



# CARE OF YOUR INCISION AT HOME

A guide for patients

## TALK TO YOUR SURGEON

This pamphlet provides general information that does not apply to every patient. It is not a substitute for advice from your surgeon and does not contain all known facts about wound care or every possible complication of wound healing. Your surgeon may have additional instructions for you. For more complex wounds (for example, a diabetic ulcer; pressure ulcer; burn or colostomy), the surgeon will be able to supply additional instructions about wound care. Read this entire pamphlet carefully. If you are not sure about the advice, terms used, or anything else, ask your surgeon. Write down any questions you want to ask. This pamphlet should only be used in consultation with your surgeon.

### YOUR SURGEON

[Blank box for surgeon's name]

### IMPORTANT DATES

Operation date: \_\_\_/\_\_\_/20\_\_\_

Stop blood thinners or anti-inflammatories: \_\_\_/\_\_\_/20\_\_\_

Restart blood thinners or anti-inflammatories: \_\_\_/\_\_\_/20\_\_\_

First postoperative wound check: \_\_\_/\_\_\_/20\_\_\_

**Dear Surgeon:** When you discuss this pamphlet with your patient, remove this sticker and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask their patients to sign the sticker to confirm receipt of the pamphlet.

### TREATMENT INFORMATION PAMPHLET

PROCEDURE:.....

PATIENT'S NAME:.....

DOCTOR'S NAME:.....

EDITION NUMBER:..... DATE: (day).....(month).....(year).....

For most people, surgical incisions heal well and require only minimal treatment. Specialised equipment, supplies or techniques are usually not necessary.

Different patients heal at different rates. Do not be alarmed if the healing of your incision and the operated area appears to take longer than expected. Several months may be needed for skin to heal thoroughly, even in relatively young and healthy people.

To reduce the risk of complications, it is helpful to follow some basic instructions on how to take care of your incision. Your surgeon may modify the following instructions to suit your circumstances, and you may be given additional instructions.

**Antibiotics:** If antibiotics are prescribed (to reduce the risk of infection), take the full course of antibiotics as directed. Your surgeon may prescribe an antibiotic or antiseptic cream to be applied daily.

**Wash your hands:** Before you handle a dressing or inspect the wound, thoroughly lather your hands with soap for at least 15 seconds and then rinse under running water.

**Wound inspection:** If your surgeon instructs you to inspect your incision, check for any separation of the wound's edges, increased redness or swelling, or drainage of blood, pus or other fluid. Contact your surgeon (or your family doctor if the surgeon is not available) if you see any of these signs or if pain increases. Some redness at the edges of the incision is normal, but it should not spread further than one centimetre from the edge of the wound. Some swelling around the incision is normal. It usually takes about two weeks to settle down.

**Removal of the dressing:** Most incisions do not require coverage by a dressing after several days. If you want to protect the incision, you can wear a bandage or a gauze

covering, as needed. The surgeon may give you instructions to replace the dressing before you are examined at a follow-up visit.

**Showering and bathing:** For the first 24 hours after returning home, keep the incision dry. Take a "wash cloth bath" if needed. You can then shower daily, unless you have received other instructions (for example, if you still have a drain tube in place). Make sure you do not get hot water on the incision because healing skin burns easily. Gently wash the incision with a mild soap; do not use strong soaps, detergents, hydrogen peroxide or iodine. Rinse the area gently and thoroughly. Gently pat it dry; do not rub it. After all stitches have been removed, you can bathe normally.

**Clothing:** Wear loose clothing so it does not rub against the incision. If clothing irritates the incision, place a sterile pad over it.

**Aspirin and other blood thinners:** You may have to stop taking blood-thinning tablets before surgery and then re-start them after your operation. Check with your surgeon about stopping and starting dates.

**Bleeding from the incision:** Apply mild pressure to the incision for several minutes. This generally stops any minor bleeding. Replace the bandage with another bandage of the type you have been instructed to use.

**Sun exposure:** Healing tissue burns easily. Avoid direct sunlight and tanning lights for months after surgery. Cover the healing area with clothing or a sunscreen with a sun protection factor (SPF) of at least 30.

**Protection:** Protect the wound from trauma, such as heavy impacts, abrasion, hot water, and so on.

**Elevation of operated area:** Depending on the wound's location, elevate the operated area several times daily for the first few days. This helps to reduce swelling and pain. For example, if you have an incision on the hand, use a sling to support your hand and arm but continue to make regular shoulder movements. If you have an incision on your leg, lie down with the operated leg above the level of the heart.

**Nutrition:** A balanced diet is important for healing. Eat fruit and vegetables, moderate amounts of bread, pasta, rice and other complex carbohydrates, and protein (dairy products, eggs, fish, meat, poultry or legumes). Some patients may be advised to take a vitamin supplement.

**Relief of constipation:** As most painkillers

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cause mild to severe constipation, a high fibre diet can assist bowel movements. Eat foods high in fibre, such as fresh fruit, vegetables, oats, bran and other grains. Drinking lots of water each day also helps. Your surgeon may recommend that you take a stool softener (such as psyllium husks) both before and after surgery. If you

have not had a bowel movement by the fourth day after surgery, a laxative may be used, but first ask your surgeon. Particularly for an incision to the chest, abdomen or rectal area, the first bowel movements after surgery can be painful. Tell your surgeon if you have a history of constipation.

**Smoking:** It is best to quit smoking at least two weeks before surgery. Smoking can badly affect the healing of a surgical wound.

It may lead to reduced blood supply of small areas of skin near the incision and the dying (necrosis) of small areas of healing skin.

## TO CHANGE A DRESSING

Your doctor or nurse will assess your wound and may refer you to a community nurse for dressing changes, or you may be able to change your own wound dressing. You may need to purchase some wound dressing items.

### General instructions:

1. Wash your hands with soap for at least 15 seconds, and then rinse under clean, running tap water. Dry with a clean towel.
2. Gently remove the old dressing. Dispose of it.
3. Rinse the wound with fresh normal saline, and remove all traces of the old dressing. Use fresh tap water to rinse the incision if saline is not available.
4. Wash your hands again and dry them.
5. Apply the dressing according to instructions.
6. Secure the dressing in place.

Your surgeon or nurse may give you additional instructions regarding the best type of dressing for you and the number of times per day it should be changed.

**Special techniques:** In some cases, the patient or carers may need to learn special techniques such as sterile technique, clean technique, aseptic technique or no-touch

technique. If this applies to you, your surgeon will provide more information.

## RESUMING ACTIVITIES

Your ability to resume normal activities will depend on the nature of those activities, the size of the incision, the extent of treatment, and how well you feel. Increase your activities carefully and gradually.

Do not lift anything heavier than two kilograms during the first week. This particularly applies to people with an abdominal incision. Be careful not to place stress on the incisions or to overexert yourself.

Do not engage in a sport or activity that could cause the edges of the incision to separate.

## HEALING OF THE INCISION

**Stitches and their removal:** Usually at three to 10 days after the operation, your surgeon or nurse removes the staples or non-dissolvable sutures (except for stainless steel sutures used to close the breast bone). In some cases, stitches may remain in place for three weeks if healing has been slow or interrupted by infection. As deep stitches slowly dissolve and are absorbed by the body, they do not need to be removed.

**Skin tape:** After stitches have been

removed, your surgeon may apply skin tape over the incision. This provides extra support for the incision. Your surgeon will give advice about when it can be removed.

**Drain tube:** At the time of surgery, your surgeon may insert a rubber or plastic tube near the wound to remove excess fluid that can collect around the operated area. Good drainage can greatly assist healing. The drain is usually removed two to three days after surgery. Be careful not to pull on the drain.

**Scar formation:** During healing, scar tissue forms. In an uncomplicated wound, healing takes about a month. The degree of scarring depends on the amount of new tissue produced. Most incisions typically result in minimal scarring. The scar of a newly healed wound is red and raised. Over time, the scar shrinks and becomes paler and flatter. The scar is weaker than the original skin and does not contain hair follicles or sweat glands. Scar management with tapes and other applications may continue for several months in some cases.

**Pain relief:** Your surgeon can prescribe a painkiller as needed. Gradually, pain and discomfort should ease and become relatively minor as the wound heals. For larger wounds, you may need to take a painkiller shortly before a dressing is changed.

## POSSIBLE COMPLICATIONS DURING WOUND HEALING

Despite the highest standards of medical care, wounds may heal poorly. While your surgeon makes every attempt to minimise risks, complications may occur that have permanent effects.

It is not usual for a surgeon to outline every possible side effect or rare complication of wound healing. Most patients will not have complications, but if you are concerned, discuss this with your surgeon. The following possible complications are listed to inform and not to alarm. There may be other complications that are not listed.

- Wound infection, which may require treatment with antibiotics.
- Abscess, requiring additional surgery.
- If healing is impaired (for example, due to infection) or very slow, a thick and raised scar is often the result.
- The scar may contract severely and become unsightly. Scar-revision surgery may be needed to improve function of a limb or appearance.
- The incision may fail to heal thoroughly and may become a "chronic wound" that requires specialised treatment.

- Keloid or hypertrophic scars; most scars fade and flatten, but some become raised, itchy, thick and red. A keloid or hypertrophic scar can be annoying but is not a threat to health.

## REPORT TO YOUR SURGEON

Tell your surgeon at once if you have any of these problems:

- fever (with a temperature of more than 38°C) or chills
- heavy oozing or bleeding from a wound
- increased swelling around a wound site
- increasing pain
- difficulty breathing
- difficulty in passing urine
- spreading redness around the wound
- a foul odour from a wound.

Prolonged wound care can become expensive. Your surgeon can advise you about coverage by private health insurance and out-of-pocket costs. Ask for an estimate of medical and hospital fees and any other costs. This is only an estimate because

### Costs

the actual treatment may differ from that proposed. If further treatment is needed because of complications, or other options you may choose, extra costs are likely to apply. It is better to discuss costs before treatment rather than afterwards.