

WOUND CARE INSTRUCTIONS

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GENERAL INSTRUCTIONS

You should leave the bandage in place for 24 hours, unless instructed otherwise. During this time try not to get the bandage wet directly with water. During the first seven days, we would like for you to limit your activities. No lifting anything greater than 10 lbs and no exercising as this can raise your blood pressure and may cause bleeding. If the surgery was done on your face or neck, do not bend over. Instead stoop down bending at the knees and when you are sleeping try to sleep with several pillows to keep your head above the level of your heart. If your surgery was on an extremity try to elevate the limb as often as possible for the first 24 to 48 hours.

Most patients have minimal discomfort after surgery that is controlled well with extra strength Acetaminophen, anti-inflammatory medications such as ibuprofen by following the instructions provided on the bottle. Sometimes we will give you prescription pain medication. Make sure to check if it has Acetaminophen in it because you should avoid taking additional Acetaminophen if it does.

Narcotic pain medications can make you drowsy and disoriented so be sure not to drive while taking them. In addition, narcotic medications often cause nausea. Taking your pills with food (preferably a fatty food like peanut butter or ice cream) usually decreases the nausea. If you have significant discomfort, call Dr Cowan. Importantly, your pain should be getting better each day, not worse. Worsening pain three to four days after surgery may be a sign of infection so call the office if this happens.

CAN I GET MY DRESSING OR WOUND WET?

After the 24 hours, you can get your wound wet with indirect water from the shower; however, we would prefer that you not submerge your wound (i.e. in the pool, the ocean, or a bath) for 5 to 7 days while the top layer of the skin is healing together. While in the shower you can gently wash the area with soap and water and gently pat the area dry after getting out of the shower. If you left your bandage in place, remove it, then proceed to clean as described below and then re-bandage. If you do not have stitches then it is okay to get the wound wet everyday although it is still best to wait until it has completely healed before submerging it in water.

HOW SHOULD I TAKE CARE OF IT?

Once a day, you should remove the bandage and gently rub along the edges/stitches with a Q-Tip dipped in peroxide. Do not re-dip the peroxide once you have rubbed across the wound. Your goal is to gently dislodge any crust that may accumulate using light friction, not pressure. You may also use soap and water. You should then apply a thin layer of Aquaphor, petroleum jelly ointment (the greasy kind), or antibiotic ointment and recover with a thin bandage. Generally, you can stop taking care of a stitched wound after the peroxide no longer bubbles on the wound or after the stitches are out.

For wounds allowed to heal on their own, you may need to repeat this wound care for 3 to 6 weeks, until the wound has completely filled in and the peroxide no longer bubbles. While wounds left to "air dry" scab over faster, the scab actually interferes with healing and should be avoided.

WHAT CAN I EXPECT AFTER SURGERY?

You will have some swelling and redness around the wound. This will gradually disappear over 7 to 10 days. You should plan on wearing a bandage and avoiding strenuous physical activities for one to two weeks. You may experience a sensation of tightness across the area of surgery. Skin cancers frequently involve nerves and our surgery often injures the nerves that control sensation. Months may pass before your skin sensation returns to normal and in some cases, numbness may be permanent. You may experience itching after your wound has healed. Complete healing of the surgical scar takes place over 12 to 18 months. During the first few months, the site may feel swollen or lumpy and there may be some redness. Gently massaging the area (starting about two months after surgery) and keeping the area lubricated with ointment will speed the healing process.

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It is important to realize that the edges of your suture line were intentionally elevated (so that the edges look like there is a tunnel under the skin)—these are due to the deep stitches which will eventually dissolve. This was done because as the skin heals it contracts and we want contraction to go from a raised line to flat, instead of from flat to depressed or stretched. This lumpiness resolves in almost all patients but takes 2 to 3 months to do so. Remember that the wound in the healing stages will look different (and generally worse) than “mature” wounds that have had 6 to 8 months to heal.

BLEEDING

Bleeding is rare. If it occurs, have someone apply firm pressure to the site. If a bulky dressing has been placed on the wound, it should not be removed. Direct and firm pressure should be applied to the padded wound for 30 minutes, timed by looking at a clock. Do not discontinue pressure to see if the bleeding has stopped until 30 minutes have elapsed (i.e. don't peek under the dressing). If the bleeding continues, continue to press directly with an additional clean gauze pad over the bleeding site for another 30 minutes. If bleeding still persists, call Dr. Cowan or go to your local emergency room and then call Dr. Cowan. Pressure usually will control the bleeding.

PAIN

Mild to moderate pain is normal for a day or two following the surgery, but it generally responds well to oral pain medication such as acetaminophen or ibuprofen. Occasionally we will give you another pain medication, usually acetaminophen with codeine (Tylenol #3). If you take these medications, you should limit your acetaminophen use because as Tylenol #3 contains acetaminophen. In one day you should take no more than 4000 mg total of acetaminophen. Do not use aspirin, unless taken for another reason. However arthritis pain medications such as Ibuprofen are excellent alternatives, please follow the instructions provided on the bottle. If regular pain medications provide insufficient relief or if the pain increases after three to four days, you should contact Dr. Cowan as this may be a sign of infection.

HOW WILL MY WOUND HEAL?

--Healing by spontaneous granulation (i.e. secondary intention healing)

Letting the wound heal by itself is the simplest form of wound healing and has the least post-operative restrictions in terms of activity. Allowing wounds to heal this way is relatively painless and offers excellent cosmetic results for many body locations. The main disadvantage is that this takes 3 to 6 weeks before the wound heals completely. Often you will be left with a slightly hypopigmented (lightly pigmented) scar which is usually smaller than the original defect.

--Closing the wound or part of the wound with stitches

Using stitches shortens the healing time (usually 1 to 2 weeks) and usually offers excellent cosmetic results, especially when the scar can be hidden in a line of a facial expression or wrinkling. Sutures generally remain in place for five to seven days and occasionally up to two weeks, depending on the location. The disadvantage with stitches is that generally you are more limited in your activities. If you have stitches on your arms, legs, or trunk you have to refrain from exercise or heavy lifting for a minimum of 21 days. Even then, you generally have to limit your activities and if the area feels strained when lifting/exercising you must stop as you can still break the stitches. The wound is not at full strength for 4 to 6 weeks after the surgery. Even after the wound is mostly healed, repeated strain to the area can stretch the scar.

--Closing the wound with skin grafts, flap repairs or other reconstructive procedures.

For wounds that are too large for primary closure (a straight line of stitches), Dr. Cowan may repair the wound with a flap or skin graft. Occasionally, an additional surgery to correct cosmetic or functional problems may be needed (including dermabrasion or scar revision). Dr. Cowan will discuss these options with you after the cancer has been totally removed and your initial wound has had several months to heal on its own.

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HOW SHOULD I CARE FOR MY WOUND?

To facilitate healing of your wound, you must change the dressing daily. The following materials may be required, but should not be purchased before you receive your postoperative instructions.

- 1) A bottle of hydrogen peroxide for medicinal use (3%)
- 2) Q-tips or cotton applicator sticks
- 3) Non-Adherent Sterile Pad
- 4) Hypo-allergenic Paper Tape
- 5) Use a petroleum jelly ointment

HOW DO I CHANGE THE DRESSING?

Keeping the dressing fresh and clean will facilitate healing. Follow these steps.

- 1) Remove old dressing.
- 2) Take a cotton-tipped applicator and dip it into hydrogen peroxide.
- 3) Gently remove all crusting from the normal skin.
- 4) Never place a used applicator stick into the bottle of hydrogen peroxide.
- 5) Apply ointment generously to the wound.
- 6) Cut the non-adherent sterile pad to fit the exact size of the wound, or ¼ inch on either side of your stitches; then place it onto the wound.
- 7) Use hypoallergenic paper tape to hold the dressing in place.
- 8) If the wound is near the eye or you do not have peroxide, just clean gently with mild soap and water since hydrogen peroxide may cause irritation if it gets in the eye. If you have any problems or further questions, please call the office and speak with the Triage Nurse.
- 9) We will inform you if this dressing procedure requires modification.

If you have any questions at all about healing, or problems with pain or bleeding, please call our office Monday through Friday from 8am until 4:30pm at **1-877-661-3376**.

We are always available and encourage you to call with any questions or concerns you may have.

Dr. Cowan and the Staff at BHS Dermatology Associates

Patient Signature: _____

Date/Time: _____

OR

Patient Representative: _____

Date/Time: _____

Witness/Provider Signature: _____

Date/Time: _____

Please do not hesitate to call our office with any questions at **1-877-661-3376**

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