CENTRE DE REEDUCATION ET READAPTATION FONCTIONNELLE

HOPITAL LEON BERARD

**BECAUSE OF VISIBILITY, FACIAL BURNS<sup>2</sup>** (21.9 % OF TOTAL BURN CASES) ARE INCAPACITATING. **CONSEQUENCES ARE AS FUNCTIONAL AS AESTHETIC WITH A PSYCHOLOGICAL IMPACT. PRESSURE THERAPY IS BASED ON HARD TRANSPARENT FACE MASK CCM 23H/24 TO REDUCE** HYPERTROPHIC SCAR AND SKIN RETRACTION. DUE TO A POOR PATIENT COMFORT LEVEL, THE USE OF HARD **TRANSPARENT FACE MASK LEAD TO A LOW COMPLIANCE.** 

### **MEDIGEL FACE MASK IS PROPOSED ON NIGHT USE COMBINE TO HARD FACE MASK ON DAY USE TO IMPROVE PATIENT COMPLIANCE.**

SCAR MANAGEMENT GE			
INDICATIONS	DEEP OR SUPERFICIAL S MANAGEMENT		
EFFECT:	Stratu		
<b>IMPROVE SCAR</b>	Red		
	REDU		
QUALITY	FL		

- **RETROSPECTIVE STUDY**
- **BURNS.**

15 PATIENT INCLUSION

**OBJECTIVE** : EVALUATION OF PATIENT'S OVERALL COMPLIANCE AND SECONDARY EFFECTS DUE TO **USE OF GEL FACE MASK** 

**METHODS :** Use of a daytime hard face mask and nighttime gel face mask

PARAMETERS	<b>RESULTS N=15</b>	N=15	COMPLIANCE	Tolérance
AGE	42			
Sex	5 MALES /10 FEMALES		10	10
<b>AVERAGE TBSA</b>	38.5 % >50 % => n=7 < 3% => n=3	VERY SATISFYING / NO ALLERGY		
Appareillage	11 EARLY PHASE APRES EXCISION GREFFE 4 RECONSTRUCTIVE PHASE	Satisfying/ Allergy	4	4
TIME	2.3 MONTH AFTER BURN 19 days after surgery	EQUIPMENT REFUSAL	1	1

# **USE OF GEL FACEMASK : ADDITION TO COMPRESSION INTO FACE SCAR MANAGEMENT** MT. DIAS GARSON, ERG; V. CHAUVINEAU-MORTELETTE, MD; MN. BARTHOLOMEI, PHARMD, M.SC; P. QUERUEL, MD. HÔPITAL LÉON BÉRARD, CS 10121, 83400, HYERES, FRANCE

## INTRODUCTION

# (MEDIGEL Z/SILICONE)

SCAR PREVENTION DURING INFLAMMATORY PHASE

**TREATING EXISTING SCAR** 

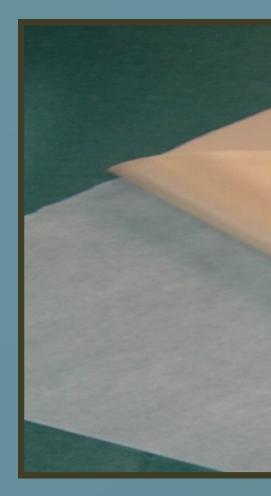
**UM CORNEUM HYDRATION INCREASE** 

**DUCTION OF CAPILLARY ACTIVITY** 

**CTION OF COLLAGEN PRODUCTION** 

LATTEN AND WHITEN THE SCAR

LEON BERARD HOSPITAL BURN REHABILITATION UNIT HOSPITALIZED PATIENTS BETWEEN 2013 AND 2015 WI



SECONDARY

EFFECTS

14

			GEL FACE N		
	Manufacturing		FROM A MEI		
	MEASU	JREMENTS ARE	DIRECTL		
		TAKEN	FROM A PO		
	Type of facemask		ADAF => CERVICAL/ SUPI		
	F	IRST USE	AFTER		
	Τι	ME OF USE	<b>10 то 12 ноикs а</b>		
	GEL DISADVANTAGE		Intol		
			NEED C		
	FACE MASK MUST BE RENEWED				
			USE OF		
	ADVANTAGES				
ITH FACIAL		Ease of production and u			
	PATIENT COMFORT				
		IMPROV	E PATIENT'S COMPLIA		
	PR		<b>ODUCT DURABILITY</b>		

THE EFFICIENCY OF THIS METHOD IS LINKED TO THE USE OF TWO KIND OF FACE MASK : => HARD TRANSPARENT FACE MASK + GEL FACE MASK.

Use of gel facemask enable une amélioration de l'état cutané

- $\Rightarrow$  A BETTER SKIN QUALITY
- $\Rightarrow$  **IMPROVE NIGHTTIME PATIENT COMFORT**
- $\Rightarrow$  **IMPROVE PATIENT COMPLIANCE.**

• Van den Kerckhove et al. (2001). Silicones in the Rehabilitation of Burns: Review and Overview, Burns, 27, 205-214. • Mustoe TA, Cooter RD, Gold MH et al. International clinical recommendations on scar management. JPRS, 2002, 110: 560-71. • O'Brien L, Silicon gel sheeting for preventing and treating hypertrophic and keloid scar. The Cochrane Database of Systematic Re*views, 2006 Issue1.* 

# IASK

DIGEL Z ® FABRIC SHEET

30 minutes

**Y FROM THE PATIENT** 

**DLYURETHANE POSITIVE** 

PTED TO DECEASE **ERIOR PART OF THE FACE / FACE AND NECK** 

**R WOUND CLOSURE** 

**DAY DURING SEVERAL MONTHS** 

LERANCE (ALLERGY)

**DF PREFECT HYGIENE** 

### EVERY 2 TO 3 MONTHS

# **GEL FACE MASK**

	<b>DISADVANTAGE :</b>		
USE	<b>APPLICATION LIMITED TO SOME AREAS</b>		
ANCE	<b>Need of perfect hygiene</b>		

## REFERENCES

