

BASIC GUIDANCE AND ROLE OF COMMUNITY PHARMACISTS IN MANAGEMENT OF SUPERFICIAL WOUNDS AND SCAR PREVENTION

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OBJECTIVES

To develop a practical care algorithm and educational guidance for community pharmacists on management of superficial wounds and scar prevention, informed by a literature review, a multinational survey, and input from a global FIP expert panel.

BACKGROUND

Skin wound healing is a complex, dynamic process that restores tissue integrity following injury, surgery, or aesthetic procedures. Impaired healing may result from factors such as severe trauma, infection, or excessive inflammation, increasing the risk of delayed repair and pathological scarring.^{1,2}

Community pharmacies are often the first point of contact after minor injuries such as scratches, grazes or superficial burns and can also provide primary wound care guidance after surgical procedures.^{3,4}

Pharmacists contribute through dressing selection, first-aid & skincare counselling, as well as post-procedure monitoring; however, evidence suggests that pharmacists have a greater knowledge of wound pathophysiology than of management, triage, and referral.⁵ Although several frameworks exist for chronic wound care, guidance for acute wounds remains limited.⁵ We therefore suggest a practical guideline for the management of acute minor wounds and post-procedure monitoring with basic skincare to support healing and prevent delayed repair and excessive scarring.

COMMON WOUNDS ENCOUNTERED BY PHARMACISTS



1st degree burns
Superficial burn, affecting only the epidermis.



Abrasions
Epidermis of the skin is scraped off after rubbing a rough surface.



Incisions
Deep openings in the skin.



Lacerations
Cuts that go through the skin rather than just scrape the surface.



Puncture
Deep openings in the skin made with sharp pointy objects.



Stitches or sutures
A closed-up incision made by a surgeon.

WOUND HEALING ESSENTIALS

Optimal healing requires appropriate wound hygiene, adequate hydration, and preservation of a balanced skin microbiota.⁷ This can be achieved thanks to basic skincare: gentle cleanser, moisturizer with occlusive and humectant ingredients, and sun protection once the wound is closed.⁸⁻⁹

BASIC SKIN CARE	Wound Cleaning	Healing Optimization	Photoprotection and camouflage
	- Thermal water - Gentle, soap-free cleanser - Disinfectant wash	- Silicon sheets or gel for occlusive healing - Emollients with advanced hydrating properties*	- Photoprotection SPF 50+ - Corrective make up

*Can be used for self-massage can aid scar management after 2-3 weeks of healing (after stitches are removed), however, should be avoided in patients with high risk of keloid scarring.¹⁰

WHAT IS ABNORMAL SCARRING?

Scarring is the inevitable consequence of tissue injury.

However, sometimes scars may fail to mature normally, resulting in elevated, depressed, or pigmented states that can cause considerable psychosocial impact and physical discomfort.^{2,6}

HYGIENE A KEY FACTOR

During wound healing, adequate hygiene is paramount to avoid infection. Nevertheless, while certain microorganisms induce an extensive inflammatory response that compromise healing, skin commensals can actively interact with the immune system playing a fundamental role in enhancing antimicrobial defences while promoting tissue repair. This highlights the importance of skin care products that maintain the equilibrium of skin microbiome while preventing infection.

WHY PHOTOPROTECTION?

Newly formed scars are highly susceptible to damage from UV radiation, causing hyperpigmentation and structural changes to the collagen matrix.⁹ However, patients rarely adequately protect their scars from the sun.¹¹ Sunscreen use after wound closure is especially recommended for patients with high risk of PIH (darker phototypes).

METHODS

A literature review on the pharmacist's role in dermatological care was conducted in December 2025 using PubMed and AI-assisted research tools. Current dermatology guidelines were also identified. An online survey was conducted among FIP members in March–April 2026 to assess current practices, knowledge, and perceived barriers to greater pharmacist involvement. A structured online questionnaire was distributed by FIP, and 142 completed responses from 51 countries were included in the final analysis. Based on the review and survey findings, an expert FIP panel of 13 pharmacists from five continents recommended developing practical guidance on skin health to support pharmacy practice. An algorithm illustrating the pharmacist's role across the patient journey was developed as basic guidance for counseling patients regarding management of superficial wounds and scar prevention.

RESULTS & DISCUSSION

FIRST LINE HEALTHCARE

ACUTE WOUND MANAGEMENT

- Advise on proper wound hygiene.
- Recommend repair balm or ointment to maintain hydration, prevent scarring and repair the skin barrier.
- If needed, advise covering the wound and changing dressings at least once daily.
- Recommend tetanus vaccination for deep/dirty wounds if not updated in the past five years.^{4,12}

REDFLAGS - WHEN TO REFER?

- Signs of infection
- Wound dehiscence
- Excessive bleeding
- Severe pain
- Non-healing chronic wounds
- Pathological scar formation (keloids)
- Scar contracture

ADJUNCTIVE MANAGEMENT

POST-PROCEDURE^{8,13}

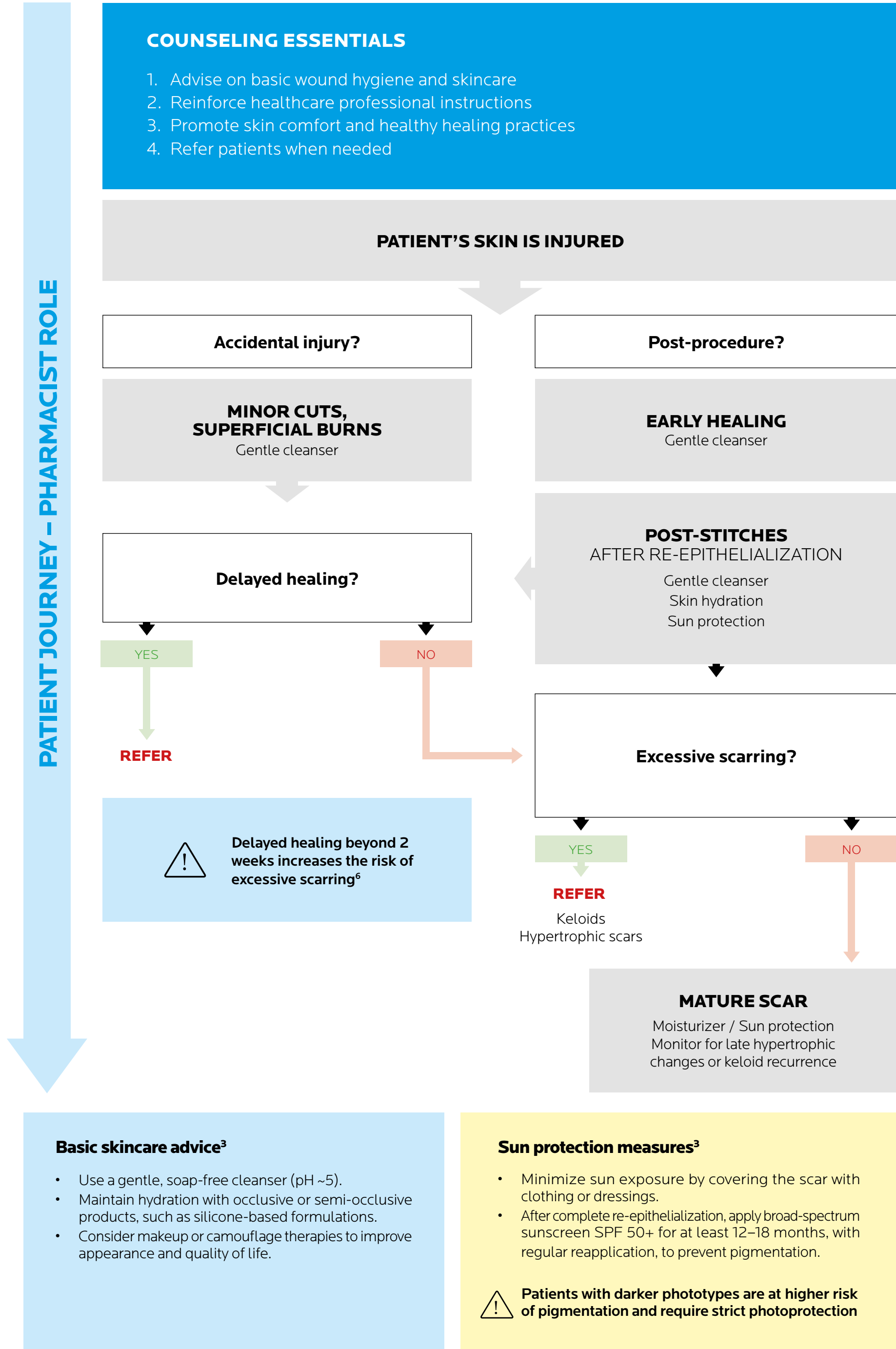
WOUND CLOSURE AND EARLY HEALING (Week 1-2)

- Advise use of a gentle cleanser.
- Recommend maintaining moisture with a moisturizer containing occlusive and humectant ingredients as well as microbiome balancing properties.
- Start guiding on sun protection after wound has properly closed: avoid sun and use physical barriers (clothing/dressings).

MAINTENANCE MANAGEMENT

RE-EPITHELIALIZATION, POST-STITCHES (Week 2-3)

- Initiate scar prevention:
- Recommend sun protection with broad-spectrum sunscreen to avoid PIH, especially for skin phototypes III or higher. 12-18 months.
- Continue skin hydration
- Instruct patients on safe self-massage (massage should be avoided in patients with high risk of pathological scarring such as keloids)



CONCLUSION

Pharmacists are often the first point of contact for patients seeking advice on acute wounds or post-procedure skin care. They can play an important role in supporting wound hygiene and skin care through appropriate product recommendations, reinforcing instructions provided by healthcare professionals, promoting practices that support skin comfort and recovery, and referring patients when necessary. Pharmacist-led interventions can improve adherence, quality of life, and health outcomes, and their implementation should be expanded globally.

REFERENCES: 1. Rakohlhauser M, et al. Int J Mol Sci. 2024;25(21). 2. Amici JM, et al. J Eur Acad Dermatol Venereol. 2023 Mar;37 Suppl 3:3-6. 3. Richard M, et al. Ann Pharm Fr. 2020 Sep;78(5):435-446. 4. Cheung DH, et al. J Wound Care. 2023;32(11):728-737. 5. Cheung DHK, et al. Int Wound J. 2025 Sep;22(9):e70766. 6. Mustoe TA. Textbook on Scar Management. Springer International Publishing; 2020:79-84. 7. Canchy L, et al. J Eur Acad Dermatol Venereol. 2023;37(53):7-15. 8. Jourdan M, et al. Clin Cosmet Investg Dermatol. 2019 Oct 25;12:799-804. 9. Commander SJ, et al. Semin Plast Surg. 2016;30(3):122-128. 10. Ogawa R. Plast Reconstr Surg. 2022;149(1):79E-94E. 11. Amici JM, et al. J Eur Acad Dermatol Venereol. 2022 Oct;36(10):e799-e800. 12. Callison C, Nguyen H. Tetanus Prophylaxis. [Updated 2023 Jan 23]. In: StatPearls [Internet]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559008/>. 13. Amici JM, et al. J Eur Acad Dermatol Venereol. 2023 Mar;37 Suppl 3:16-33.