

Wound Care after Surgery or Biopsy

1. You can remove the bulky white pressure dressing bandage in 24 hours after your shower. If the bandage is on hairy skin, then get the area wet first to minimize discomfort when removing.
2. Cleanse any crusted areas by soaking it with a gentle cleanser (Dove soap, CeraVe, or Cetaphil) for 10 minutes. Gently rinse off the soap and crusted area.
3. Apply a thin layer of Aquaphor Healing Ointment or Vaseline petrolatum jelly for 1-2 weeks using a Q tip over the entire scar. If you are not allergic to polysporin or Bacitracin, that can be used instead. **DO NOT USE NEOSPORIN** as many people develop an allergy with a wound.
4. Cover wound at all times with a band-aid or non-stick gauze bandage. The bandage size should be slightly larger than the wound. Change it once daily.
5. If you have pain, ice the area and take Tylenol for the first few days. If you had surgery, **ice the area once an hour for 5-10 minutes today and tomorrow while awake. Take Tylenol if you have pain (maximum 4000 mg daily if no liver problems)** for 1-3 days. Do not resume blood-thinners / ibuprofen until 3 days after surgery, as this make your wound more likely to bleed
6. **If you have sutures, do not exercise or stretch the area** where you had surgery for at least 1 week, but better to wait until after suture removal. Your cosmetic results may not be optimal if you choose to exercise or to stretch the wound.
7. If you plan to be active (exercise, walking), cover the wound with a large band-aid or non-stick gauze bandage (e.g., Telfa can be purchased at pharmacy) and paper tape. The bandage size should be slightly larger than the wound. Change it once daily while it is healing.
8. If your wound is below the knees, wearing compression stockings (20/30 mmHg) every morning until you sleep will speed your recovery. Elevate your feet whenever possible. Lower leg wounds can take over 6 weeks to heal.
9. Call the office, and ask for a nurse if you have questions about the way the area is healing. For oozing, hold constant firm pressure for 20 minutes (set a timer) without peeking. If there is any doubt, please make an appointment to be evaluated.

WATCH FOR INFECTION: It is normal for the wound base to appear yellowish as the new collagen forms. Infection may appear 3-4 days after surgery as **worsening redness or tenderness**, foul odor, green color or non-clear drainage. If it **looks worse rather than better** after 3-4 days, **call us if you think you are getting an infection**. A different antibiotic may be needed, so come for an evaluation. Deep dissolving sutures can spit out like a pimple 4-6 weeks post surgery. Call to be seen, if this happens. Sometimes people are allergic to Polysporin or adhesive – STOP & switch to paper tape if the surrounding skin gets red/itchy.

TO MINIMIZE SCARRING: #1 step is to **avoid the sun**. Keep the wound covered or protect the scar with a physical blocker sunscreen at all times (Elta MD sunscreen zinc oxide). Scars do not tan as well as normal skin, so they can turn white. Over-the-counter silicone gel scar gel (**Biocorneum medical grade silicone**) can be purchased at the office, or other forms can be found at the pharmacy (Cica-Care or Scar Away **silicone gel or sheeting**). Start using these after wound has healed (after suture removal, or 1-2 weeks after the surgery). Scar gels & patches can be used for 2-4 months. **Massage the area to flatten the scar tissue a few minutes a day**, which can take 6-12 months to heal fully. If you have a history of skin cancer, please call us for your routine full body skin examination every 6 months (3 months for melanoma), and to check the scar. ©JoannaChanMD.com