

Wound Care for Surgery & Biopsy Sites

- Please keep the initial bandage on for 24 - 48 hours.
- **If bleeding occurs, apply firm, steady pressure for twenty minutes.** This should stop most bleeding. If it continues, please call the office.
- After removing the bandage, you should begin routine wound care. The wound should be cleansed 1-2x/day. In the shower, we encourage you to allow the warm, soapy water to **gently** cleanse the wound. Outside of the shower, you may clean it with soap and water or use *dilute* hydrogen peroxide (mixed 1:1 w/ water). We do ask that you avoid *submerging* the area in water (such as in a bathtub).
- After cleansing, apply either Vaseline® or an *approved* antibiotic ointment and cover with a bandage as directed. It's important that your physician approves any topical products used since some can cause an allergic reaction.
- Continue wound care and bandage changes for as long as the stitches are in place.
- For pain, we usually recommend Tylenol® per package instructions. Please ask your doctor before you use any other pain-relievers, as some can encourage bleeding.
- When able, keep the surgery area elevated as much as possible. If the surgery site is on the face or neck, try to avoid bending over for at least several days. If the surgery was on your lower extremities, avoid prolonged standing until the wound has healed.

--SEE OPPOSITE SIDE FOR MORE DETAILED INFORMATION REGARDING POTENTIAL COMPLICATIONS--

POTENTIAL WOUND CARE COMPLICATIONS

- **Bleeding:** Bleeding can occur. *To reduce the possibility of bleeding...*
 - Please keep physical activity to a minimum for at least 24 hours.
 - Keep the surgery site elevated above heart level when able.
 - If surgery was on the face, head or neck:
 - Avoid stooping or bending.
 - Avoid straining to have a bowel movement.
 - Sleep with your head and shoulders elevated on extra pillows.
 - **Should bleeding occur, do not panic! Simply apply firm, constant pressure for 20 minutes. If the wound continues to bleed after doing so, contact us.**
- **Swelling:** Swelling occurs because the surgery has caused a wound and your body reacts to that injury. *To reduce the amount of swelling...*
 - Apply an ice bag for 20 minutes each hour during the waking hours. If you don't have an ice bag, a Ziploc® bag filled with cracked ice and wrapped with a thin towel will do nicely. ***This is typically necessary only for surgery sites, especially those on the face, scalp or neck** (not necessary for biopsy sites or smaller surgery sites elsewhere on the body).
 - Keep the bandage dry (avoid getting the material wet in the shower or bath).
- **Pain:** Postoperative pain is usually minimal. In nearly all cases, Extra Strength Tylenol® will relieve any pain you may experience. If it does not, please contact us for additional recommendations.
- **Adhesive or other allergic reaction:**
 - Repeated exposure to bandage adhesive can cause redness and irritation around a wound. Using 'paper tape' or a non-adhesive wrap can prevent this irritation.
 - Some people who use Neosporin® (or generic *neomycin*) daily will acquire an allergy to it. It's actually not uncommon for someone to believe they have an infection but are instead having an allergic reaction to Neosporin®. It's even possible to have an allergy to other antibiotic ointments like *bacitracin*. So if you wish to use an antibiotic ointment, please ask your dermatologist for their recommendation so as to minimize the risk of an allergic reaction.
- **Infection:** *True infection is actually pretty rare.* Signs and symptoms of infection include redness, warmth, tenderness, and drainage.
 - Remember that it's common to experience *some* redness along the immediate wound margin. This is a normal reaction to the cut on the skin created by the procedure itself. Likewise, some people will react strongly to suture material which may cause some redness immediately surrounding the sutures. Finally, when an 'open' (non-stitched) wound is healing, expect that the healing area will create a thin layer of 'new skin' which often looks like a layer of adherent yellowish material. This is often mistaken for 'pus', which it is not.
 - **So what do we look for when it comes to infection?** Redness beyond the immediate margins of the surgery site accompanied by appreciable warmth, discomfort, and drainage. When in doubt, come in and let us look at it!