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A Good-Looking Scar: Leaving My Mark on My Patient's Care

Gabriel Malvas*

Medical Student at the University of British Columbia, Canada

***Corresponding author:** Gabriel Malvas, Medical Student at the University of British Columbia, Canada. E-mail: gmalvas@student.ubc.ca

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He was otherwise a healthy young man, barely 19 years old, presenting with a 4 x 1 cm, complex, gaping laceration through his right eyebrow. The handle of a concrete power drill had spun out of control and pistol-whipped his face. Proudly, he told me this head injury represented extra hours he had spent working in construction for his soon-to-be firstborn. The patient's clothes were encrusted with dirt from hard labour, hanging loosely on his light frame.

The relevant history was quick, the physical exam even quicker. The treatment plan was straightforward; he needed stitches: layered closure, 6-0, absorbable and non-absorbable. Simple enough. However, at that point in my third year of training, the task seemed all but simple. This would be only the second set of sutures I had thrown in a "real, live, actual patient". I felt a twinge of apprehension. As is common among medical students, questions of inexperience and inadequacy started popping into my mind. I smiled to mask my thoughts.

What I did not know was that my inexperience was exactly what he was looking for.

I had just promised my best attempt to minimize scarring, when he cracked a wry grin. "I actually would prefer a larger scar." His eyes were serious. "No, really, I would prefer it. Make this seem worth it, you know?" He drew a parallel to the stereotypical tough-guy appearance of a tattoo. I understood. The scar would represent a story to tell, a memory of his diligent labour both for his family and his soon-to-be-born son. Moreover, the change to his appearance would be his choice, after all. With my vast lack of experience as a medical student, I certainly was more than capable of fulfilling his request. Even my best still would never be mistaken for the handiwork of a plastic surgeon. It would not take much additionally then to join edges inappropriately, leave gaps, and give the sutures more than a few good cranks during the procedure. If a scar was what he wanted, I could give him a scar. A point of hesitance gave me pause. *"Should I do this? Would it truly be appropriate care for the patient? How would it reflect on me from a medical standpoint?"* Again, I smiled to mask my thoughts and laughed, "Well, we'll see what we can do for you."

The presentation to my preceptor was straightforward. Laceration secondary to work-related trauma, no obvious brain-related or neurological symptoms, and a plan to suture. I broached the patient's request. Succinctly, my preceptor put a voice to my preceding thoughts of caution. "We don't know if this is something that he would want in the long-term. How do you know that 5 or 10 years down the road, he would still be happy with it?" Yes, the patient was overt in his current desire for a scar, but the ramifications on his appearance and therefore the way others, such as his partner, family, and employers, would see him, were less certain.

I then mentioned the young man's reference to tattoos, and this underscored my preceptor's points. Such similarly (relatively) permanent markings have been associated with a 20% rate of dissatisfaction, often revolving around a "shift in identity" and a movement or growth away from the past [1]. Even excluding the social aspect, how could I guarantee the clinical outcome? Would the scar tissue form into a suave symbol of danger and diligence? Or would it develop into a hypertrophic, lumpy mess he later would regret?

We often are called healthcare providers, with our "service" to the health of our patients. This begs the question, how is that best accomplished? Obviously, presuming we know the be-all and end-all of well-being is dishonest arrogance to an extraordinary degree. On the other hand, our patients do come to us for a reason. Leaving all decision-making to them smacks of shrugging off the responsibility they entrust us and opens the question as to whether the patient always knows best. Where does the balance lie between a patient's requests and informed treatment? The gentleman innocently asking for a striking scar today could be ashamed tomorrow of the unsightly keloid that did not turn out as he had hoped.

Is it presumptive, even arrogant, to assume the future thoughts of a patient? Possibly. Was my patient in this case better served from me knowing him, his family history, and work history better? Perhaps. This often does not come with the territory of a busy ER.

I brought in the necessary materials and prepared to suture. As I injected lidocaine, I quipped, "You'll hate me now, but like me later," referring to the sting of the anesthetic. My preceptor and I described the procedure to the patient, explained wound healing, and discussed scar size. He paused thoughtfully when we explained the potential variance in final appearance as well as his lasting satisfaction with it. He thanked us.

Now it was in my hands. I let the sutures fly, cinching the tissue together in a layered closure. With the final knot, I looked over my handiwork. A smooth set of tracks now crossed the patient's brow. As we finished, I gave him clear warnings to apply sunscreen generously to the area, keep it out of the sun with a hat, and have the sutures removed in a timely manner, all of which would minimize the scarring area. He nodded gravely, and an understanding smile began to creep across his face.

As he left, I sensed that he knew exactly how to ensure the best scar possible. The very best, for sure.

All personal identifiers have been removed from this report.

REFERENCES

1. Armstrong ML, Roberts AE, Koch JR, et al. Motivation for Contemporary Tattoo Removal: A Shift in Identity. Arch Dermatol [Internet]. 2008; 144: 879-884.