

SECOND INTENT HEALING

1. Keep the first pressure dressing dry for 48 hours.
2. If bleeding should occur, apply firm, uninterrupted pressure with clean gauze for 30 minutes. If bleeding stops, do not remove the dressing at this time. Gently clean around the dressing and reinforce it with extra tape. If bleeding does not stop, please call the office or go to the nearest emergency room.
3. If the doctor prescribes an antibiotic pill, take it until it is all gone. If you have any side effects (rash, diarrhea, nausea or vomiting), please call the office.
4. Take Tylenol, Advil, Motrin, Ibuprofen, or Aleve every 4-6 hours as needed for discomfort.
5. Expect some swelling, redness, pain and/or tenderness around the wound that should gradually decrease within a few days. If your wound is on your face, keep your head elevated on two pillows. It is not unusual to have eyelid swelling/bruising if surgery was on the mid or upper face. Do not bend over, no heavy lifting or strenuous activity. Keep your head above your heart. If your wound is on your leg, wear firm support hose and walk frequently to keep good circulation in your legs and keep your leg up while sitting. No aerobic exercise or weightlifting for at least two days (ask your physician for specific instructions).
6. You should begin doing daily dressing changes two days after surgery:
 - a. Remove the old dressing and discard it (there may be an initial clot from the bio-degradable first layer of the original post-op bandage).
 - b. Cleanse the wound with mild soap and tap water. This may be done in the shower or at the sink. You may place a wet gauze pad directly on the wound and let it soak for several minutes if needed.
 - c. Do not use peroxide or alcohol. Use only soap and water. Make sure to completely remove any residual ointment from the previous dressing: you may need to use a wet Q-tip to do this.
 - d. If the wound should start to bleed (pinpoint bleeding is normal), place a thick pad of gauze on the wound and hold pressure as instructed in #2, then continue with (e) below.
 - e. Dilute vinegar soaks help to "chemically" lift early scabs (starts around day 2-4 and may look creamy white/yellow like pus): add 2 tsp. white vinegar to 1 cup water. After wiping away residual ointment, soak cotton balls with solution and cover the treated area. Lie back and relax for 10-15 minutes. Wash or wipe away all the softened scab (a wet Q-tip works best, pinpoint bleeding is OK), blot skin to dry, then apply Vaseline/Aquaphor with a Q-tip and bandage, see below (f). Repeat up to 3-4 times daily as needed (OK to store extra solution in the fridge).
 - f. Use an appropriate sized bandage or cut a non-stick pad to fit the size of the wound and secure with paper tape. Lay the pad flush to the wound. If the wound is draining, you may want to reinforce with gauze or cotton balls on top of the non-stick pad.
 - g. Remember to keep the bandage airtight. If the wound is exposed to air, it will crust and scab, leading to a more noticeable scar.
7. If swelling, redness and/or tenderness of the surgical site persist for more than a few days, contact our office. These symptoms could represent an infection.
8. Please keep your follow-up appointment and make sure that you come bandaged as you will likely be instructed to continue wound care.
9. Healing will take approximately two weeks of bandaging for the head/neck area but possibly longer for the lower extremities.

