



ASSOCIATED DERMATOLOGISTS

Aaron S. CETNER, M.D., F.A.A.D. • Leonard Y. KERWIN, M.D., F.A.A.D.

WOUND CARE EXCISION WITH NON-DISSOLVING SUTURES

MATERIALS:

1. Hydrogen peroxide
2. Q-tips
3. ½ inch or 1 inch medical tape (paper, plastic, or silk tape)
4. Gauze
5. Non-stick or non-adherent gauze pad
6. Petrolatum (Vaseline)
7. Scissors

WOUND CARE:

NOTE: It is imperative to wash your hands with soap and water prior to any dressing change. Only use clean, fresh gauze or q-tips to cleanse the wound (do not use washcloths or paper towel).

The dressing covering the surgical site is called a pressure dressing. It consists of several pieces of white gauze secured with tape. The pressure dressing should remain in place for **24 HOURS**. Do not wet the pressure dressing during this time.

After 24 hours, remove the pressure dressing and begin wound care. The suture line should be cleansed **once daily** with dilute soap and water. If dried blood or crusting is present, use either gauze or Q-tips and hydrogen peroxide. Let the solution bubble away loose crusts and drainage. You may gently loosen these crusts with a Q-tip and pat dry. For stubborn crusting, place gauze saturated with peroxide over the wound for 10 minutes to soak and loosen the debris.

After cleansing the wound, apply a thin layer of Vaseline over the stitches. Cover the wound with a non-stick gauze pad cut to the necessary size and secure over the wound with medical tape. It is preferable to keep the wound **moist and covered at all times**.

You may shower after 24 hours, but do not let the forceful stream of the water hit the wound directly. You may shower with the dressing in place or if you prefer remove it prior to showering.

BLEEDING:

During your surgery, bleeding areas were cauterized to prevent post-operative bleeding. The pressure dressing over your surgical site also helps to prevent any bleeding.

It is normal to notice a small amount of blood on the edges of the dressing the first day. If you notice persistent bleeding, apply firm, steady pressure over the dressing for 20 minutes. Note that **if the dressing has become saturated**, you will first have to remove the saturated gauze and apply pressure with clean, dry gauze. If bleeding continues, repeat pressure for an additional 20 minutes. If bleeding persists at this point, please contact your doctor while continuing to hold pressure on the wound. Finally, if **marked, firm swelling** at the surgical site is noted, it may indicate blood accumulation (called a hematoma). **The doctor should be notified immediately.**

****CONTINUED ON BACK SIDE****

Do not take any medication containing ASPIRIN (Unless prescribed by a physician), or drink any ALCOHOL for 3 days after surgery, as these may increase the risk of bleeding. It is permissible to take IBUPROFEN (such as Advil or Motrin) or NAPROXEN (Aleve) with smaller surgical sites. Because these medications are weak blood thinners, your surgeon will tell you if they need to be avoided (with larger surgical sites). Continue to take all other prescribed medication.

PAIN:

Post-operative pain is usually minimal. Plain Tylenol or Extra Strength Tylenol may be used, not to exceed 3,000 milligrams of Tylenol in a 24 hour period. Ibuprofen may be used in most cases, unless otherwise directed by your physician. If needed, apply an ice pack adjacent to the dressing during the first 24 hours after surgery, alternating 10 to 20 minutes on and 10 to 20 minutes off. This will relieve swelling, help minimize bruising, and lessen pain.

If pain is persistent, or worsens after initially getting better, please contact your surgeon.

APPEARANCE:

There may be swelling and bruising around the wound. The area may feel somewhat firm (but will gradually soften and return to normal appearance over time). **If surgery is on the frontal scalp, forehead, or around the eyes, swelling around and below the eyes may be significant.** The edges of the wound may be pink to red in color. This will lighten day by day. Slight tenderness to touch is normal.

As your surgical site heals, you may have occasional sharp but brief pains. Itching is common but if severe and associated with a rash, call the office. Numbness may be present but resolves over several months.

ACTIVITY PRECAUTIONS:

Avoid moderate/heavy cardiovascular exercise and moderate/heavy lifting for 5 to 7 days. For surgeries on the lower leg, keep the leg elevated as much as possible for the day of surgery, and avoid running for 2 weeks. Avoid swimming, use of hot tubs, or soaking in a bath until stitches are removed.

TO OPTIMIZE HEALING:

- Always protect new scars with SPF 50 or higher sunscreen
- Silicone-based gels and tapes may be applied daily for 1 to 2 months to prevent scars from becoming thick on the chest, back, or shoulder
- Do not allow a scab to form on the surgical site. If a scab begins to form, soak the wound with hydrogen peroxide and gauze to remove it before reapplying Vaseline and a bandage

WHEN TO CALL THE DOCTOR:

If pain at the site is increasing with time, or if the wound develops redness, warmth, swelling, or pus-like drainage. These are signs of infection.

IF THERE ARE ANY QUESTIONS:

During regular business hours: Please contact our office at (248) 975-SKIN (7546)

On weekends or evenings: Please contact you surgeon directly:

Dr. Aaron Cetner: (773) 633-9574 (Cell)

Dr. Leonard Kerwin: (248) 892-6271 (Cell)