of their scars but the scar is mature. Consider referral to Changing Faces Cosmetic Camouflage service.²</td>
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<tr>
<td>Keloid Scars</td>
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Secondary Care clinicians (Plastic Surgeons and Occupational Therapists) will initiate the topical silicone product and will ensure that they undertake the following:

1. Diagnosis of condition and ensuring other treatment options have been fully explored
2. Specific patient selection
3. Initiation of treatment, advising general practitioner (GP) on treatment plan, responding to any GP queries, providing advice during the treatment period to ensure that the patient has optimal outcome
4. Monitoring for evidence of progress, reporting on adverse reactions to silicone products and taking appropriate action to resolve these
5. Liaison with the general practitioner (GP) to share the patient’s care when an effective silicone treatment is achieved and benefit has been established
6. Monitoring by Occupational Therapists will be at a frequency dependent on individual progress and arranged by the therapist. Time between reviews will be no more than 3 months.
7. The Occupational Therapists will communicate with the GP when therapy may be reduced and stopped once the scar is mature at approximately 18 months to 2 years after wound healing.
8. Responding to issues raised by GP once care of patient has been transferred back to GP
9. Advising GP on related issues such as skin sensitivity to silicones, itch, colour, pigment changes, care of skin grafts, sensation or hypersensitivity.

When prescribing these products after recommendation by primary care the GP will

1. Monitoring the patient’s overall health and well being
2. Prescription of silicones after initiation by secondary care
3. Ensuring advice is sought from the secondary care clinician if there are any concerns about any aspects of the patient’s scar
4. Reducing/stopping treatment in line with secondary care clinician’s request
Further advice and support - this information is not inclusive of all prescribing information

Main contacts
Liz Rose Clinical Specialist OT Hand Therapy/Upper Limb – prepared this document
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Telephone 0116 2586826 or 2585204
Fax 0116 2586823

Additional Contact Information
¹ Guidelines for the management of itch
http://www.midlandsburnnetwork.nhs.uk/Library/MidlandsBurnODNAnalgesiaGuideline102014v3.pdf
² Refer for Cosmetic Camouflage on-line. Self-referral also available for patients
https://www.changingfaces.org.uk/Skin-Camouflage/Refer-a-patient

Other sources of information
Summary of product characteristics via electronic Medicines Compendium (eMC)
British National Formulary via www.medicinescomplete.com
Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk
**Additional information regarding individual products**

**Kelo-cote® Kelo-cote® (ABT Healthcare)**
Silicone gel, 15 g = £17.88, 60 g = £51.00  
Silicone spray, 100 ml = £51.00

**Mepiform® Mepiform® (Mölnlycke)**
Self-adhesive silicone gel sheet with polyurethane film backing, 5 cm × 7 cm = £3.42, 9 cm × 18 cm = £13.37, 4 cm × 31 cm = £10.80

**Cica-care® Cica-Care® (S&N Hlth.)**
Soft, self-adhesive, semi-occlusive silicone gel sheet with backing. 6 cm × 12 cm = £14.57; 15 cm × 12 cm = £28.40 10cm x 10cm = £7.50

**Pro-Sil™ (Amred Healthcare)**
17g tube £15.00

**Advasil Conform® (Advancis Medical)**
10x10cm sheet £5.20  
10x15cm sheet £9.17

Prices Correct on 07.04.15

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<thead>
<tr>
<th>Version</th>
<th>Section</th>
<th>Description of amendments</th>
<th>Date</th>
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<tbody>
<tr>
<td>1.1</td>
<td></td>
<td>Update to products included</td>
<td>June 2015</td>
<td>Liz Rose, Clinical Specialist OT Hand Therapy/Upper Limb</td>
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<td>1.2</td>
<td></td>
<td>Amended so it is no longer an SCA but a guidance document as agreed at LMSG on 4th August as there are no ongoing blood monitoring requirements</td>
<td>August 2015</td>
<td>Dolly Sud, Acting interface pharmacist and Liz Rose, Clinical Specialist OT Hand Therapy/Upper Limb</td>
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