

What to do with your dressing:

Please refer to your specific wound care instructions that were reviewed with you on the day of your surgery. This is located on the first page of your discharge instruction paperwork that you were given prior to leaving the office. If you have any questions, please call our office at 804-282-4940.

What to expect the first week after surgery:

Vaseline vs. antibiotic ointment:

Studies have compared the use of antibiotic ointment to Vaseline and leaving wounds open. They have found that ointment (either Vaseline or antibiotic ointments) allows a wound to heal faster than leaving it open to the air. The infection rate was no different between using Vaseline and antibiotic ointments. However, antibiotic ointment can cause allergic reactions and is more expensive than Vaseline. Hence, Vaseline is recommended which is inexpensive and non-allergenic.

Pain management:

The surgical site may be sore for several days after surgery. You may take Tylenol and/or Ibuprofen, as directed on the bottle, if needed for discomfort. These medications can be taken together for better pain control if needed. If a narcotic has been prescribed (such as Vicodin or Percocet), please take these medications **with food**. Nausea and vomiting can be a side effect. It is best to take one pill first and see how it is tolerated.

Bleeding:

One is more at risk for bleeding with increased activity. It is important in the first 48 hours to minimize your activity. If bleeding occurs, sit down with your head back and feet up. Most bleeding can be stopped by applying firm, constant pressure to the surgical site with dry, clean gauze for 30 minutes (NON-STOP). If the bleeding does not stop after applying pressure for 30 minutes, please call the doctor at **804-282-4940 and press #9 for emergency**. Please say your name and number twice, speaking slowly and clearly. The on-call provider will call you right back. If you are unable to reach the provider, go to the Emergency Room.

Infection:

It is important to wash your hands before every bandage change to avoid an infection. **Also, do not store dressing change supplies in the bathroom.** If the skin around the surgical site develops expanding redness, swelling, and pain and the wound begins to drain pus, you may have an infection. An infection is typically seen within the first week after surgery. Please call the doctor.

Appearance:

Swelling and redness may occur around the wound for several days. If surgery is done around the eyes such as the nose, forehead or scalp the area around the eyes is often quite swollen and discolored for several days. The eyes may even be **swollen shut** which will affect the ability to work or drive. This may not peak until 48 hours after surgery.

Drainage is to be expected in wounds that are **not stitched** and allowed to heal on their own. The drainage may be yellow-green and have a slight odor. It usually begins several days after surgery.

As the wound heals, you may feel numbness, skin tightening, itching of the scar or small sharp pains in the scar. These feelings are normal and will lessen as time passes. Massaging the scar (after stitches are removed) will often help flatten, soften and decrease itching of the scar.

Scars are pink and lumpy initially from the inside stitches. You may see the scar line being slightly elevated which is intentional. Scars tend to depress over time. Elevation of the scar eventually leads to a more pleasing scar line. Over the next several months after surgery, the scar will turn white and the lumps and elevation will resolve.

Activity Restrictions:

If stitches were placed, please avoid heavy lifting and exercise until the stitches are removed. Anything that increases your pulse or blood pressure puts you at risk for bleeding. Also, exercise can pull the stitches open.

Medications:

Please continue all medications you are currently taking.

Showering:

You may get the area wet by showering with soap and water as instructed by the doctor. If stitches were placed, please no soaking the wound in a bathtub or swimming pool until stitches are removed.

Shaving:

Do not shave near the area with stitches.

Sunscreen and makeup:

You may apply sunscreen and make-up after the sutures are removed or the wound is completely closed with new skin.

Separation of the wound:

The wound is fragile in the first few months after surgery. Separation of the wound is more likely if there is a lot of tension on the wound and/or the wound is on the back, shoulders, hand or legs. Activity, especially in these areas can put stress on the sutures and cause them to pull apart. Please minimize activity to avoid this complication.

Please call 804-282-4940 if you have any questions or problems. If you have an emergency after hours, please call the doctor at **804-282-4940 and press #9 for emergency**. Please say your name and number twice, speaking slowly and clearly. The on-call provider will call you right back. If you are unable to reach the provider, go to the Emergency Room.

What to expect in the first few months after surgery:

Numbness:

When the skin is cut, it will inevitably cause numbness in the area. It takes at least a year for the nerves to "reconnect." Numbness, tingling or a crawling sensation may occur while the wound is healing. Some areas may never gain full feeling back. This is unavoidable and normal.

Lumps under the skin:

Lumps under the skin are from the dissolvable sutures. It will take several months for these sutures to dissolve and the lumps to go away.

Pink scar line:

The scar line will be pink initially. It will take several months for the scar line to eventually turn into a white line.

Pus or red bumps 1 month after surgery:

You may form one or several pus or red bumps along the scar line approximately 1 month after surgery. This is a stitch abscess and is NOT an infection. Some people have a more difficult time absorbing the sutures. The spots may become more red and eventually turn into a pus bump with the stitch being extruded. They usually fester for 1-2 weeks and then settle down. If it does not resolve, or you have any questions, please call us.

Vitamin E or Mederma:

These products are not harmful unless you become allergic to them. No benefit in the appearance of the scar has been found with vitamin E or Mederma.

Scars and Grafts can turn brown:

Good **sunscreen** protection is important over a new scar. Grafts in particular can turn white or brown the first few months if exposed to the sun. Covering the graft completely with a bandage is recommended if the area is going to be exposed to the sun for any extended period of time.

Puffy Flap or Graft:

Flaps and grafts can appear "puffy" 1 to 3 months after surgery. This is called pin cushioning. The pin cushioning worsens for a while and then starts to settle down after a few months. Massage of the involved area for 5-10 minutes 2-3 times a day can soften the area. Waiting at least 3-6 months before judging the appearance is worthwhile because time usually corrects the puffiness. In some cases, intervention may be needed.

Widened scar:

Scars with excess tension on the wound or in areas with large muscle groups can be more prone to forming a wide scar rather than a thin line. The skin will never return to full strength in the area of your scar. It will take 6 months to return to 95% strength.

Evolution of Scars:

Anytime the skin is cut, a scar is formed. It takes a year for the healing process to be complete. Most of the changes are seen within the first 3-4 months where it turns from a lumpy, red area eventually into a fine, white line. **Patience is the key.**

If you have any concerns about the healing process, please don't hesitate to call our office. There are many reasons why a scar might not heal optimally. **Revisions of scars** are occasionally needed to turn a good result into an excellent one.

Patient Instructional At-Home Wound Care Videos

You can find patient instructional videos that walk you through how to take care of your surgery site using the link below. You must copy the link exactly as it is written into your web browser.

<https://www.youtube.com/user/sscva2>

The video you should watch based on your procedure is:

Primary Closure

Primary Closure with Steri-Strips

Purse String Closure

Granulating Wound

Full Thickness Skin Graft

Advancement Flap Closure