



ASSOCIATED DERMATOLOGISTS

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

WOUND CARE - CLOSURE WITH NON-DISSOLVING SUTURES AND TAPED DRESSING

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 dressing pads (i.e. Telfa)
6. petrolatum (i.e. Vaseline)
7. scissors

WOUND CARE:

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

The dressing you have been sent home with is called a pressure dressing. It consists of several pieces of white gauze secured with tape. The pressure dressing should remain in place for **48 HOURS**. Do not wet the pressure dressing during this time.

After 48 hours, remove the entire dressing until you reach a piece of tan colored tape that is directly over the stitches. **Do not remove the tan colored tape**—it is intended to remain in place for 7 days. As long as the tape remains in place, no wound care or dressing is necessary. You may cover the tape with gauze if you prefer.

You may shower after 48 hours, but do not let the forceful stream of the water hit the wound directly. You should shower with a dressing in place, and then perform daily dressing changes afterwards. The dressing will protect the shower water from directly striking the wound.

The following two paragraphs apply only if the flesh colored tape comes off: The suture line should be cleansed once daily with half-strength peroxide (equal parts of hydrogen peroxide and tap water). 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 half-strength 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 dressing (Telfa) 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.

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. **For 45 minutes after your surgery**, you should apply additional firm pressure with your hand over the pressure dressing. This should be performed as 10 minutes of pressure, followed by a 5 minute break. Repeating this cycle three times will complete the 45 minutes.

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

It is normal to notice a small amount of blood on the edges of the dressing the first day. If bleeding is persistent, 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, call the doctor or go to the nearest Emergency Room while continuing to hold pressure on the wound. Finally, if **marked swelling** at the surgical site is noted, it may indicate blood accumulation (called a hematoma). **The doctor should be notified immediately.**

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. In general, it is recommended to also avoid IBUPROFEN (such as Advil or Motrin) or NAPROXEN (Aleve) with larger surgical sites, though your physician may indicate that these are permissible for smaller surgical sites. Continue to take all other prescribed medication.

PAIN:

Post-operative pain is usually minimal. Plain Tylenol or Extra Strength Tylenol, two tablets every 4 hours, usually relieves any pain you may have. Do not exceed 3,000 milligrams of Tylenol in a 24 hour period. If needed, apply an ice pack (or bag of frozen vegetables) 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.

APPEARANCE:

There may be swelling and bruising around the wound, especially if near the eyes. The area may feel firm and swollen (but will gradually soften and return to normal appearance over time). 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. Not uncommonly, the absorbable stitches under the skin may cause one or more small, red pimples to appear along the incision line. In general this is an annoyance but will not interfere with final wound healing.

NOTES:

1. Never place a used applicator back into the hydrogen peroxide.
2. If the wound site is near the eye, saline eyewash (example--Dacriose) may be used on an applicator to clean the corner of the eye and eyelids.
3. Make sure you clean your scissors with alcohol before each dressing change.
4. It is a MYTH that wounds heal better with a scab. If a scab begins to form, soak the wound with hydrogen peroxide and gauze for 15 minutes and gently rub it away with a Q-tip.
5. **If pain at the site is increasing with time, or if the wound develops redness, warmth, swelling, or pus-like drainage, call the office. These are signs of infection.**

IF THERE ARE ANY QUESTIONS:

During regular business hours: Please contact our office at (248) 773-3640

On weekends or evenings: Please contact the doctors directly at:

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

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