

WOUND CARE AFTER MOHS SURGERY

Your physician: **Dr. Ahern, Dr. Price**

Your Surgical Assistant: **Key, Kelly, Ashley, Raquel**

Contact Information During Office Hours

1235 Lake Pointe Parkway, Ste. 200
Sugar Land, TX 77478
(281) 980-0166

After Hours Contact Information:

Advanced Dermatology
Office (281) 980-0166

Post-operative Instructions

Following Mohs Surgery, you can expect:

- Bruising on or around surgical site.
- Moderate swelling
- Mild to moderate pain

For surgery on the scalp, forehead, temple, eye or nose – bruising and swelling around the eyes is normal and usually lasts for several days. For surgery on the arm, hand, leg and foot - swelling of the hands & feet is normal. Keeping the area elevated and using an arm sling or wrapping with an ace wrap will help to control swelling. Use of a cold pack is recommended – see directions below under “activity.”

Call the number at the top of this sheet if you experience any:

- Constant fever above 101 F
- Intense pain near surgical site
- Increased swelling, redness or uncontrolled bleeding
- Reopening of the wound at any time
- Yellowish drainage from the wound

NOTE: If bleeding from the site occurs, apply firm, direct pressure with a clean cloth for 20 minutes on the clock. Do not release pressure to look at bleeding status during this time. If bleeding continues after 20 minutes, apply pressure again for 20 additional minutes. If the bleeding persists, continue the pressure & call our office for further instructions. If bleeding stops, you may add additional gauze over the bandage or change the saturated top pressure dressing, securing bandage in place with tape.

ACTIVITY:

- **Elevate surgical site** (head, neck, arm, leg) on 2 pillows when lying or sitting.
- **Do not** bend over, reach or stretch, or lift greater than 10 lbs. Avoid alcohol, aspirin, ibuprofen or other non-steroidal anti-inflammatory drugs for pain unless already directed to do so by a physician. **Tylenol is okay to take, or** you may take the prescription pain medication given to you by our physician. **DO NOT** take Tylenol along with the pain medication as this can be damaging to the liver and kidneys and/or possibly lead to an overdose.
- **NO aerobic exercise** for at least 14 days; brisk walking, gardening, golfing, etc. This type of activity can put your sutures under stress, interfere with healing, and cause bleeding.
- **Use an ice pack** over the bandaged site for 20 minutes, every 2 to 3 hours you're awake.
- **Avoid all Alcohol** for one week following your procedure.

SURGERY SITE CARE – Keep the office bandage on & dry for 2 days. Remove it on:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- The easiest way to remove the bandage is to let shower water get it wet and loosen the tape. If you have small, white steri-strips across your incision, these may also be removed. If they are tightly adhered, do not force them off. They will work loose as you perform wound care. Once the bandage is off, gently wash the wound with warm, soapy water.

1 Tablespoon White Vinegar in 1 cup Warm Water OR ¼ Cup Peroxide, undiluted

- Then perform either a vinegar or peroxide “soak.” To do a soak use either dilute white vinegar or undiluted hydrogen peroxide and soak a piece of gauze. Gently lay the wet gauze on top of the incision. Do not pour the vinegar or peroxide directly on the incision. Do not let the vinegar or peroxide get into your eyes. Leave the wet gauze on the incision for 15-30 minutes. Do not scrub.
- After soaking, apply Vaseline, Polysporin, or a prescription antibiotic ointment, to the incision with a Q-tip and cover with a small non-stick bandage, such as Telfa. Avoid placing tape or adhesive directly over incision. Do not let the area dry out or form a scab, as it can slow healing and create scarring.
- Perform site care twice per day until the surface of the incision has healed – 14 days.
- 4 weeks after surgery, when your wound is well healed, you may apply Scar Recovery or BioCorneum gel.

Wound Care Instructions

You will need the following items for your dressing changes:

1. Telfa or non-adherent dressing pads
2. Micropore paper tape or Band-aids
3. Topical ointment such as Vaseline™petrolatum, Aquaphor®, or Polysporin®
4. Do **not** use, Neosporin®, or other antibiotic ointments.
5. 4x4 gauze pads for cleaning
6. Other materials: _____

Remember to: take your medication as prescribed & return for your follow-up visit or suture removal

Date: _____

Time: _____