



ASSOCIATED DERMATOLOGISTS

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WOUND CARE CLOSURE WITH SKIN ADHESIVE (GLUE)

Your wound has been closed in two layers: Dissolving sutures have been placed below the skin, and a surgical skin adhesive has been used on top of the skin. **You will not need to return to the office to have sutures removed.**

MATERIALS

1. ½ inch or 1 inch medical tape (paper, plastic, or silk tape)
2. Non-adherent gauze pads (Telfa brand or equivalent)
3. 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 **48 HOURS**. Do not wet the pressure dressing during this time.

After 48 hours, remove the pressure dressing and begin wound care. You should be able to see the closure site, but you will not see any visible stitches. The surgical adhesive used to close the top layer of the skin may feel rough to the touch. Also, if there has been some bleeding, the skin adhesive may have become discolored, and appears yellow to orange in color. As the surgical adhesive wears away, any color or texture change will fade.

It is not required to keep the surgical site covered, though you may do so if you desire. The surgical adhesive forms a water and bacteria-proof barrier. You may wash in the usual fashion, but do not scrub or excessively rub the surgical site. It is recommended that you place a piece of dry gauze over the surgical site when you shower and secure it with tape. This will prevent the stream of water from hitting the wound directly. When you finish showering, remove the wet gauze and blot the site dry.

The surgical adhesive will gradually wear away with normal washing, typically requiring 7 to 10 days.

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.

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.

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

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 warm water 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)