

POSTOPERATIVE WOUND CARE INSTRUCTIONS

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Wound care following suture placement for traumatic injuries (note: these are not intended for use following elective surgical procedures -please refer to PostOperative Instructions specific for your procedure):

While there are many acceptable methods of wound care, we recommend the following: In most instances your surgical incision(s) will have been covered by one or more steri-strips® which have been secured in place with a special surgical adhesive. The steri-strip is a porous tape-like dressing that will allow antibiotic ointment to pass through into the wound and it will also allow blood, serum or other discharge to pass through in the opposite direction. It also provides some additional security to the closure by relieving the tension on the skin. Please rub Bacitracin (or Neosporin or Polysporin) ointment directly (sparingly) on top of the steri-strips twice daily for 48 hours only. Do not remove the steri-strips. Should the steri-strips fall off or become soiled simply cut a new one(s) to the appropriate size, place it on the wound and continue with the ointment twice daily. Wipe off any residual ointment before applying a new steri-strip. Be extremely careful not to dislodge any underlying sutures when removing steri-strips. Bacitracin ointment and steri-strips are sold over-the-counter in most pharmacies. (Do not allow Bacitracin, or other substitute, to enter the area of the eye. If your incision is near the eye we will have provided you with a prescription for Erythromycin Ophthalmic Ointment which is used exactly as described above in place of Bacitracin.) If you run out of or are unable to purchase steri-strips simply apply the ointment directly to the incision and cover with a dry, sterile gauze. Sometimes steri-strips are not used. In this case, apply ointment directly to the wound/incision twice daily and cover with a dry gauze or bandaid. Discontinue the ointment after 48 hours as it may cause skin irritation or reaction (dermatitis). If a rash should develop in the area discontinue use of ointment immediately. **Apply cold compresses as much as possible to the incision site during the first 3-5 hours to reduce swelling.** If the use of ice has been recommended please apply it intermittently for the first 24 hours only and do not apply the ice directly to the incision. You should wrap the ice (or substitute such as a bag of frozen peas or saline compress) in sterile gauze so that it does not come in direct contact with the skin otherwise frostbite may occur. Do not use the ice continually – it's best to apply the ice for 20 minutes then to leave it off for approximately 20 minutes at a time. Do not allow your child to pick at the sutures; most children will comply if asked, however, this may require some gentle reinforcement. If your child cannot resist picking at the sutures, cover the area with a bandaid. Do not be concerned if one or two sutures should work their way out (or be picked out by your child) prior to suture removal. This is common with the finer grades of suture material and in most instances there are several additional sutures in the skin as well as deeper layers of absorbable sutures present to maintain the repair. Please be careful while shaving and brushing the teeth to avoid damaging any sutures placed in the area. Do not perform any strenuous activity for the first 5 days following suture placement for minor injuries as bleeding may occur. We will discuss return to work, school and athletics with you on an individual basis and the necessary notes, forms, etc. will be provided to you in our office.

If applicable, elevate the operated area above the level of the heart. The swelling and discoloration will peak at the third day and then decrease over the next 5-7 days. In most cases 12 months or more are required for a wound to reach maturity and to determine the final appearance of the scar

With some techniques of plastic surgery the end of a suture (stitch) or a knot protrudes from the end of the incision. This is deliberate and you should not attempt to pull or remove this suture/knot or your incision may open. Dr. O'Connell will remove this in the office and you should bring this to his attention.

You may allow your incision to get wet in the shower after 24 hours. Use a nonmedicated soap (e.g. Neutrogena) and allow the shower stream and soapy lather to come in contact with the seri-strips and the incision then blot dry. Almost certainly, while showering the steri-strips will fall off and you can then apply another as outlined above. We do not recommend that you allow the incision to be submerged in bath, pool or ocean water while sutures are in place. Should crusts form please attempt to gently massage them off during your daily showers. If this is not effective attempt to soak the crusts off with warm water compresses. If you wish you may cleanse the wound with hydrogen peroxide. Do not pick crusts.

A very small amount of bleeding from the incision is normal and can be controlled with gentle direct pressure. Persistent or profuse bleeding from the incision is not normal and you should telephone us while applying pressure to the wound should this occur. A small amount of mild redness, swelling and/or "black and blue" about the incision is normal. **Increasing or persistent redness, excessive swelling or discomfort in the area of the incision and drainage from the incision are signs of wound infection and you should contact us and make arrangements to be seen in the office promptly.**

Postoperative Wound Care Instructions (continued)

Most incisions and traumatic wounds are not painful following repair and no pain medication is necessary. Many parents are concerned that their child may experience some discomfort, and in this case we recommend Children's Tylenol in the dose appropriate for the child's age and weight.

Sutures in the lips and mouth:

Food often adheres to sutures placed on the inner aspect of the lips and in the mouth. Please gently rinse the lips and mouth with water or saline solution after each meal to help maintain cleanliness in this situation. For sutures within the mouth or in the area of the lips we recommend a soft diet for at least 48 hours. If possible dental work should be postponed until we clear you due to the risk of disrupting the incision with wide opening of the mouth. Be extremely careful when brushing the teeth.

Instructions following suture removal:

Following suture removal the wound is at its weakest. Because of this we occasionally apply steri-strips as a reinforcement. We recommend that steri-strips be used for 72 hours following suture removal if possible. Do not use Bacitracin or other ointment following suture removal unless we specifically advise you to do so. It's important to note that most incisions and traumatic wounds change dramatically for the better over the ensuing one year and they often look their worst at about one month following suture placement. A normal scar will slowly soften, flatten and become lighter in color beginning about three to four weeks following suture removal. We will discuss available methods of scar optimization with you at the time of suture removal. In all instances we recommend you protect the maturing scar from sun exposure with a sunscreen with an SPF of at least 15 with UVA and UVB (SkinCeuticals) plus use of a blocking agent (e.g. hat, protective clothing) for 12 to 18 months. We often recommend topical scar gel (or sheeting) such as KeloKote® for 6 months and you may obtain this directly from our office. Gently massage the Kelo-Kote® into the incision/scar twice daily in a circular fashion. (Kelo-Kote® is applied under sun block.)

Follow-up care:

If you or your child have met us in our hospital Emergency Department or elsewhere kindly phone our office at 454-0044 to arrange for follow-up appointments and suture removal. If a dog or animal bite is involved you must be sure to notify your local dog warden/animal control officer to verify immunization status and arrange for animal observation/quarantine. Ordinarily the first office visit following an animal bite is at 48 hours.

Sometimes, particularly when surgery is performed in the upper face, small white lesions known as "milia" occur in or adjacent to the scar. These look like whiteheads and they are small inclusion cysts that can usually be easily removed in the office. If you note one or more milia kindly schedule an appointment with our office.

Suture removal in children:

We will make every effort to remove your child's sutures without restraining him/her. This can often be accomplished with the gentle assistance of our nursing staff while your child sits in your lap. Unfortunately, no other children, friends or relatives may be present in the examination room at this time. Because of this we would ask you to make arrangements for a responsible adult to supervise any siblings at your home if you wish to participate in the suture removal process. For the safety of our other pediatric and adult patients, please do not bring any children (other than the patient) with a communicable infection to the office. If the patient is ill please notify us in advance by telephone so we may make special arrangements, as we do not utilize separate "sick" and "well" waiting rooms.

Directions to our office:

Our office is located at 208 Post Rd. West in Westport. Directions from the Merit Parkway as well as I-95 are posted along with a map on our website at www.plasticsurgeryct.com.

Payment policy:

In order to insure the highest possible care for our patients we have chosen not to participate in managed care. Payment in full is required at the time of service (or suture removal for patients seen in the Emergency Dept.). We will be happy to submit an insurance claim on your behalf and payment will come directly to you from your insurance carrier. We do not charge to remove sutures that we have placed.

This should answer most commonly asked questions about incision care but if you have any additional questions or concerns do not hesitate to contact our office at (203) 454-0044 between the hours of 9:00 - 5:00. For after hours questions/concerns Dr. O'Connell can be reached on his cell phone at (203) 252-4110. In the event of an emergency and/or communication system failure, go to the Bridgeport Hospital Emergency Department and they will contact us.