SILICONE GEL SHEETING OR PAPER TAPE?
Martha I. Handler, OTD, OTR/L, CHT

Hand therapists are frequently confronted with patients with hypertrophic scarring as a result of a variety of surgeries including carpal tunnel release, deQuervain’s release and tendon repairs. Commonly, application of silicone gel sheeting is suggested to the patient to minimize the scarring. Silicone gel sheeting is an effective measure and most patients are pleased with the results.

The drawback to this method is that it can be costly and not all patients have the means to purchase this material. It also needs to be used in conjunction with an elastic wrap to hold it in place. Most insurers do not cover these supplies.

Another method for preventing hypertrophic scars was described by Dr. Reiffel in 1995. He recommends the use of 1-inch paper tape over the wound. The tape is applied two weeks after surgery when the sutures are removed. A piece of tape is cut 2 to 4 inches longer than the wound. It is first applied to normal skin and then laid directly over the wound to compress it. The tape is changed daily and this process continues for two months or more. Dr. Reiffel reported that his patients who utilized this technique were satisfied with the results.

The technique may be as effective as silicone gel sheeting in treating scars. The use of paper tape may improve compliance as it is a simpler and less expensive approach to the problem. Our patients would benefit from trying the paper tape approach.

Although this article was published in 1995, this information is relevant for many of us who frequently provide patients with gel sheeting. Additionally, the article stimulates further questions that could be the basis for clinical research that is so needed within our profession. Therapists inclined to add to the body of knowledge of hand therapy could help answer questions such as “is paper tape as effective as silicone gel sheeting in decreasing scar hypersensitivity?” and “could paper tape be used in situations when elastomer molds might be used as in Dupuytren’s?” Randomized controlled studies that address these issues would provide therapists with the scientific evidence upon which to base clinical decisions on the treatment of scars.

Silicone Gel Sheeting or Paper Tape? Further Considerations
Personal Communication with M. Felix Freshwater, MD

The May 2005 Issue of Hands-On included an article written by Martha Handler, OTD, OTR/L, CHT which discussed the use of paper tape in the treatment of scar, specifically to prevent hypertrophy. The article details treatment to include the use of one inch paper tape applied directly over the scar beginning two weeks after surgery and once healing is complete. The tape is cut two to four inches longer than the wound, applied first to normal skin and then laid directly over the wound to compress it. It is changed daily. The article further says that the tape is used for two months or more. Dr. M. Felix Freshwater, a plastic surgeon practicing hand surgery in the Kendall area of Dade County, points out that the application of the paper tape to a scar must include enough of the surrounding skin to prevent all motion to the scar. Also, the taping procedure should be continued until the scar is no longer pink.

We thank Dr. Freshwater for his helpful input which clarifies the best use of this technique for managing scar.