



## Advanced<sup>®</sup> Dermatology

Skin Cancer and  
Laser Surgery Center, P.C.

www.advaderm.com

### Board Certified Dermatologists

#### General Dermatology

Gregory G. Papadeas, D.O.  
James T. Chapman, M.D.  
Steven A. Brenman, D.O.  
Jamie G. Surovik, M.D.  
Jennifer A. Ray, M.D.  
Ryan G. Gamble, M.D.  
Dawnielle C. Endly, D.O.  
Ryan O'Leary, M.D.  
Powell Perng, M.D.  
Anne H. Hanson, D.O.  
Roger I. Ceilley, M.D.

#### Mohs Micrographic Surgery

Darlene Johnson Skow, M.D.  
Misha D. Miller, M.D.  
Jamison E. Strahan, M.D.

#### Dermatopathology

Sean Amsbaugh, M.D.

#### Pediatric Dermatology



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## WOUND CARE INSTRUCTIONS AFTER MOHS SURGERY AND/OR EXCISION

**Keep the initial pressure bandage dry and do not remove it for  
48 hours**

### For Pain Control

- Ice: Apply ice (or frozen vegetables) wrapped in a thin dishtowel over the bandage for no more than 20 minutes at a time. This will help with pain and swelling.
- Acetaminophen: Extra Strength (500 mg) 1 to 2 tablets every 6 hours as needed.
  - Do not exceed 3,000 mg of acetaminophen in a 24-hour period.
  - If acetaminophen is not controlling your pain, try alternating between acetaminophen and Ibuprofen.
- Ibuprofen: 600 mg every 6-8 hours (take acetaminophen, then 3 hours later take ibuprofen, then 3 hours later take acetaminophen, ...)
  - Do not take more than 2400 mg of ibuprofen in a 24-hour period. This means you should not exceed 4 doses of (600 mg) of ibuprofen in 24 hours.
  - Remember to eat a small meal when you take the antibiotic or pain medicine to prevent having an upset stomach.
- Alternating Acetaminophen and Ibuprofen: has been shown to provide very effective and strong pain relief.
  - Take acetaminophen (1 to 2 tablets), then 3 hours later take ibuprofen (600 mg), then repeat for 24 hours as needed for pain.

### In case of active bleeding

- Bright, red bleeding that is non-stop from the site is not expected but may occur.
- If bleeding occurs and bandage is not soaked:
  - Do not remove the bandage.
  - Apply firm, direct pressure over the bandage for 20 minutes (no peeking).
  - If it is still bleeding, please contact the clinic.
- If bleeding occurs and the bandage is soaked:
  - Remove the bandage
  - If bleeding continues after 40 minutes of pressure, contact our office right away.
  - Once the bleeding has stopped:
    - Wash area with mild soap (Baby shampoo, Dove, Cetaphil) and water using clean gauze or Q-tips. Gently remove any dried blood or excess crusting.
    - Rinse well using tap water
    - Pat dry
    - Apply a thin layer of Vaseline or Aquaphor to site using a clean Q-tip.
    - Cover site with Telfa pad (non-adherent pad), gauze, and tape.

### After the First 48 hours

- Gently remove the bandage, you may do this in the shower, after getting the bandage wet. This will decrease skin tearing.
- Wash area with mild soap (Baby shampoo, Dove, Cetaphil). Gently remove any dried blood or excess crusting. If the crusting does not come off easily, do not force it to be removed.
- Rinse well using tap water
- Pat dry
- Apply a thin layer of Vaseline/Aquaphor to site using a clean Q-tip.
- Cover site with Telfa pad (non-adherent pad) and tape.
- Continue with these wound care instructions daily until your sutures are removed.



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### **Other instruction during the postoperative period:**

- Elevate the surgical site (Site: Hand, leg)
- Sleep with a few extra pillows under your head (Site: Head)
- Black eye, eyelid swelling:
  - If the site was near your eye or on your forehead, you may experience a black eye or your eye may swell shut. Don't be frightened. This is normal and will usually take a few days to improve.

### **Activity**

- Please rest for the first 48 hours after your surgical procedure.
- Avoid any activity that will increase your heart rate or put tension on the wound for the first 2 weeks after your surgery (exercising, golf, heavy lifting etc)..
- Avoid bending over or heavy lifting (> 15 pounds).
- Avoid aspirin, alcohol, and smoking.

### **What to Expect**

- You may experience numbness at the surgical site which may be temporary or permanent.
- There will be bruising and swelling that can last between 1 and 2 weeks. Areas of the mouth and eye may last longer.
- The sutured area will be pink, swollen and tender for the first few days. The area should look and feel better each day after this point.
- Clear, yellow or light red drainage is normal as the wound heals.
- Skin near the surgery site may appear and feel tight. This relaxes in time. A scar is strong at 30 days, but not mature for 6-12 months.
- Stitches below the skin will be absorbed by the body within 2-3 months.
- Sometimes a stitch works its way up through the skin about 6-8 weeks after surgery; this is not dangerous. It usually looks like a small piece of thread or a small "pus bump". If you have any questions about this, please call us.
- You may start firm scar massage 2 months after surgery to soften firm scars.
- Wounds below the knee are more prone to separate, especially if your skin is thin or the wound is under high tension.
- If you have diabetes, your compression socks should be 18-25 mmHg.

### **Complications**

- Infection: The surgical site will become increasingly red, swollen and tender. You may see pus coming from the wound. Contact the office if you think you may have an infection.
- Hematoma: A purple lump or "goose egg" with form under the suture line a get progressively bigger. The "lump" is often tender. Contact the office if you think you may have a hematoma.
- Suture breakage: May follow activity. Contact the office if your sutures break.

**If you have any questions or concerns,  
please call our office 24 hours a day at 303-368-8611.**