

Nov 16th, 9:30 AM - 11:30 AM

Scarring and the Psychosocial Impact on Surgical Patients: A Review of Questionnaires

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Melick, Shandra, "Scarring and the Psychosocial Impact on Surgical Patients: A Review of Questionnaires" (2018). *Grace Peterson Nursing Research Colloquium*. 10.
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RESEARCH QUESTION

What are the validated tools available to measure the perceived psychosocial impact of scarring in the surgical patient population?

METHODS

Design. Integrative literature review to determine what is known about scarring and the psychosocial impacts for postoperative patients

Literature Search Limitations.

Included:

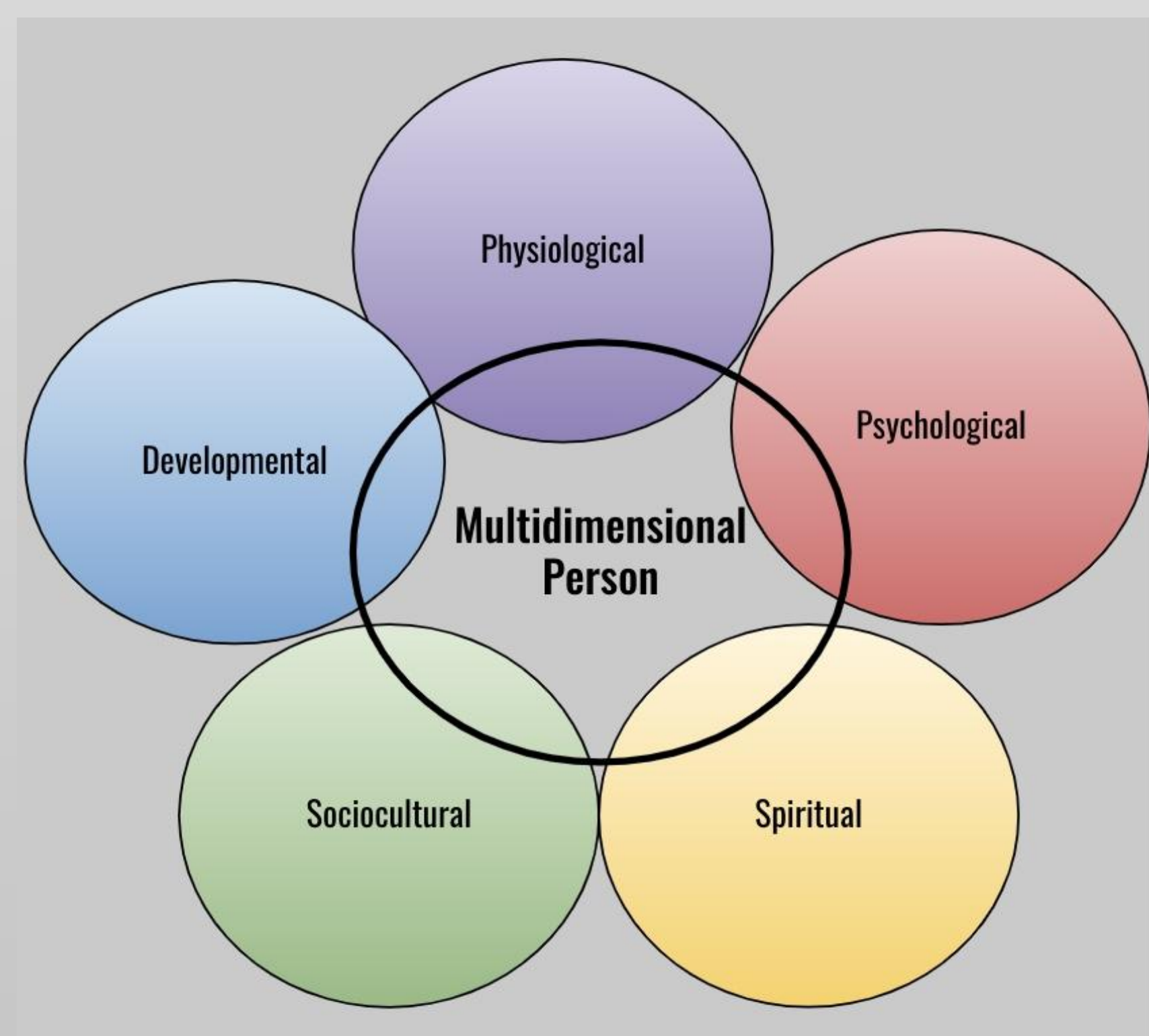
- Patient reported outcome assessment tools specifically related to scarring
- Postoperative care, and
- Discussion of types of scarring

Excluded:

- Acne
- Burns
- Radiation

THEORETICAL APPROACH Newman's Systems Model

- 5 systems which makes up a multidimensional person



In terms of scarring..

- Scarring impacts multiple health domains:
 - psychosocial, physical, and sexual well-being
- **Goals.**
 - Improve the process
 - Improve education
 - Improve wound healing techniques
 - Ultimately → avoid a “detrimental” response to the stressor = surgical scar
- **Result.** keep the patient balanced between all 5 systems and improve QOL with the acquired scar

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BACKGROUND & SIGNIFICANCE

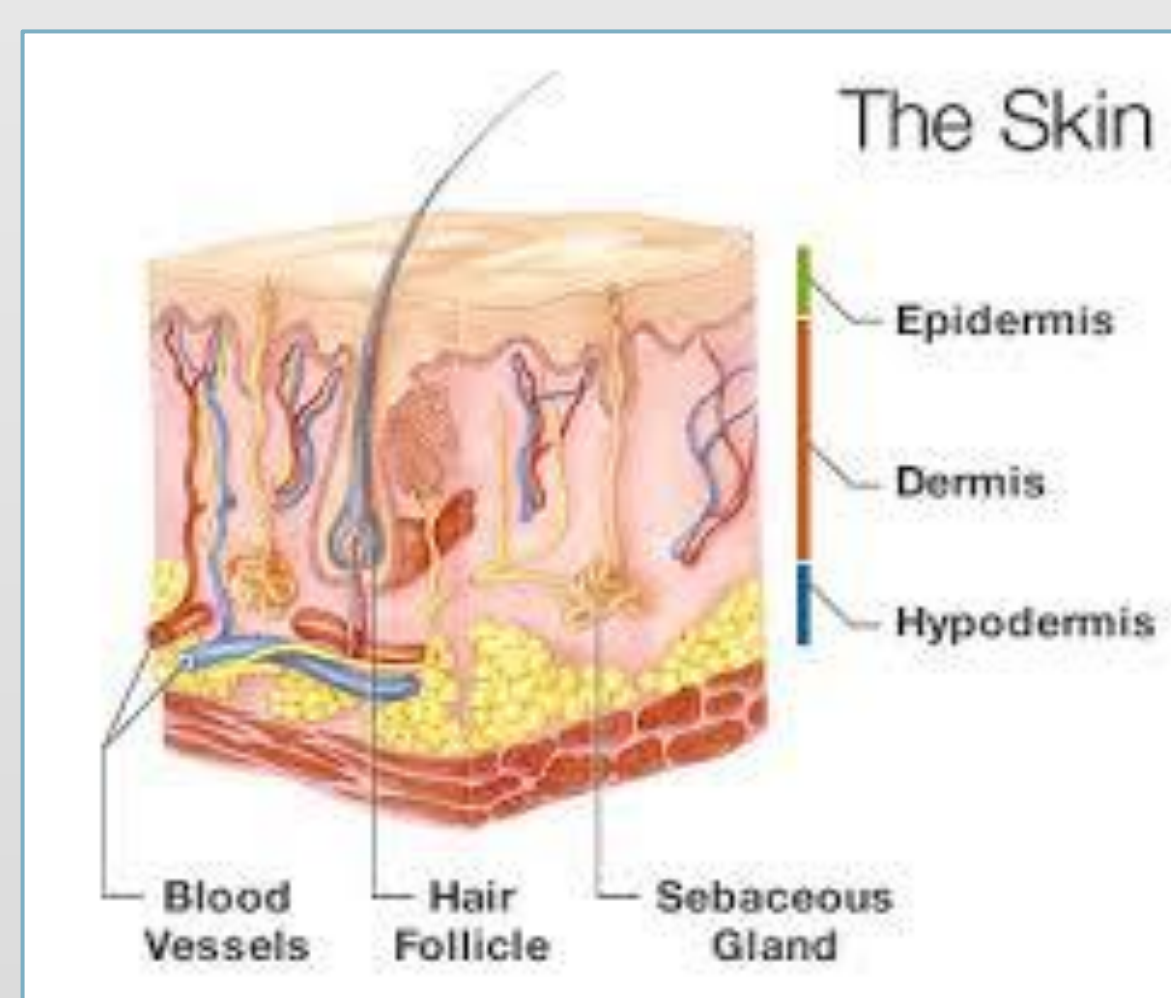
Statistics.

- 100 million people acquire scars annually in developed countries
- 55 million are elective procedures
 - 25 million are surgical correction after trauma
 - 11 million become keloid scars
 - 4 million are burn scars
 - 70% of this total are children

Psychosocial Impacts.

Health domains with potential impact:

- Appearance
- Confidence
- Sexual well-being
- Social functioning
- Feelings of acceptability
- Psychological, Emotional Health
- Physical comfort and function



Stages of Scarring.

- Consideration during the preoperative, intraoperative, and postoperative phases
 - **Preoperatively** - thorough patient history, assessment, wound healing procedures and realistic expectations
 - **Intraoperatively** - surgeon interviews (if an option)
 - **Postoperatively** - wound care education reinforced
- **Scar Formation: 3 Phases**
 - **Inflammatory Phase** (0-72 hours)
 - **Proliferation Phase** (72 hours - 2 weeks)
 - **Remodeling Phase** (2 weeks - years)
 - <18 months old susceptible to UV radiation from sun exposure → hyperpigmentation, repigmentation, structural changes in collagen matrix
- Scarring is a natural healing mechanism for the skin, therefore, they cannot be eliminated or avoided



RESULTS

Total journals reviewed (n=11):

- POSAS (n=7)
- MSS (n=3)
- PRISM (n=2)
- PSAQ (n=2)
- VSS (n=1)

DISCUSSION

- Variety of responses- satisfied to discontent
- POSAS * most popular
 - Remains the only scale that records patient's symptoms and opinions of their scars
 - Most widely used for its validity and reliability

CONCLUSIONS

- Scar perception has been shown to vary between physician and patient
- Validated tools have a wide variety of measurement criteria and continue to show limitations
 - Important to further develop reliable and validated measures for proper measurement of patient QOL and psychosocial impacts
- Optimization of wound healing management
- Can help to improve educational strategies
- Perfect happiness between patient and scar

QUESTIONNAIRES

Patient-Reported Outcomes (PRO) Questionnaires

Quality of Life and/or scar perception measured by the patient

- Patient and Observer Scar Assessment Scale (POSAS)
- Bock Quality of Life Questionnaire (Bock)
- Patient Scar Assessment Questionnaire (PSAQ)
- Patient-Reported Impact of Scars Measure (PRISM)

Clinician Reported Outcome Questionnaires

Traditional measurements based on clinical judgement

- Hollander Wound Evaluation Scale
- Manchester Scar Scale (MSS)
- Vancouver Scar Scale (VSS)

NURSING IMPLICATIONS

- Scar perceptions vary between patient and provider
- Limitations remain in scar questionnaires
- Further development of reliable scar measurements is needed to improve patients QOL and psychosocial impacts
- Instruments can provide:
 - Educational strategies for nurses and medical providers in every specialty
 - Management of wound healing through each phase to optimize scarring
 - Overall happiness between patient and their acquired scar

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