

## **CARE OF YOUR INCISION AT HOME**

In general most patients will find their incisions heal well and will require only minimal treatment.

But different patients heal at different rates, and for some it will take longer than others. Do not be alarmed if your wound takes longer to heal than expected. It can take many months for the skin to heal completely. This can occur in relatively young healthy patients also.

To reduce the incidence of complications, it is helpful to follow some basic rules on how to take care of your surgical incision. Your surgeon may modify these instructions to suit your situation and he may also add some additional instructions.

### **ANTIBIOTICS**

If your surgeon prescribes antibiotics make sure you take the full course as directed. Your surgeon may also prescribe an antibiotic or antiseptic cream which should be applied daily.

### **WASHING YOUR HANDS**

It is very important before handling dressings or inspecting your wound that you thoroughly wash your hands with soap for at least 15 seconds and rinse them under running water.

### **WOUND INSPECTION**

Your surgeon may ask you to inspect your wound, checking for any separation of the edges, any redness or swelling or oozing of blood, pus or fluid. It is very important to contact your surgeon should you notice any of these signs or if pain increases. If your surgeon is not available contact your GP. It is normal to have some redness at the edges of the wound but this should not spread further than 1cm beyond the edge of the incision. It is also normal for some swelling to be apparent around the incision site. This should settle down in about 2 weeks.

### **REMOVAL OF DRESSINGS**

Most incisions will not require a dressing after several days. If you need to protect your wound, a gauze bandage is appropriate. You may be instructed on dressing changes before your discharge from hospital.

### **SHOWERING & BATHING**

It is important to try and keep the incision dry for the first 24 hours after returning home. If you need to freshen up take a “wash cloth bath” as necessary. After then you can shower daily unless otherwise instructed.

Make sure you do not get hot water on the incision as the healing skin will burn very easily. Washing gently with mild soap is appropriate. Avoid any strong soaps, detergents, hydrogen peroxide or iodine. Rinse the area gently but thoroughly and gently pat dry avoiding any kind of rubbing. Once your stitches have been removed you can bathe normally.

### **CLOTHING**

To avoid irritation to the wound, wear loose clothing. If irritation still persists, place a sterile pad over the wound.

### **ASPIRIN & OTHER BLOOD THINNERS**

You may be instructed to stop blood-thinning medications before your surgery and then restart them after. Your surgeon will advise you regarding this.

## **BLEEDING FROM THE INCISION**

If you notice bleeding from your incision site, apply pressure to the wound for several minutes. Generally this will stop any mild bleeding. Replace the dressing with a clean dressing of the type you have been instructed to use.

## **SUN EXPOSURE**

Healing tissue is very delicate and can burn easily. Direct sunlight and tanning lamps should be avoided for many months following surgery. Make sure the healing area is covered with clothing or sun screen with an SPF of at least 30.

## **PROTECTION**

It is important to protect the incision from trauma that can occur from heavy impacts, abrasion or hot water etc.

## **ELEVATION OF OPERATED AREA**

Depending upon where the incision site is located, try to elevate the operated area several times a day for the first few days to help reduce swelling and pain. If you have an incision in the arm, use of a sling to support this area with regular shoulder movements will help. Similarly, if you have an incision in the leg, lie down with the leg elevated above heart level.

## **NUTRITION**

For good healing of tissues it is important to have a balanced diet. Eat plenty of fruit and vegetables, moderate amounts of bread, pasta, rice and other complex carbohydrates, and protein (dairy products, eggs, fish, meat, poultry or legumes). Your surgeon may advise you to take a vitamin supplement.

## **RELIEF OF CONSTIPATION**

It is quite common for most painkillers to cause mild to severe constipation. A diet high in fibre can help to alleviate this situation. Eat plenty of fruit, vegetables, oats, bran and other grains. Drinking pear juice and plenty of water can also help.

Your surgeon may advise you to take a stool softener before and after surgery. If a bowel motion has not occurred by the fourth post operative day a laxative may be recommended by your doctor.

Patients with an incision in the chest or abdomen may find the first bowel movement quite painful. Tell your surgeon if you have had a history of constipation.

## **SMOKING**

You should cease smoking at least 2 weeks before surgery. Smoking can badly affect the ability of the body to heal itself. The reduced blood flow to the skin can cause

small areas of necrosis (dying) at the wound site.

## **CHANGING A DRESSING**

Your doctor or nurse will examine your incision site and may decide to organize community nursing for dressing changes or you may be able to do them yourself. If you are attending to your own dressing changes you will need to purchase some dressing items.

- Make sure you wash your hands with soap for at least 15 seconds and rinse under clean, running tap water. Dry with a clean towel.
- Gently remove old dressing and dispose.
- Rinse wound with fresh saline removing all traces of old dressing. Fresh tap water may be used if saline is not available.
- Wash hands again and dry them.
- Apply dressing according to instructions.
- Secure dressing in place.

Your surgeon or nurse may give you specific instructions on techniques and number of changes for your dressings.

## **RESUMING ACTIVITIES**

- How soon you are able to resume normal activities will depend upon what those activities are, the size of your incision, its treatment and how well you feel and have healed. Make sure your activities are resumed carefully and gradually.
- Nothing heavier than 2 kilograms should be lifted in the first week. This is particularly important for patients with a chest or abdominal incisions. Do not place stress on the incision or over exert yourself.
- Any sport or activity that could cause the edges of the wound to separate should be avoided.

## **HEALING OF THE INCISION**

**Stitches** are usually removed from the incision somewhere between 3 and 10 days after the operation. Your surgeon or nurse will remove the staples or non-dissolvable sutures. The steel wires used to close your breastbone are left. Should the wound be healing slowly or there has been infection, stitches may be left in place for a few weeks. Deep stitches (internal) are left in place and are slowly absorbed by the body.

**Skin tape** may be placed over the incision after your stitches have been removed. This is done to help support the incision while it continues to heal. Your surgeon will advise you when it is time for it to be removed.

**Drain tubes** are inserted into the wound at the time of surgery to help drain excess fluid that can collect in the area. Good drainage helps healing. Drain tubes are usually removed 2 to 3 days following surgery. Avoid pulling on the drain tube.

**Scar formation** for most patients is minimal. An uncomplicated wound will take approximately 1 month to heal. The amount of scar formation will depend upon how much new tissue has been produced. New scars are red and raised. As time passes the scar will shrink and become paler and flatter. Scar tissue is weaker than normal skin and does not contain hair follicles or sweat glands. Support of the incision with skin tape will help minimize scar formation.

**Pain relief** can be prescribed to you by your surgeon. Pain and discomfort will gradually ease and become relatively minor as healing progresses. Larger wounds may require taking some pain killers before dressing changes.

## **POSSIBLE COMPLICATIONS OF WOUND HEALING**

Sometimes even with the best care wounds heal poorly. Every attempt is always made to minimize risks and complications but sometimes they happen and some have permanent effects.

**It is NOT USUAL for your surgeon to outline every possible side effect or rare complication of wound healing.**

Most patients heal without complication, but if you are concerned please discuss these with your surgeon.

**The following complications listed are to inform not to alarm.**

- Wound infection requiring treatment with antibiotics
- Abscess requiring further surgery
- Thick, raised scarring due to slow healing or infection
- Unsightly scar contraction. Further surgery may be necessary to improve limb function or appearance
- Failure of the wound to heal completely (chronic wound) requiring specialized treatment

- Keloid or hypertrophic scars.  
These scars are raised, itchy, thick and red. Although annoying are not a threat to health.

## **REPORT TO YOUR SURGEON**

If you experience any of the following symptoms, report them to our office, or if after hours contact the hospital where your surgery was performed or your GP.

- Fever (more than 38°C) or chills
- Bleeding from the surgical area
- Excessive oozing, redness, swelling or tenderness at your incision site
- Increased pain
- Difficulty breathing
- Difficulty passing urine
- A foul odour from the wound

