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Introduction

The negative impact of scars and cutaneous dermatoses including vitiligo and rosacea are well known. Cosmetic camouflage is one potentially helpful intervention and involves the application of a range of waterproof products to temporarily conceal pigmentation and contour irregularities.

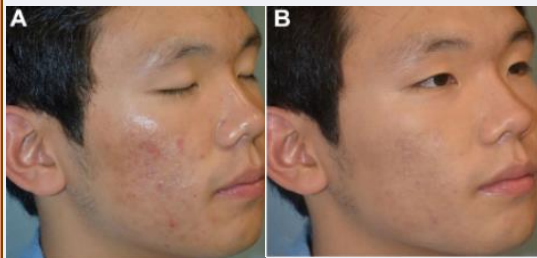


Figure 1: Cosmetic camouflage used for acne scarring



Figure 2: Cosmetic camouflage used to improve appearance of hypopigmentation

Whiston hospital: Cosmetic Camouflage service

The cosmetic camouflage service is provided by the prosthetics department, part of the regional plastic surgery department at St Helens & Knowsley NHS Trust. It is a one-consultation service that receives a large number of referrals each year.

AIM: This study is the first evaluation of the service and aims to develop a better understanding of the cosmetic camouflage service provided at a regional burns and plastic surgery centre, including an understanding of patient groups and anatomical areas treated.

Methods

A retrospective analysis reviewed records of all patients referred to the camouflage service between January 2019 and March 2020 using EDMS (electronic health record). The data collected consisted of: patient demographics, types of conditions referred, the anatomical areas commonly treated, the common referring professions and the type of products used or prescribed for patients.

Results

Number of patients	107
Age (average)	40 (Median 42, range 8-78)
Female Patients (%)	84.1% (n= 90)
Male patients (%)	15.9 % (n=17)
Patients receiving prescription (%)	97

Table 1. Table displaying demographics of patients seen in the cosmetic camouflage clinic

Figure 3 – Referring professions

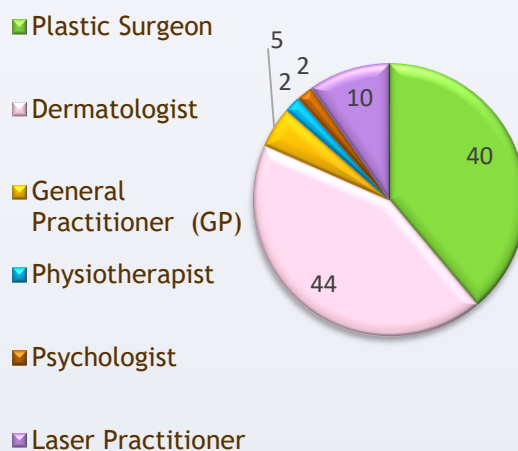


Figure 4- Conditions referred

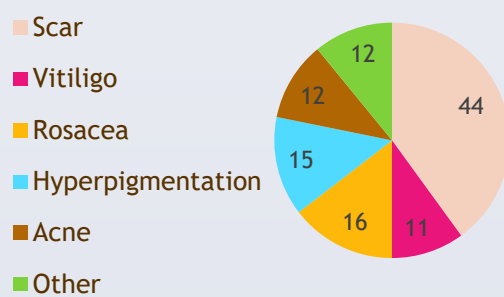


Figure 5 - Type of scars treated in the service

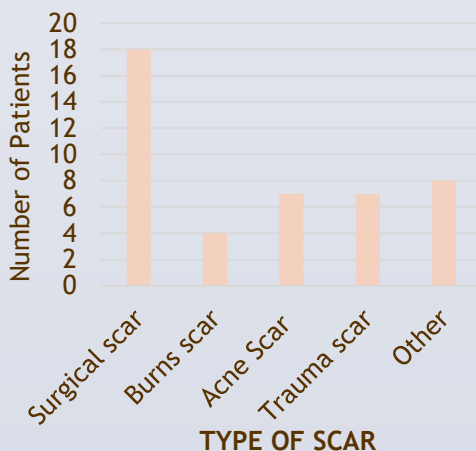


Figure 5. Surgical scars included operative scars such as cleft lip repair, skin cancer excision & sebaceous cyst excision; trauma scars included self harm scars, dog bite scars and RTA scars; Scars documented as keloid scars or only documented as 'scars' were categorized as other.

Figure 6 –Common anatomical regions

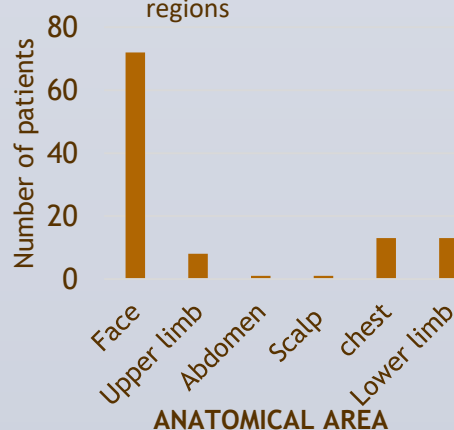


Table 2. Table displaying the products prescribed to patients

Products prescribed	Number of times	NHS available
Keromask	100	Yes
Dermacolor	29	Yes
Veil	78	Yes
Covermark	9	Yes
Dermaflage	8	No

Discussion

A total of 107 patients benefited from the service in the specified time frame. Significantly more females than males were referred. Dermatologists and plastic surgeons were the commonest referrers. GPs made the lowest number of referrals, which could suggest lack of awareness about the service in primary care, but more likely to be a result of 'gatekeeping' within plastic surgery.

Adverse scarring was the commonest reason for referral to the service responsible for 44 patients (41%), of which surgical scars were responsible for 18 patients. Scars are known to have physical and psychological effects on patients of all ages. Invasive scar treatment is not always an option for all scars and hence cosmetic camouflage is a good non-invasive scar treatment option.

The face was the most common anatomical area referred whilst conditions on the abdomen had the lowest referrals. Studies have found that the visibility of scars is the main reason why patients judge the scar aesthetics as poor(1).

Products commonly prescribed included Veil and Dermacolor which are high coverage topical products available in many shades and available for NHS prescription.

Only one consultation was required for patients and follow-up prescriptions were planned for GPs and further follow up only if necessary.

Conclusions

Cosmetic camouflage acts as a non-invasive intervention which can be superior to other forms of treatments for some conditions.

We found that the service is useful for conditions found in visible anatomical areas, particularly the face and that the service is used more by female patients. We were unable to gather enough data concerning compliance as most referrals were dealt with in one appointment and with no further follow-up.

Further studies should assess compliance with use of prescribed products, patient's perspectives and patient satisfaction with the cosmetic camouflage in order to determine ways to improve the service.

Reference

1. Ngaage M, Agius M. THE PSYCHOLOGY OF SCARS: A MINI-REVIEW. Psychiatria Danubina. 2018;30(7):633-638.