


# Strataderm gel for professional scar therapy

Strataderm<sup>®</sup>  
scar therapy gel



For convenient, effective  
scar management and  
abnormal scar prevention

# The impact of abnormal scarring

## Scars are among the most common and frustrating problems after injury<sup>1</sup>

Abnormal scars can cause unpleasant symptoms and be aesthetically distressing, disfiguring and psychosocially and functionally disabling.<sup>2</sup> They often cause:<sup>2</sup>



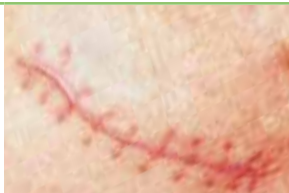





- Severe itching, tenderness and pain
- Disruption of daily activities
- Sleep disturbance, anxiety, depression
- Post-traumatic stress reactions
- Loss of self-esteem, stigmatisation
- Diminished quality of life

Psychological effects of scarring are not related to the severity of the scar.<sup>3</sup>

# Current scar therapy options

Invasive	Non-invasive	Other treatments (no medical evidence)
Surgery	Silicone gel (e.g. Strataderm)	Topical vitamin E cream (and other moisturizers)
Injected steroids	Pressure/compression therapy	Plant extract creams
Radiation therapy	Topical steroids	Oils and lotions
Cryotherapy	Counselling	Massage therapy
Laser therapy	Polyurethane patches	Camouflage and make-up
Dermabrasion	Acrylic casts	No treatment

## International clinical recommendations for scar management<sup>4</sup>

Scar type				
	<b>Abnormal scar prevention</b>	<b>Atrophic</b>	<b>Immature</b>	<b>Linear hypertrophic</b>
<b>Recommended clinical treatment<sup>4,5</sup></b>	If patient has a history of abnormal scarring or is concerned, silicone should be considered as first-line prophylaxis		If erythema persists > 1 month then treat with silicone	Silicone should be the first-line therapy
Scar type				
	<b>Widespread stretched</b>	<b>Widespread burn hypertrophic</b>	<b>Minor keloids</b>	<b>Major keloids</b>
<b>Recommended clinical treatment<sup>4,5</sup></b>	Surgical excision and prophylaxis (physical support, steroids and/or silicone)	Silicone combined with pressure garments	Silicone combined with intralesional steroids	Referral to clinicians with a special interest in keloids

Silicone gel is the only non-invasive option for which evidence based recommendations have been made.<sup>4</sup>

# Silicone – recommended first-line therapy

## Established therapy

### **2002 international clinical recommendations on scar management**<sup>4</sup>

Based on a meta-analysis involving 27 trials and results from 8 randomised controlled trials, silicone gel has been proven safe and effective for hypertrophic scars and keloids.<sup>4</sup>

### **Silicone is recommended as first-line therapy in the treatment of**<sup>4</sup>

- Linear hypertrophic scars
- Keloids
- Widespread burn hypertrophic scars

## Proven efficacy as monotherapy and in combination therapy

**Silicon gel has been shown to be effective when used in combination with**<sup>4,6,7,8</sup>

- Pressure
- Intralesional steroid injections
- Radiotherapy
- Scar revision (corrective surgery)
- Laser therapy

# Strataderm – the next generation silicone gel – applied from a tube



Silicone gel sheeting has been used successfully for more than 30 years in scar management to improve the signs and symptoms of existing scars as well as to prevent the development of abnormal scars.<sup>2</sup>

Recent clinical trials and clinical experience have now shown, that self-drying silicone gels applied from a tube (like Strataderm) **show the same efficacy and the same excellent results** in scar treatment and the prevention of abnormal scar formation as traditional silicone gel sheeting – but are **much easier to use** and do not show the same limitations in their usage.<sup>9</sup>

Strataderm has been developed using new silicone technology that does not use SiO<sub>2</sub> (sand or glass) to aid in drying.

## How Strataderm works



### Hydration

- Strataderm is semi-occlusive, which allows the skin to breathe and remain hydrated<sup>9</sup>
- Strataderm restores the barrier function of the stratum corneum and reduces Trans-Epidermal Water Loss (TEWL)<sup>9</sup>
- **Better hydration helps to achieve a softer, smoother and flatter scar<sup>9</sup>**



### Protection

- Strataderm forms a durable, flexible and waterproof sheet. It does not penetrate into the epidermis or dermis<sup>10</sup>
- Strataderm protects the scarred site from microbial and chemical invasion
- **The protected environment helps to normalise the level of collagen production**



### Modulation

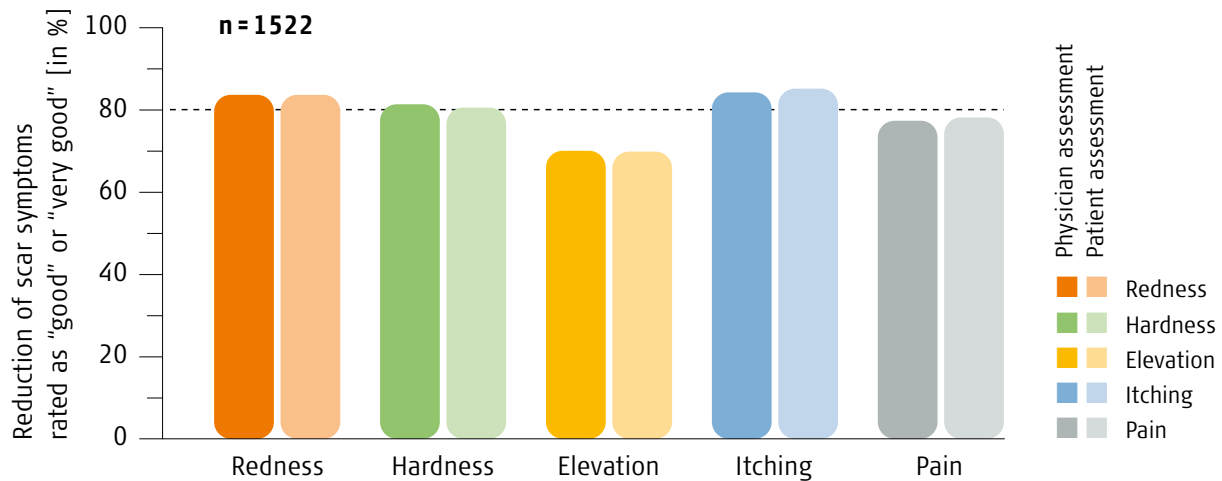
- Abnormal scar formation is associated with an abnormal proliferation of fibroblasts<sup>11</sup>
- It's suggested that silicone gel (like Strataderm) treats and prevents hypertrophic scar tissue, which contains histologically normal fibroblasts, by modulating expression of growth factors such as bFGF<sup>11</sup>
- **Correcting a deficiency or overabundance of growth factors that orchestrate the tissue repair process has a favorable influence on wound healing and scar formation<sup>11</sup>**

**Strataderm flattens, softens and smoothes scars and reduces pain, itching and discoloration.**

# Strataderm - clinically proven

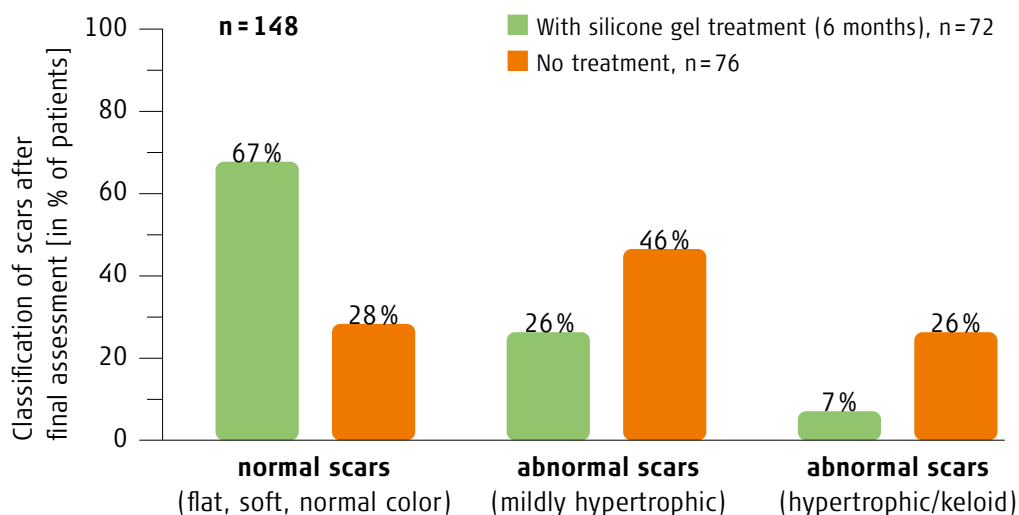
## Efficacy of self-drying silicone gel, measured by the reduction of scar symptoms<sup>12</sup>

rated as "good" or "very good" by physicians and patients



The overall efficacy was rated as "good" or "very good" by 82.6% of all physicians and by 81.4% of all patients.<sup>12</sup>

## Efficacy of self-drying silicone gel, used on fresh post-surgical scars vs. no treatment<sup>13</sup>



# Strataderm - resolving the frustrating symptoms of abnormal scars

## Case study #2

**Classification:** linear hypertrophic scar after surgery (nevis extraction); **Location:** chest; **Dimensions:** 25 mm length; **Age of scars before treatment:** 14 months

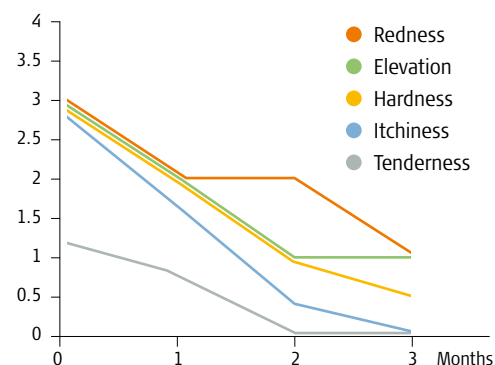


Before treatment

After 2 months treatment

Left scar remained untreated, right scar treated for 2 months

3 months treatment



## Case study #3

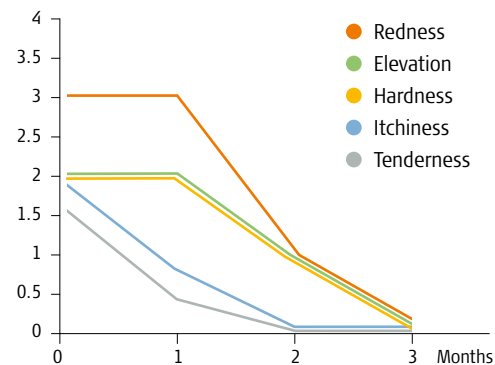
**Classification:** linear hypertrophic scar after trauma; **Location:** head; **Dimensions:** 45 mm length; **Age of scar before treatment:** 2 weeks



Before treatment

After 3 months treatment

3 months treatment



## Case study #4

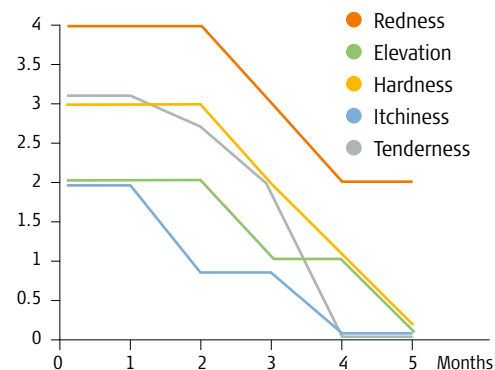
**Classification:** hypertrophic scar after surgery; **Location:** knee; **Dimensions:** 5 mm length; **Age of scars before treatment:** 13 months



After 1 month treatment

After 5 months treatment

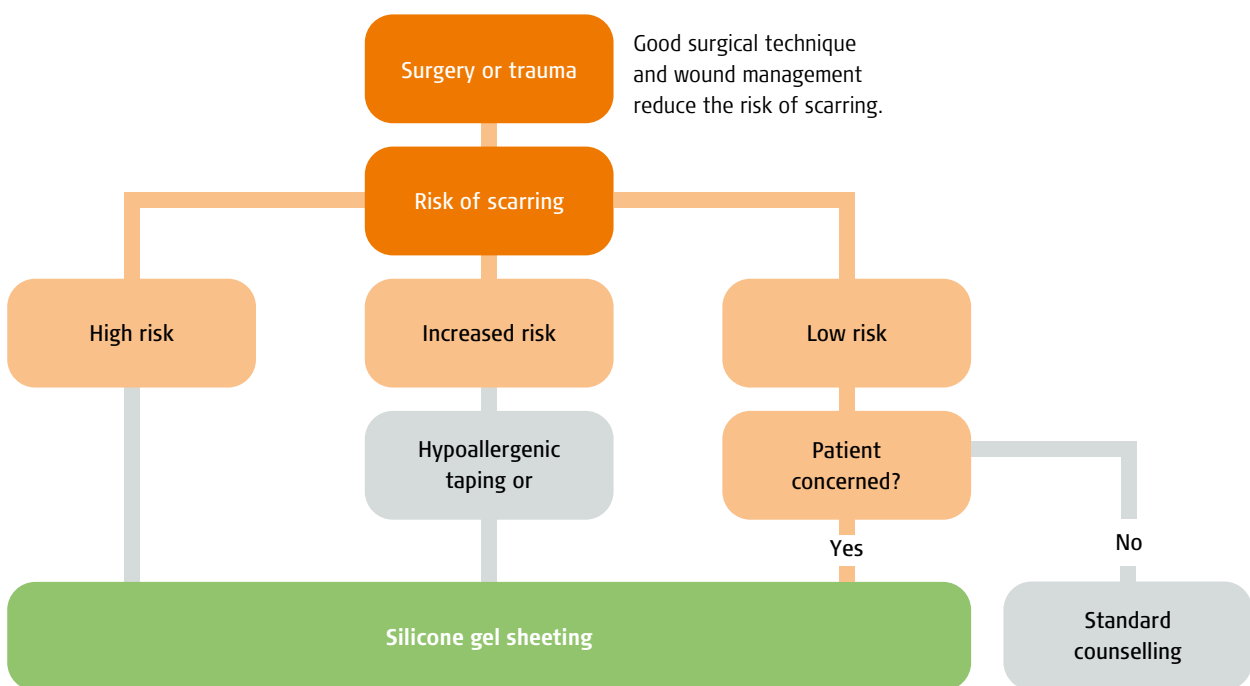
5 months treatment



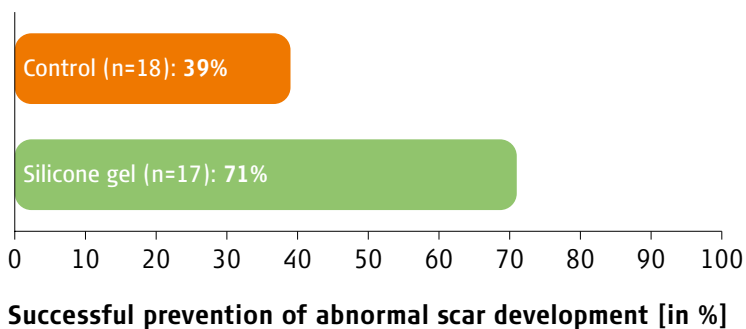
# Strataderm – prevention of abnormal scarring

In scar prevention “special attention should be given to high risk patients ... who have previously suffered abnormal scarring.”<sup>4</sup>

## Prevention of surgical/trauma scarring<sup>4</sup>



## Silicone is effective for scar prevention in high risk groups<sup>14</sup>



The study determined whether silicone can be used to prevent abnormal scarring with patients undergoing dermatologic skin surgery **with a history of abnormal scarring**.

Silicone should be routinely considered to prevent abnormal scarring – especially in susceptible individuals.<sup>14</sup>



# Strataderm – effective for scar prevention in high risk patients

## Age<sup>3</sup>

- Older people show slower wound closure and slower wound healing
- Children and young adults are prone to vigorous scarring



## Skin type, genetic factors<sup>3</sup>

- People with skin types I/II (white, fair, freckles) and V/VI (dark brown, black)<sup>15</sup>
- Previous pathological scarring or family history



## Location

- Scars that cross joints, skin creases or large muscle groups are likely to form abnormal scars<sup>8</sup>
- Caesarean sections
- Chest or breast surgery



## Hormonal influences<sup>5</sup>

- Scars have a tendency to enlarge during pregnancy and puberty



# Strataderm – safe and easy to use

## Safe

- Silicone is inert<sup>1</sup> and does not penetrate into the dermis<sup>10</sup>
- Strataderm is suitable for children or people with sensitive skin
- Strataderm is safe to use on infants, during pregnancy and whilst breastfeeding
- No adverse events have been reported

## Easy and convenient to use

- Designed for use at home
- Rapidly drying
- Non-sticky
- Transparent, odorless
- Waterproof
- Once dry, Strataderm can be covered by sunscreen, cosmetics, pressure garments or casts

## Preferred by physicians and patients

- Direct contact of silicone with the scar allows for 24/7 contact time
- Ideal for any irregular skin or scar surfaces, the face, moving parts (joints, flexures) and any size of scar
- Can be used on visible skin, not covered by clothing e.g. face
- Make-up can be used over Strataderm, to camouflage the scar
- Can be used on hairy skin areas

A woman with dark hair is shown from the side, applying a white cream to her right shoulder. She is looking down at the application. The background is plain white.

## How to use

- Ensure that the scar is clean and dry
- Apply a very thin layer of Strataderm to the scar and allow to dry
- When applied correctly, Strataderm should be dry in 3–4 minutes
- Once dry, Strataderm can be covered by sun screen, cosmetics, pressure garments or casts
- Once per day application\*

\*twice daily to exposed areas

# Strataderm®

scar therapy gel

## For old and new scars

- Softens and flattens raised scars
- Relieves itching and discomfort of scars
- Reduces redness and discoloration
- Prevents abnormal and excessive scar formation



[www.strataderm.com](http://www.strataderm.com)

Strataderm is available in 5g, 10g, 20g and 50g tubes.

#### References:

1. Atiyeh BS. *Aesth Plast Surg* 2007; 31:468-492
2. Bayat A et al. *BMJ* 2003; 326:88-92
3. Bayat A et al. *Br J Hospital Medicine* 2006; 67(8):634-639
4. Mustoe TA et al. *Plast Reconstr Surg* 2002; 110:560-571
5. Brissett AE et al. *Facial Plastic Surgery* 2001; 4:263-271
6. Toboła et al. *Dermatologia Estetyczna* 2004; 6(35):323-328
7. Mutalik S. *Indian J Dermatol Venereol Leprol* 2005; 71:3-8
8. English RS et al. *Dermatol Surg* 1999; 25:631-638
9. Mustoe TA. *Aesth Plast Surg* 2008; 32:82-92
10. Fulton JE. *Dermatol Surg* 1995; 21:947-951
11. Hanasono MM et al. *Arch Facial Plast Surg* 2004; 6:88-93
12. Sepehrmanesh M. *Komp Dermatologie* 2006; 1:30-32
13. Signorini M et al. *Aesth Plast Surg* 2007; 31:183-187
14. Gold MH et al. *Dermatol Surg* 2001; 27:641-644
15. Fitzpatrick TB. *J Med Esthet* 1975; 2:33-34

Strataderm is manufactured and distributed by Stratpharma AG, CH-4051 Basel, Switzerland

 **Stratpharma**  
Switzerland