

POST-OPERATIVE WOUND CARE INSTRUCTIONS

OUTPATIENT SURGERY

ACTIVITY:

1. **Keep bulk dressing on** and *as dry as possible* for the first 24 hours. 48 hours if you had Mohs Surgery.
2. **Apply ice pack** to the surgical site, *10-15 minutes every hour after surgery* until bedtime. (May use frozen peas in a Ziploc bag). This will help reduce swelling and bruising after surgery. Avoid direct contact of ice pack with dressing by using terrycloth wrapped around the ice pack.
3. Some bleeding or drainage is normal following surgery. But if the dressing is soaked thru with blood (may occur within the first 24 hours), this is an indication of **unusual bleeding**. You should apply constant pressure for 20 minutes. If bleeding, continues, call our office, or if after hours, providers cell number below.
4. **Do not smoke or drink alcohol until healed. Avoid bending or stooping, heavy lifting, swimming, or exercise** using the involved muscles of the surgical site until healed. The surgical area may pull or itch while it is healing for as long as 4 weeks. This is very common with suture surgery.

WOUND CARE:

5. Remove bulk dressing after 24 hours. Thereafter, **change dressing** 1-2 time(s) daily
 - a. Gently **cleanse wound** with soap and water, and gently massage to remove all dried blood from wound.
 - b. Gently "blot dry" wound and apply Polysporin or Vaseline ointment with a Q-tip.
 - c. Cover with *Telfa dressing or non-stick pad*, then apply tape. Should there be mild active bleeding, you are to apply another bulky dressing (using folded gauze and putting it over the Telfa dressing), then tape down.
6. You may remove the dressing for your daily shower but must rinse the wound area thoroughly. Otherwise, **keep the wound covered at all times**, especially in areas of clothing contacts.
7. Please notify us if there is marked swelling or redness, tenderness, "pus" or yellowish fluids from wound incisions, or a rash should develop at the wound site. Some bruising at the incision site is common. You may feel a hard or firm nodule or thickening of the operative site. This is normal and will eventually go away.

MEDICATIONS:

8. If you need minor pain medication, you may take **Tylenol Extra-Strength without prescription** and still benefit from similar pain relief potential as that of aspirin. You may use with caution other prescribed non-aspirin medication, such as *Tylenol III, Ultram, Darvocet, Percocet, Vicodin, Dilaudid, etc.* **You may resume your regular pain medication(s) about 3-5 days after the surgery.**
9. If you are on *prophylactic antibiotic peri-operatively*, please remember to take your antibiotic as instructed:

10. Please return for wound check in: _____ day(s).

Please return for suture removal in: _____ day(s).

Please notify us if you have any concerns: (941) 927-5178

Dr. Bedi: (941) 685-3408 Dr. Neff: (513) 907-1996

Dr. Saleh: (248) 854-7292



SCARRING AND COMPLICATIONS OF CUTANEOUS SURGERY

It is expected that there will be some mark or scar from every cutaneous surgery. However, it is almost always less noticeable than the lesion. Scarring is quite variable between individuals and the size of a scar is difficult to predict. Two things to consider are your prior response to cuts and surgeries (your tendency to scarring), and that wider scars occur over parts of the body where stretching occurs (neck, back, mid chest, over joint and areas moved frequently). Most daily activities will be completely unaffected, but minimizing activities which stretch or stress the wound will help it heal faster with a less noticeable scar, and will decrease the chance of breaking the wound open. Keep in mind that the strength of the wound is still only 50% of normal at 4 weeks. Therefore, strenuous activities should be limited for several weeks after suture removal. Infections can also worsen scarring. Keloids (thick scars) occasionally occur particularly on the chest, back, and earlobes in patients who are predisposed.

Complications are very uncommon if the wound is cared for properly, but the following can occur

Rarely the wound can bleed after you leave the office. If it does, apply firm direct pressure to the site continuously for 20 full minutes.

Some redness around the wound and mild pain is normal. If pain is bothersome, take extra-strength acetaminophen (Tylenol). Avoid aspirin containing products or similar products such as ibuprofen, naprosyn etc in the first 1-2 days as they can cause increased chance of bleeding.

Increasing pain, expanding redness and swelling, drainage of pus, and strong odor occurring several days (usually not in the first 1-2 days) after surgery are signs of infection. Report these to your doctor.

Marked swelling and sometimes pain occurring within hours of surgery can be signs of hematoma formation (bleeding under the skin). Again, direct pressure is most helpful and you should inform your physician promptly.

Rarely, there can be a loss of feeling or paresthesias (pain or unusual sensations) in the area of surgery.

Redness and itching around the treated site can occur. If there is minor redness and itching this can be normal. If this become particularly extensive and/or bothersome this can be due to a number of causes. Most commonly this is from irritation from recurrent application and removal of tape or band aids. If this is the case stop the band aids and try Telfa and paper tape. The second most common cause is an allergic reaction to the antibiotic ointment. If this appears to be the cause stop using the antibiotic ointment, and either use no ointment or plain Vaseline jelly. The third most common cause is true allergy to the tape. Topical cortisone or steroid type creams can also be used to calm down excessive irritation or allergic reaction. Please contact the office at 941.927.5178 if you suspect one of these problems.