

Dr. Eleryan

After Care Instructions - Open Wound

As soon as surgery is complete, the site will be cleaned and covered with a pressure bandage. Leave this in place for **24-48 hours** unless instructed otherwise. Please go home and rest after surgery. You do not need to remain in bed all day, but please keep activity to a minimum to decrease the risk of complications like bleeding and pain.

After 24-48 hours, you may remove the bandage completely and shower or bath as you normally would. It is perfectly fine to get the area wet at this time and **gently clean it with soap and water**. After bathing, gently blot the area dry. If there is any crust or dried blood over the area, use some hydrogen peroxide and a Q-tip or cotton ball to gently remove it. It is very important to remove any and all crust or scabs as they can impede the wound healing process.

Once the area is cleaned and dry, **apply a layer of ointment** throughout the entire wound. If you were prescribed mupirocin ointment, please use this. If not, any petrolatum-based ointment is fine. This includes Vaseline or Aquaphor. They are all essentially equivalent. Avoid using Neosporin, Polysporin, and Triple-antibiotic. It is very important for the healing process to keep the wound free of scabbing, crusting, or drying up. This is done by keeping it **covered with ointment and a bandage at all times**. The only time the wound is ever exposed to air is during bathing. This allows the wound to fully fill in before the skin heals in from the side and minimizes the chance of having a depressed scar.

You will now **rebandage the wound**. This depends on the size of the wound and the anatomic location. For very small wounds (i.e. less than an inch), a standard band-aid is fine. For slightly larger wounds, you may want to use a 3"x2" band-aid available at most drug stores. If this is a bit large or cumbersome, feel free to cut it to fit. You may also use a non-stick pad (i.e. Telfa), covered with a piece of gauze and paper tape. Paper tape is especially helpful if you are sensitive to adhesive. Please **repeat this process of cleaning, applying ointment, and rebandaging the wound daily** until you are seen for your next follow-up appointment, typically between 4-6 weeks.

PLEASE SEE THE REVERSE SIDE FOR ISSUES THAT MAY ARISE SUCH AS BLEEDING, PAIN, AND INFECTION.

The following issues can arise commonly and can be managed easily at home:

BLEEDING: If you find that there is visible blood coming through or around the pressure dressing placed on your wound in the office, you may be experiencing post-operative bleeding. If it is only a small amount of blood and does not appear to be growing larger, then leave the pressure dressing in place. You may want to call the office and have the bandage changed for the first time in the office. If the bleeding is copious and soaking the bandage then you will need to stop the bleeding before changing the bandage. **DON'T PANIC.** Go to the bathroom or kitchen and remove the soiled bandages to completely expose the wound. Clean the wound with gauze or paper towels. Set a timer on your phone or microwave for **20 minutes**. Take some gauze or paper towels and with the butt of your hand (or someone at home), apply **FIRM, CONSTANT PRESSURE** to the wound. Start the timer. **DO NOT RELEASE THE PRESSURE FOR ONE MOMENT UNTIL THE TIMER STOPS.** This is critical. Your body needs time to form clots, if the pressure is released, even for a moment, the clots are dislodged and the whole process starts again. After 20 minutes, you can release the pressure and inspect the wound. In the vast majority of cases the bleeding will have stopped. Please rebandage the wound at this point. If the bleeding has not stopped, do another complete 20 minutes of uninterrupted pressure. If it has still not stopped, please contact the office. If it is after hours, you may need to be seen in urgent care or the ER to have the wound cauterized. This is worst case scenario and very rare. With the proper application of pressure nearly all post-op bleeding can be controlled.

PAIN: Post-op pain is typical a few hours after surgery when the anesthesia has worn off. A moderate amount of pain is normal and helpful actually. If you are starting to get back to your normal activities after a few days (ie exercise, work), and something increases pain in the area of the surgery, then you should refrain from that activity, this is especially important for wounds on the body when it comes to **exercise**. If you would like to take something to help control the pain, please take Extra Strength Tylenol (AKA acetaminophen). Please avoid things like Advil (AKA ibuprofen), aspirin, Aleve, and other NSAIDS as they thin the blood and can increase the risk of bleeding.

INFECTION: Your surgery was performed following clean and sterile surgical technique to minimize the risk of infection. However, a surgical wound may still become infected. Throughout the postoperative period, your wound will become inflamed. This is a normal and necessary part of healing. Inflammation means a moderate amount of redness, swelling, and tenderness around the site. It typically peaks a few days after surgery and then goes down. Your wound will still be inflamed at the time of suture removal but it will

continue to go down as the weeks go on. Signs of infection include an acute increase in redness, tenderness, heat, pus, or fever. If you have any of these signs and are concerned for infection, please contact the office.