

Post-Operative Issues to Be Aware Of

BLEEDING: If you find that there is visible blood coming through or around the pressure dressing placed on your wound in the office, you may be experiencing post-operative bleeding. If it is only a small amount of blood and does not appear to be growing larger, then leave the pressure dressing in place. You may want to call the office and have the next bandage change performed in the office. If the bleeding is copious and soaks the bandage, then you will need to stop the bleeding before changing the bandage. PLEASE DON'T PANIC. Go to the bathroom or kitchen and remove the soiled bandages to completely expose the wound. Clean the wound with gauze or paper towels. Set a time on your phone or microwave for 20 minutes. Take some gauze or paper towels and with the butt of your hand (or someone at home), apply FIRM, CONSTANT PRESSURE to the wound. Start the timer. DO NOT **RELEASE THE PRESSURE FOR ONE MOMENT UNTIL THE TIMER STOPS.** This is critical. Your body needs time to form clots. If the pressure is released, even for a moment, the clots are dislodged and the whole process starts again. After 20 minutes, you can release the pressure and inspect the wound. In most cases the bleeding will have stopped. Please rebandage the wound at this point. If the bleeding has not stopped, please repeat another complete 20 minutes of uninterrupted pressure. If after that it has still not stopped, please contact the office at (941) 867-DERM. If it is after hours and you can't reach us, you may need to be seen in Urgent Care or the Emergency Room to have the wound cauterized. This is the worst-case scenario and very rare. With the proper application of pressure, nearly all post-op bleeding can be controlled.

PAIN: Post-op pain is typical a few hours after surgery when the anesthesia has worn off. A moderate amount of pain is normal. Experiencing a mild to moderate amount of pain may actually be helpful as feedback from your body. If you are starting to get back to your normal activities once given clearance (i.e., exercise, work), and something increases pain in the area of the surgery, then you should refrain from that activity. This is especially important for wounds on the body when it comes to **exercise**. If you would like to take something to help control the pain, please take Extra Strength Tylenol (AKA acetaminophen) or Ibuprofen (AKA Advil, Aleve, NSAIDS, Motrin). For increased pain you may take a combination of Extra Strength Tylenol and Ibuprofen every 6 hours for the first 24 hours.



INFECTION: Your surgery was performed following a clean and sterile surgical technique to minimize the risk of infection. However, a surgical wound may still become inflamed. This is a normal and necessary part of the healing. Inflammation means a moderate amount of redness, swelling, and tenderness around the site. It typically peaks a few days after surgery and then subsides. Your wound will still be inflamed at the time of suture removal or sutures dissolution but will gradually lessen as the weeks go by. Signs of infection include an acute or sudden increase in redness, tenderness, warmth, pus or fever. If you have any of these signs and are concerned about infection, please contact our office at (941) 867-DERM.

SWELLING: It is normal and expected to have some postoperative swelling on or around the wound. If the procedure was performed over the front of the scalp, forehead or around the eyes, dramatic swelling and bruising is not uncommon. You may help minimize swelling and pain by applying a cold pack or ice (wrapped in a Ziploc bag and towel) directly over the bandaged wound, alternating 10 minutes on, and 10 minutes off, for several hours. If the surgery was on your arm, leg, hand, or foot: keep that extremity elevated as much as possible for the first few days. If the swelling seems beyond what you would expect or is causing notable pain or shows signs of infection (warmth, pronounced redness, pus, foul odor) please contact us at **941-867-DERM.**