

WOUND CARE FOR SURGERY & BIOPSY SITES

There are several things that could happen following surgery or biopsy.

1. Bleeding: Bleeding can occur. To reduce the possibility of bleeding:

- a. Limit activities for at least 24 hours.
- b. Keep the surgery/biopsy site elevated above heart level when appropriate.
- c. If surgery was on the face, head or neck:
 - i. avoid stooping or bending
 - ii. avoid straining to have a bowel movement
 - iii. sleep with your head and shoulders elevated on extra pillows

Should bleeding occur, do not panic! Simply apply firm constant pressure on the bandage for 20 minutes. That will usually stop minor bleeding.

2. Swelling: Swelling occurs because surgery has caused a wound and your body reacts to that injury. To reduce the amount of swelling that may occur:

- a. Apply an ice bag for 20 minutes each hour during the waking hours. If you do not have an ice bag, a _____ "baggy" 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).
- b. Keep your bandage dry. This doesn't mean you can't apply Vaseline, Aquaphor, or similar ointment. It simply means don't get the bandage itself wet in the shower or bath.

3. Pain: Pain, postoperatively, is slight. In nearly all cases, Extra Strength Tylenol will relieve any pain you may experience.

4. Infection: True infection seldom occurs. Signs and symptoms of infection include redness, warmth, tenderness, and drainage. Remember, though, that you will always experience some redness immediately adjacent to the wound. This is a common reaction to the cut on the skin created by the surgery or biopsy itself. Likewise, some people's skin reacts strongly to suture material and you will see redness immediately surrounding the sutures themselves. Finally, when an "open" wound is healing, expect that the healing area will create a thin layer of new "skin" which often looks like an adherent layer of 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!

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Wound Care - Two Times Each Day

1. Wash your hands with soap and water.
2. Hydrogen peroxide may be used to cleanse the wound, but you can get too much of a good thing! Newly forming skin can be sensitive to full-strength hydrogen peroxide, so it is recommended that you dilute the peroxide with water at least by half. Do not use rubbing alcohol to cleanse the wound.
If you choose to avoid peroxide, regular soap and water works fine for most wounds. We do ask that wait 24 hours before using soap and water to cleanse the wound since starting this too early may encourage bleeding. Beyond 24 hours, though, an excellent way of cleansing the wound is to allow warm water in the shower (on a low setting) to gently clean out the surgery site.
3. Dry the wound thoroughly by blotting with a clean, soft cloth.
4. Apply thin layer of Vaseline or Aquaphor ointment with a Q-Tip. We generally recommend avoiding Neosporin. Approximately 20% of people who use Neosporin (or generic "neomycin") repeatedly day after day acquire an allergy to this ingredient. Several times a year we perform a wound check on someone who believes they have an infection but instead are having an allergic reaction to Neosporin. It's even possible to have an allergy to other antibiotic ointments like Bacitracin. So, you may use an antibiotic ointment, but even if you avoid Neosporin, you are risking the potential for an allergic reaction.
5. Cover with clean dry dressing.