



Wound Care Instructions- Excisions and Mohs surgery

- **If surgical glue and Steri-strips were used**
 - Leave the original bandage on for 48 hours. If the bandage becomes soaked or soiled before that time, it is OK to change it.
 - **DO NOT** apply any ointments or creams to the wound. This will cause the glue to fall off prematurely. The glue and Steri-strips will fall off on their own in 10-14 days.
 - It is ok to gently wash the area with water. Avoid soaping or scrubbing the wound directly.

- **If sutures were used:** they will *fall out on their own* or will need to be removed in ____ days.
 - Do not wet the wound for 48 hrs.
 - Leave the original bandage on for 48 hours. If the bandage becomes soaked or soiled before that time, it is OK to remove it and examine the wound.
 - After 48 hours, gently clean the wound with water every day. Avoid soaping or scrubbing the wound directly. After washing, apply Vaseline (*unless a special cream was prescribed for the wound*.) **DO NOT USE NEOSPORIN.** For best healing, apply a fresh layer of ointment to the wound every day and cover with a new bandage. Continue this process until the sutures are removed or fall out.

- **If a graft was used:** the sutures will need to be removed in 7 days
 - Please notify us if you have any questions or concerns, especially in the first 48 hours when the graft is most delicate.
 - Leave the original bandage on for 48 hours. After 48 hours, change the wound dressing every day. Apply a fresh layer of the prescribed antibiotic ointment to the wound followed by a piece of xeroform (yellow, Vaseline-soaked gauze) cut to size, a non-adherent dressing, and tape.
 - **KEEP THE SITE COMPLETELY DRY FOR 2 WEEKS.**
 - Avoid prolonged pressure on the site for 2 weeks (i.e., for surgery on the ear, do not sleep on that side.)
 - Follow up in 7-8 days

- **If granulation was used:**
 - Leave the original bandage on for 48 hours. If the bandage becomes soaked or soiled before that time, it is OK to remove it and examine the wound.
 - Keep the wound covered in prescribed antibiotic ointment and a bandage until fully healed. Apply a fresh layer of ointment once a day following the initial dressing change.
 - **DO NOT SCRUB** the wound. It is ok for water to come into contact with the wound.
 - Healing times vary based on the wound size, wound location, and presence of underlying health issues. Typical healing times for a nickel-sized wound are 3 weeks on the scalp and 6 weeks on the leg.

- For LEG surgery: Keep the area elevated as much as possible. We recommend wearing a compression stocking for the first few weeks after surgery.
- For HEAD or NECK surgery: Sleep with head elevated for the first 2 nights to decrease the risk of bleeding. Do not lift anything over 10 pounds (e.g., a gallon of milk) for 48 hours.
- For surgery near or on the eyelids: the eye may swell shut the day after the procedure. This is a normal healing process. Typically swelling improves significantly 48 hours after the procedure.
- **BLEEDING:** a small amount of post-operative bleeding is normal. If excessive bleeding occurs (the bandage is completely soaked or there is blood gushing from the wound), remove the bandage, place gauze over the site and apply continuous pressure (no peeking) over the area for 15 minutes. If this does not stop the bleeding, try again for 15 minutes. If this does not work, you need to be seen. Please notify us if during business hours or call Dr. Burns' after hours number below.
- **INFECTION PREVENTION:** if antibiotics were ordered, please take all pills as prescribed. If you are concerned about a reaction to the medication, please notify us.
- **PAIN MANAGEMENT:** some post-operative pain is normal in the first few days. Should you require pain medication, please use the following treatment plan:
 1. Over-the-counter acetaminophen (Tylenol) 650mg by mouth every 4 hours
 2. Choose ONE of the following NSAIDs:
 - Over-the-counter ibuprofen 800mg by mouth every 8 hours
or
 - Over-the-counter naproxen 440mg by mouth every 12 hours
or
 - ****Celecoxib (Celebrex) 100mg by mouth twice a day as needed for pain (prescribed)****
 3. ****Tramadol (Ultram) 50mg by mouth every 6 hours as needed for severe pain (prescribed)****

Notes: NSAIDs, the options listed in number 2, may increase your risk of post-op bleeding. Only a single type of NSAID should be used at any time (e.g., ibuprofen OR naproxen is OK but not both.) NSAIDs can be combined with acetaminophen and Tramadol if needed. We recommend to start with acetaminophen, which doesn't have a risk of bleeding, and add other medication if necessary.

- Wound healing:
 - Some redness, tenderness and white or yellow material in the wound is normal. If the area becomes painful and red or develops a thick yellow-green material (pus), it may be infected, please notify us.
 - Wound healing continues for up to one year following surgery. Mild tenderness within the scar is normal and should decrease with time. If the pain becomes severe or the scar thickens or itches constantly, you should notify the office. The scar may remain red for up to a year. Over time the redness will subside and the scar will soften and fade. The difference in color becomes less noticeable with time.
- ANY QUESTIONS OR CONCERNS CALL OUR OFFICE AT (541) 452-0180.