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## Graft

# WOUND CARE INSTRUCTIONS

### IMMEDIATELY FOLLOWING SURGERY:

- A large bulky bandage is placed over your surgery site. This is a PRESSURE BANDAGE. The purpose of this type of bandage is to help minimize bleeding, pain, swelling and bruising.
- The pressure bandage is to remain in place for **24/48** hours.
- Showering is allowed; however, the bandage site must remain dry for **24/48** hours to avoid the need for a bandage change.
- If the bandage becomes loose or begins to fall off prior to the **24/48**-hour period, additional tape can be applied over the existing pressure bandage.
- Ice compresses should be done adjacent to your pressure dressing. **DO NOT** remove the bandage until the instructed time. Ice should be applied for only 15 minutes at a time. Repeat every hour the day of surgery until bedtime. A bag of frozen vegetables, such as peas, makes a good compress.
- Smoking interferes with the healing process. Please try to refrain or limit tobacco use.
- Exercise elevates heart rate and blood pressure increasing risk for bleeding, swelling and ultimately infection and poor wound healing. Some wounds are lower risk and exercise can be resumed in a few days while others are complicated, such as over muscle groups, and exercise should be limited for longer - often until suture removal. Individual instructions will be reviewed at the time of surgery.

### POST-OPERATIVE PAIN CONTROL:

Depending on individual circumstances surrounding the site and location of your wound along with method of repair or healing, pain can be completely absent or more significant. In general, swelling (which restricts blood flow) and tension (from tight stitches or repetitive movement of muscles in the area) are the most common causes of inflammation and pain. Methods used to minimize swelling and tension such as ice post-operatively, limiting motion of muscles under the wounded skin, and wrapping the area if possible are good ways to help healing and minimize pain. For most wounds, discomfort is the most significant in the first 24-48 hours after surgery and then starts to subside. Unless there is a contraindication, please take 1,000mg of Tylenol or Acetaminophen every 6-8 hours for pain. If that does not control the pain and there are no contraindications (kidney disease, stomach ulcers, etc) add 600mg of Ibuprofen every 6 hours between the Tylenol doses. You may be prescribed a few tablets of a narcotic pain medication if discomfort is expected to be significant, but that is rare. Please start first with Tylenol and Ibuprofen. Only use narcotic meds if needed. If you find that they are not needed, please dispose of them.

### GENERAL WOUND CARE INSTRUCTIONS:

- Materials needed include mild soap and water, ointment (Vaseline or a prescribed ointment), bandage materials (non-stick pad and tape or Band-Aids or hydrocolloid bandage). Hydrogen peroxide is toxic to cells trying to heal your wound and is not a very good antiseptic so it is unnecessary.

- **ALWAYS** wash your hands before and after wound care.
- Apply Vaseline, or prescribed ointment with a clean Q-Tip.
- Avoid touching the opening of the tube with your fingers or used Q-Tips. This prevents contamination.
- **\*It is a myth that wounds heal faster with a scab. Keep lots of ointment on the wound to help prevent drying and to minimize scarring.**
- If shaving in the area, be careful not to shave over your sutures.

#### **GRAFT:**

- The most important thing for a graft survival is to **keep it moist and covered with an air tight bandage and minimize trauma to the graft site** for at least the first week while fusing. Leave the pressure bandage in place for several days if possible.
- Do not aggressively clean the graft in an attempt to remove dried blood or crust. At bandage change, anything that will easily come off with gentle cleaning is sufficient.
- Minimize activity that will increase blood pressure and heart rate to avoid bleeding under the graft. Try to keep the area elevated and protected from movement/trauma.
- After **GENTLY** cleaning with warm soapy water and Q-tips, reapply a generous amount of Vaseline or prescribed ointment and replace with an airtight bandage for protection to keep the graft from drying out.
- The graft may be purple or red and this is **NORMAL**. The color and texture of the graft often changes over many months as it matures.
- If your graft is in a cosmetic, sun exposed area, it will become brown or discolored if not carefully protected with sunscreen for the first year.

#### **INFECTION:**

Signs of infection are:

- Increased redness and pain surrounding your surgery site. It is normal for the edges of the wound to be pink or red. If redness and pain increase after a few days post-surgery when it seemed to be getting better, infection is more likely.
- Additional signs of infection may be drainage of pus or increased warmth.
- Increasing pain should be reported to our office immediately.
- A yellow film on your bandage or in an open wound is **NORMAL** and is **NOT** an infection.

#### **BLEEDING:**

A large percentage of our patients are on blood thinners of one kind or another, and one of the most common issues after surgery is post-operative bleeding. Cautery, sutures, and pressure bandages were used to control bleeding while in the office, but many things after leaving the office can lead to a disruption of the fragile clots and subsequent bleeding.

- It is normal to see a small amount of blood on the pressure dressing when you remove it.
- If blood leaks out of the bandage within the first 24 hours, hold direct pressure firmly with a clean cloth or towel over the top of the bandage without releasing pressure for 20 minutes. Repeat if necessary.
- **DO NOT** interrupt this pressure to “peek”. If the bleeding still does not stop call our office **IMMEDIATELY**.
- Resting back with the head elevated is helpful to minimize heart rate and blood pressure.
- Icing around the area is helpful to slow blood flow.
- Once bleeding has stopped with the direct pressure, carefully remove the saturated bandage and replace with new bandage.

**HEMATOMA:**

If blood rapidly accumulates under the skin, this is called a hematoma. Your wound will become swollen and very hard to the touch, and you may experience increasing amounts of pain. This requires attention and our office should be notified. Non-painful swelling particularly around the eyes from the procedure is very common even days after surgery.

**WHAT TO EXPECT AFTER SUTURE REMOVAL:**

- The strength of the sutured wound goes up slowly until around 6 weeks after your surgery. This is the reason the deep sutures buried under the skin are designed to maintain full strength and start breaking down around 6 weeks.
- At 6 weeks, your scar will begin to remodel. It may be firm, bulging, or depressed. Massaging of the scar is allowed **AT THIS TIME**, and it will help to break up the sutures along with the early firm scar which is replaced by softer collagen.
- This process continues for 12-18 months following the surgery with continued improvement in scar appearance including redness, firmness, sensation loss, swelling, etc.

**\*\*PLEASE NOTE\*\*** We can be reached at **866-337-6631**, Monday through Friday from 8:00 am until 5:00 pm. After hours, we have an answering service that will contact your surgeon. Please do not hesitate to call with any of the above issues.