



Leave brown tape on for:
5 days – face
8 days – neck or scalp
10 days - body

Post-operative Instructions

Items Needed for Wound Care if You Have Brown Surgical Tape over Your Suture Line (most common):

- Vaseline
- Band-aids
- Plain soap (not antibacterial)

Items You MAY Need for Wound Care if You Do Not Have Brown Surgical Tape over Your Suture Line (less common):

- Vaseline petroleum jelly (a new jar is preferable as this will be applied directly to your healing wound – generic is OK).
- Non-stick dressing pads (if your wound is small, a large Band-aid can also be used as long as the entire wound is covered with white nonstick pad and adhesive is not sticking to your incision line or sutures)
- Sterile gauze
- Roll of medical tape, paper tape, or silk tape
- Cotton balls or Q-tips
- Optional: hydrogen peroxide

General Instructions (if you have brown tape over your sutures – most common):

The white bandage placed at the time of surgery acts as a pressure dressing to minimize bleeding/oozing. It should be kept dry and intact for 48 hours. If it becomes wet or soiled prior to this, you may replace the bandage. Remove white pressure bandage after 48 hours. Leave the brown tape in place for the number of days indicated at the top of this page. If it comes off naturally, or once your number of days have passed, wash the area gently once daily with gentle soap and water and keep the area covered with a thin layer of Vaseline and a band-aid changed daily.

- Go home and take it easy for at least five days, avoiding exertion and rigorous activity.
- You may bathe or shower at any time after surgery, as long as the bandage is kept dry in the first 48 hours. Always avoid direct water pressure on the bandage or surgical site.
- Sleep with head or surgery site elevated using several pillows when possible.
- **Smokers:** To promote better healing, it is **STRONGLY RECOMMENDED** that you make every attempt to quit smoking for two weeks after your surgery. Smoking during this period negatively impacts both the speed and quality of healing.

Daily wound care (if you do not have surgical tape over your sutures – less common):

The bandage placed at the time of surgery acts as a pressure dressing to minimize bleeding/oozing. It should be kept dry and intact for 48 hours. If it becomes wet or soiled prior to this, you may change the bandage earlier. If you experience swelling or bruising, you may apply an ice pack (a bag of frozen vegetables can also be used) to the area around your surgery site. Please keep the bandage dry. After 48 hours, wash your hands with soap and water then remove the bandage and gently clean the wound with cotton balls or Q-tips that have been moistened with soap and water. Blot the wound dry with clean gauze or cotton balls. If you experience a great deal of crusting, you may use hydrogen peroxide to gently remove the crust (some dried blood crust on the sutures is normal). This will bubble up and help loosen/dissolve the crust. Stop the hydrogen peroxide and use only soap and water after 1 to 2 days.

Closure Specific Instructions:

Suture closure (most common): To optimize your healing, the appearance of your scar and minimize the risk of bleeding, please avoid the following activities for at least 2 weeks:

- Lifting greater than 10 lbs
- Stooping or bending over at the waist
- Exercise and sports (i.e. golfing, running, swimming etc.)
- Strenuous yardwork or housework (i.e. laundry, vacuuming, loading/unloading dishwasher)
- Sleeping on sutured area

Second intention healing (no sutures placed): The wound may take 6-12 weeks or longer to heal over completely. You have no activity restrictions. Strenuous activity in the first 48 hours may increase the risk for bleeding.

Skin grafts: The wound care instructions above explain the care of your donor site. You will be given an additional sheet for the care of your skin graft. Please follow these instructions carefully

Once clean, apply a generous amount of petroleum jelly (Vaseline or Aquaphor) healing ointment to the wound with clean Q-tips. Cover the wound with a non-stick dressing pad or bandage cut to a size that covers the wound. Add gauze if there's drainage or oozing. Secure the dressing with tape. Do not let the wound dry out and "scab over". It heals faster and better when it stays moist with ointment and a dressing. Continue wound care once daily until the wound is completely healed.

Surgical Site-Specific Instructions:

- **Ear:** After washing with soap and water as instructed, soak a paper towel in a mixture of equal parts white vinegar and tap water and apply to the wound for 10 minutes. Blot dry and apply ointment and dressing as instructed. This is done to reduce the chance of infection with a bacterium that can reside on the ear.
- **Nose surgery:** Try to avoid forceful nose-blowing. Use Q-tips if necessary. If you have to sneeze, apply firm pressure to your bandage to support the sutured area.
- **Extremity surgery:** Elevate the area as much as possible above your waist when you are resting.
- **Forehead, cheek or eyelid surgery:** Be aware that significant eyelid swelling, bruising, or a "black eye" can result, and is expected in these areas.
- **Lip surgery:** For the first two weeks after surgery, please follow a soft food diet or cut your food into small pieces. Try to avoid large bites of food such as with an apple or large sandwich which can stretch or put tension on the sutured area. Avoid excessive talking, smiling, and laughing which can stretch or pull at the sutures and worsen scarring. Use a small children's toothbrush to brush your teeth. At all times keep your lips well-lubricated with petrolatum (Vaseline) ointment or Aquaphor ointment.

What to Expect in the Postoperative Period

The importance of postoperative care for your surgical site cannot be overemphasized. Your role in caring for your surgical wound is extremely important to the success of wound healing and the scar that results.

1. **Bleeding** or oozing at the surgical site is common after surgery. To reduce the possibility of bleeding, please follow the post-op instructions carefully. Some blood spotting of the dressing is expected. *If bleeding saturates and leaks through your dressing, remove the bandage, move to a seated or lying position and apply firm continuous pressure with gauze pads for 20 minutes (timed). If there is still oozing, repeat pressure for another 20 minutes. Holding pressure will stop most postoperative bleeding. If not, please notify your physician at the number provided below.

2. **Swelling, bruising, and numbness** are common after surgery. To help reduce swelling and soreness, apply an ice pack to the surgical site over the bandage 4-5 times per day for the first three days for 15 minutes each time. Numbness is usually temporary, but, in some cases, can persist for up to one year or more.

3. **Pain** after surgery is generally mild. If you experience pain or discomfort, take Extra Strength Tylenol® or acetaminophen every 4-6 hours as needed during waking hours. Do not exceed the maximum dose listed on the bottle. If pain remains uncontrolled, notify our office. DO NOT take pain relievers such as aspirin, ibuprofen, Advil, Motrin, Aleve, Midol, Excedrin, or Naprosyn as these products may increase bleeding.

4. **Drainage or discharge:** A bloody, yellowish, or watery discharge is expected during the healing process. Infection seldom occurs when the wound care instructions have been carefully followed. Signs of infection include increased pain, swelling, redness, warmth, and excessive or foul-smelling drainage starting several days after surgery. Please contact our office if you experience signs of infection.

5. **Scar:** Any treatment for skin cancer will leave a scar. **To improve the appearance of your scar, you can massage the healed area (using circular motions with your fingertip) for 15-20 minutes a day starting at least one month after your surgery date.** As a rule, the suture line is 2-3 times longer than the length of the original wound/lesion removed. This is done to avoid unsightly puckering and dimpling of the skin that would result if the incision were not lengthened. Redness and bumpiness of the scar are expected, especially in the first 3-4 months due to the internal/buried sutures (which will dissolve) and wound contraction. These generally improve as healing progresses, but redness can be expected for up to 6-8 months. In general, a postsurgical scar improves with time and can take up to one year or more to fully mature. Everyone heals differently and the final scar appearance depends greatly upon an individual's ability to heal. Direct sunlight can cause darkening or persistent redness along the scar line and should be avoided in the first few months after your surgery. If you have a history of abnormal scarring, such as hypertrophic scars or keloids, or if there are problems with the healing of your scar, injections or other treatments may be used to optimize the cosmetic result. Dr. Messana, Dr. Jones, Dr. Mitsch and the surgical team are available throughout the healing process to help you with any concerns that arise.

**** If you have any questions or concerns, please call our office at (720) 851-5200 option 3 Monday - Friday between 7:30 am -5:00 pm. After hours, call Dr. Christopher Messana on his cell phone at (248) 910-9589, Dr. Zachary Jones on his cell phone at (361) 232-3250 or Dr. Melanie Wolf at (847) 363-9653. If you had Mohs and Dr. Misch did your closure, she can be reached at 720-507-6950.**