

POST OP INSTRUCTIONS

Dermatologic Surgery / Mohs Surgery

Dr. Nathan Uebelhoer

Post surgery expectations

The importance of wound care to your surgical site cannot be overstressed. The care you take of yourself and your surgical wound is extremely important to the success of the procedure and to your recovery and well-being. There are several things that could happen following surgery.

Bleeding

Bleeding can occur following surgery. To reduce the possibility of bleeding, the following instructions are given:

1. Strictly limit activities for 72 hours. You should only get up to use the bathroom, prepare your meal, and do casual walking around your home.
2. Keep the operative site elevated as best as you can for several days after surgery.
3. If surgery was done on the face, head, or neck:
 - o Avoid stooping or bending for several days.
 - o Avoid straining to have a bowel movement.
 - o Sleep with your head and shoulders elevated on extra pillows as tolerated.

Should bleeding occur, apply a nice constant firm pressure on the bandage for 20 minutes. If you take blood thinners (such as Coumadin, Eliquis, Plavix, or Xarelto) you will likely need to lie down and hold pressure for 2 to 3 hours, changing the bandage every 20 minutes.

If you simply cannot get the bleeding to stop you'll need to go to the emergency room or if it's during normal clinic hours please contact our clinic. We are always happy to talk you through any questions regarding bleeding or any other issue so don't hesitate to call us or *text* Dr. Uebelhoer. However for bleeding the answer is fairly straightforward – change the bandage, apply more pressure, discontinue all activities, and if bleeding does not stop go to the emergency room.

Pain

Pain, postoperatively, is generally minimal. In nearly all cases extra strength Tylenol (take per package insert instructions) will relieve any pain you may experience. The following are pain management guidelines and ALL have serious risks and should not be taken if any doctor has told you not to take these. If you have a condition that requires you to avoid any of these pills, then please let the staff or Dr. Uebelhoer know.

TYLENOL: Start taking Tylenol as soon as you can after surgery. Take it every 4 hours while awake for the first 36 hours after surgery.

IBUPROFEN: Alternate ibuprofen with tylenol. Two hours AFTER you take tylenol, take ibuprofen (ie Advil, Motrin). So as soon as you can following surgery, start by taking tylenol and then 2 hours later you take Advil, and then 2 hours later tylenol, then 2 hours later Advil, and so on.

NARCOTICS (Hydromorphone, Oxycodone, Tramadol etc): In certain situations, I will prescribe narcotic pain medications. Take 1 or 2 every 4 hours ONLY IF the Tylenol/Advil regimen (above) does not work well enough. Keep taking the Tylenol as well unless we instruct you otherwise. As with all narcotics, these will make you less alert and therefore you

must not operate any machinery or drive while taking them. If they make you nauseous please let us know because vomiting can be devastating to your wound. They can also make you itch. IF they do, use over-the-counter Benadryl.

Swelling

Swelling is normal in the way your body reacts to an injury or surgical wound. Typically swelling will last to some degree for THREE months following Mohs surgery.

Surgery around or above an eye and even on the forehead and scalp, can cause a swollen, black and blue eye.

To reduce the amount of swelling that may occur, apply an ice bag or a bag of frozen peas for 5 to 15 minutes each hour during the waking hours of the first day following surgery. Done religiously, this can have a profound effect on the following 1 to 2 weeks of swelling and bruising.

Infection

Infection seldom occurs when wound care instructions have been carefully followed. Washing your hands for 20 seconds after using the bathroom will help prevent wound infection, especially on the legs. But even when all instructions are followed, usually 1 in 100 skin surgeries will result in an infection.

Signs of infection include:

- Fever – if you develop a temperature greater than 100.1 Fahrenheit you should go to the emergency room.
- Increasing pain – especially after the first 24 hours after surgery.
- Swelling that increases after the first 72 hours
- Drainage that increases after the first 48 hours. Drainage is directly related to activity. As you increase your activity after three days of bed rest, you will notice some small amount of drainage especially from any open areas of your wound.
- Redness that extends beyond half an inch from the wound.

**Other than a temperature greater than 100.1, the most important sign of infection is increasing or persistent pain. If you are having pain that is not controlled easily with over-the-counter above, please contact us or see your primary care provider. If it is after hours go to the emergency room.

Special instructions

1. Follow instructions provided for wound care. The vast majority of all complications from surgery occur due to returning to activities too early, smoking, and not following wound care instructions.
2. Keep your bandage dry for the first 48 hours. If we need you to change the dressing before this time we will make it clear.
3. After 48 hours you may get your wound wet; however, avoid swimming or soaking the wound in a bathtub until your sutures are removed. Always keep your dressing dry and if it gets wet the dressing must be changed.
4. Remember the most important wound care instruction is to NEVER "give your wound air." In other words, always have your wound covered with Aquaphor or Vaseline until either your sutures are removed or the open wound has healed completely. Starting the 3rd day after surgery, you should wash the wound with water, wipe away the aquaphor (NO PICKING), and then re-apply the aquaphor immediately. Your wound does NOT need "to breathe" unless Dr. Uebelhoer specifically tells you otherwise.
5. If you have stitches or staples on your trunk or extremities, avoid all strenuous activities and any activities that involve rigorous body movements (such as aerobics, weight lifting, golf, tennis, bowling, etc.); at the time of suture removal the strength of your wound will be only a

fraction of the strength of your normal skin. Therefore avoid such activities for at least two weeks (**many times 4-6 weeks**) after your surgery.

Dehiscence (WHEN A WOUND BREAKS OPEN)

Occasionally, the wound edges will not adhere to each other and the wound will open up. This is most commonly due to doing activities too soon during the first 3 days of wound healing; although it is also a result of the overall general health of the skin, your genetics, or smoking. Sometimes it is due to an infection in the skin. If your wound does open or appears to be open do the following:

1. First, rest assured that the wound will eventually heal and any disfiguring scar can be revised. Often wounds that open up heal with very little noticeable scarring at all.
2. If its bleeding apply pressure (see the above bleeding instructions)
3. Apply Aquaphor directly to the wound.
4. Apply a Band-Aid or bandage over the wound.
5. Contact our office during regular business hours or *text* Dr. Uebelhoer.
6. If you have stitches still in your skin but the wound has opened up, PLEASE *text* Dr. Uebelhoer ASAP. It is very important to have the sutures removed within 48 hours. For this reason, if you are traveling or unable to get to our office, please seek medical care elsewhere to have the affected sutures removed as soon as possible. Leaving stitches in place when the wound or part of the wound has opened dramatically increases your risk of infection.

Wound care

Once each day beginning 48 hours after the surgery (unless otherwise specified) begin wound care.

- Wash your hands for 20 seconds with soap and water. Remember to do this every time you go to the bathroom as well.
- Wash the wound ONLY with water.
- Dry the wound gently but thoroughly with a clean soft cloth gently dabbing the wound.
- Immediately apply Vaseline or Aquaphor with a Q-tip to the wound. Avoid Neosporin, triple antibiotic, and other antibiotic ointments unless specifically directed to use them by our clinic.
- Cover the wound with a clean dry non-stick gauze and use paper or cloth tape dressing or a Band-Aid. Refer to the “signs of infection” above and remember the more activity you have the more painful, red, and fluid producing your wound will be.

Smokers:

Smoking (of any type) limits the ability of the skin to heal. We will design your treatment based on this fact. If you are unable to *completely* quit smoking while your wound heals, expect the time for healing to be prolonged and the resulting scar to be worse than if you were not smoking.

Regardless, we will do whatever we can to optimize your result.

Day by day expectations of your wound

Day 1-2

- Most patients will have very little pain. The best way to prevent pain is by resting and relaxing, and following your postoperative instructions. When you have had any type of reconstruction (in other words, ANY sutures) it is very important that you maintain bed rest during these first 72 hours.
- Swelling may be quite noticeable during these first few days especially around the eyes.
- Any surgery around the eyes will likely result in the eyelid being swollen and almost shut.
- Bruising often begins during this time and may be very noticeable around the eyelids, cheek and neck.

- Your bandage should stay in place during this time. But if it comes off or becomes dirty or wet, remember the importance of applying Aquaphor and reapplying a bandage to the best of your ability.

Day two through four

- Swelling and bruising usually reach their maximum around this time.
- If there has been pain it is usually better by day four. This is the key time to let us know if you are having pain worse than you've had since the surgical day.

Days four through seven

- Swelling and bruising will now begin to resolve and bruising may take various colors including green and yellow and red.

End of first week

- The incision line now has about 5% of its original strength. Be extremely careful with your wound as it may at times feel like it has healed completely by this point.

Weeks two through four

- At this point the incision line will usually become very firm ridge-like and often very bumpy. This is normal and will likely resolve within the next six months.

End of week three

- The incision line now has about 20% of its original strength, resuming most of your activities is acceptable at this point.

End of week four

- By one month after the surgery your incision line is almost at half of its original strength. You should be massaging the incision line every day for five minutes at a time if the scar is bumpy. This is another great time to apply silicone gel scar preparations daily, although this is not required.

Week 12

- The incision line is usually quite soft as the body remodels the healed tissue.

Months 3 through 12

- During this time the nerves of the surrounding area begin to regenerate. This may manifest itself as tingling, occasional painful twinges, and most commonly, numbness. Rarely will the area around the wound have normal sensation before 12 months postoperatively.
- The incision line will gradually become less red as we approach nine months to one year following surgery. This is greatly dependent on your skin type and the amount of sun exposure the wound had following surgery.
- In most cases by 12 months the incision line may actually be white compared to the surrounding skin.
- It is during this period from three months to 12 months postoperatively that if you are displeased with the scar you need to bring it to my attention. Frequently we can begin revising scars during this time to optimize both cosmetic and functional results.
- If your surgery was performed on your NOSE: expect to start noticing less swelling in the nostrils at around 12 months. If you are having difficulty breathing out of the affected side of the nose, let me know. But expect to have "stuffiness" for at least six months following the surgery.
- If the surgery was performed on your FOREHEAD: numbness in that area extending up onto the scalp may last for another 6 to 12 months (1-2 years!).

POST OP KEYS TO REMEMBER:

1. **Our primary goal** is to make sure your tumor is completely removed.
2. If it was a malignant cancer, once we have removed it we will then focus our efforts on restoring your appearance. Many times the reconstruction process continues past the

date of your Mohs surgery. Frequently, patients may need additional procedures during the following months in order to maximize the aesthetic result. If for any reason you are unhappy with the way your scar looks **6 months after surgery**, PLEASE let us know. We CAN revise your scar.

3. **NEVER let your wound “breathe.”** Keep it covered with Aquaphor or Vaseline until we tell you to stop; usually 10 days straight postoperatively.
4. Most questions are covered above, but Dr. Uebelhoer is personally available 24/7 and our clinic is always happy to clarify anything if you are still confused or need reassurance. Don't hesitate to ask.