

YOUNG DERMATOLOGY

SURGICAL EXCISION POSTOPERATIVE WOUND CARE INSTRUCTIONS

Immediately following your skin surgical excision, plain Vaseline (or white petrolatum) will be applied to the surgical wound. (*We generally avoid neomycin- and bacitracin- containing ointments because of their well-established increased potential for causing allergic contact dermatitis.*) After the ointment layer, a nonadherent dressing such as Telfa or Xeroform is applied, followed by an absorptive layer, consisting of clean cotton gauze pads. This is then secured by adhesive tape, tubular gauze or elastic bandages, to keep the dressing in place and for compression. A waterproof dressing such as Tegaderm transparent film dressing may also be applied (see below).

Please leave the surgical dressing **undisturbed** for at least **48 to 72 hours** after surgery, to reduce the risk of incidental trauma and contamination to the fresh wound. During this time, if the dressing becomes soaked with blood, please apply a stack of clean gauze with direct, continuous, firm pressure on the surgical wound for 30 minutes. If you are not able to stop the bleeding from the wound, please call our office at the number below. If this occurs after hours or on a weekend, please proceed directly to the nearest Emergency Room.

To remove the initial surgical dressing, gently wash or wet the dressing first in the shower to reduce pain associated with removing the adhesive tape and to prevent damage to the wound bed. After removal of the dressing, gentle cleansing of the wound once or twice daily using soap and lukewarm water is recommended. Avoid heavy jet stream showers. Instead, use gentle raindrop showers. The use of saline solution may be helpful to remove dried up debris and crust on the wound surface. The use of hydrogen peroxide solution has been shown to inhibit and slow down normal wound healing. A sterile cotton-tipped applicator (Q-tip) may be used to carefully remove debris or crust from superficial wounds. Gently dab dry the wound with a clean, soft gauze or towel and/or allow the wound to air dry briefly after cleaning the wound. Avoid disrupting the wound bed by unintentional friction or trauma. Reapply the layered dressing: Apply Vaseline to the wound, followed by nonadherent dressing pad such as Telfa, secure by adhesive tape or Hypafix tape. Continue above wound care daily until the wound heals completely in about 2 weeks. For open wounds on lower extremities, complete healing may take several weeks, in the absence of complications.

Another alternative dressing for post-excision surgical wounds is the use of an occlusive dressing (by combining the layered dressing as described above with a secondary waterproof dressing applied on top). The dressing is left on for as long as one to two weeks, at the time of suture removal, or before leakage or drainage from the wound occurs. This occlusive dressing provides protection from trauma, contaminants, bacteria and excessive drying of the wound, while providing a moist environment, which enhances proper wound healing.

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If you experience any discomfort or pain immediately after surgery, please take Tylenol up to 1000mg every 6 hours. Minor achiness or discomfort is common after surgical excision. Avoid taking excessive amount of Aspirin, Ibuprofen (Advil) or Naproxen (Aleve) as these pain medications inhibit platelet activity and may disrupt the initial phase of wound healing by increasing the risk of bleeding in the first two days post-op. Avoid alcohol as it causes vasodilation and an increased risk of bleeding. Please reduce smoking (if you smoke) as smoking tobacco may inhibit wound healing.

Postoperative wound infection is rare and usually occurs at day 2 after surgery. Please watch for significant increase in redness, swelling, tenderness and drainage of the wound and in the area surrounding the wound. If you experience intense pain and any of the above signs of infection, please contact us **immediately**.

Avoid excessive strenuous aerobic and weight bearing activities and significant stretching exercises, especially if the surgical wound is in a high-tension area, to avoid wound separation. Please avoid use of hot tub and sauna in the first two weeks after surgery.

We recommend that you return to clinic at the appropriate time for suture removal, so that we may check your surgical wound for proper healing. Alternatively, you may remove the sutures at home or at your primary care doctor's office, if you prefer. Generally, we recommend leaving the sutures in place for 7 to 10 days on the head and neck areas, and 12 to 14 days on the arms, legs, chest, back and abdomen. For lower leg excision wounds, sutures may need to stay in for longer than 2 weeks, depending on wound healing.

Occasionally, red bumps may appear along the line of incision after the surgical wound has healed. These lesions may represent an excessive immune response to the sutures placed and are called 'suture granuloma'. If you have any concerns, please allow us to examine your surgical wound for accurate diagnosis and treatment.

Please do not hesitate to contact us if you have any concerns or questions after surgery. If you need to reach us during office hours, please call our office number below. If you have an emergency and need to reach me after hours, please contact me at (206) 499 7590. If your surgical wound is actively bleeding and you are not able to stop the bleeding by applying direct continuous pressure for 30 minutes (see above instructions) and our office is closed, please proceed to the nearest Emergency Room directly.

Thank you for giving us the opportunity to be of service to you.

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