



PATIENT EDUCATION

Keloids & superficial radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is a keloid?

A keloid is a raised scar that grows beyond the original wound edges. It can follow surgery, piercing, acne, burns, or minor skin injury. Keloids may be itchy, tender, or cosmetically distressing. They are not cancer, but they can keep enlarging and often return after trimming alone.

What you may notice

- A firm, raised scar that extends past the original injury
- Itching, tenderness, or tightness
- Growth over months; sometimes multiple keloids in prone areas (chest, shoulders, earlobes)
- Return of the bump after prior excision or steroid shots

Usual care options

Options include silicone sheeting, pressure, steroid injections, cryotherapy, laser, surgery, and combinations. Because keloids often recur after excision alone, **adjuvant superficial radiation** is sometimes added soon after surgical removal to lower the chance the keloid grows back.

Where CureRays may fit. CureRays offers **superficial radiation therapy (SRT)** for selected keloids — commonly as a short course soon after excision, or in carefully chosen non-surgical settings. Your dermatology/plastic surgery and radiation team coordinate timing.

What treatment usually involves

- Joint planning with the clinician who will (or has) treated the scar surgically or medically
- A short series of outpatient SRT sessions — often starting within a day or two after excision when used adjuvantly
- Targeting the scar bed with low-energy x-rays that stay superficial
- Scar care instructions (silicone, sun protection, activity limits as advised)
- Follow-up to watch for early recurrence

Why combine with surgery sometimes

Cutting a keloid out removes bulk but the skin's healing response can rebuild the same thick scar. Radiation given in the early healing window aims to calm that overgrowth. Timing is important — ask exactly when your first radiation visit should be relative to surgery.



Side effects you should know about

Superficial keloid radiation is usually well tolerated. Plan for:

- **Skin.** Temporary redness, dryness, or darker/lighter skin color changes in the field can occur.
- **Wound care.** Follow incision-care instructions carefully when radiation follows surgery.
- **Fatigue.** Usually mild if present.
- **Rare / serious.** Wound infection signs (fever, spreading redness, pus) need prompt care. Long-term skin cancer risk from low-dose scar radiation is discussed individually — ask your team.

Evidence in plain words

Adjuvant radiation after keloid excision is used in specialized practice to help reduce recurrence. Study designs and recurrence definitions vary, and pain outcomes are not always clearly improved in reviews. We do **not** invent a recurrence-reduction percentage here. Your team will explain the regimen they use and what success looks like for your scar location.

What this means for you at CureRays

If you have a keloid that keeps returning or is planned for excision, a short SRT course may be part of a combined plan. CureRays coordinates closely so dose and timing support healing and cosmetic goals.

Questions to ask

- Should radiation be combined with excision, or is a non-surgical path better for this scar?
- Exactly when should the first radiation visit be after surgery?
- What scar-care products and sun protection do you recommend?
- How will we monitor for early return of the keloid?

How to schedule or learn more

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Learn more: www.curerays.com/conditions

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