



## MOHS MICROGRAPHIC SURGERY-- WOUND CARE INSTRUCTIONS

Please follow these instructions for wound care following your Mohs micrographic surgery procedure. Good wound care leads to well-healed wounds and this aids the ultimate cosmetic outcome. Following surgery, do not be surprised to see blood-tinged drainage. If your dressing becomes saturated with bright, red blood then remove the dressing. At this point, use a clean gauze or hand towel to apply gentle but firm direct pressure to the wound for 20 minutes (on the clock continuously with no peaking). If the bleeding has not stopped after 20 minutes or a large, swollen, purple area quickly develops immediately after surgery, then call your doctor. Most worrisome bleeding will occur the day of your surgery or that evening. By the next day, you may be dramatically bruised or discolored but this is expected and temporary. Any procedure around the eye, cheek, or forehead usually results in an extensive black eye.

1. For the first 24-48 hours, apply ice bags (or frozen vegetables such as peas or corn work well) to your wound as often as 50% of the time while awake in 20 minute increments. This should be placed over the top of your dressing. Do not apply ice directly to the skin.
2. Extra strength acetaminophen (e.g. Tylenol) is usually sufficient for post-operative discomfort. Avoid medications with aspirin in them for 48 hours after your surgery.
3. Remove dressings or bandages in 24-48 hours
4. Once the bandage is removed, showers are allowed. At no time should the wound be immersed in water (bathtub, swimming pool, etc.) until the sutures have been removed or healing is complete.
5. Begin twice-a-day (morning and evening) cleansing of the wound by mixing equal amounts of tap water and hydrogen peroxide and using a Q-tip or clean gauze. Gently clean to remove any dried blood or excess crusting and rinse well with tap water. Do not use full strength hydrogen peroxide. Do this until no more crusting occurs. After 2-3 days, you may discontinue use of the hydrogen peroxide and simply use a mild soap and tap water.
6. After cleansing, apply a coating of bacitracin or petrolatum (e.g. Vaseline) and apply a bandage over the wound until suture removal or complete healing. *Keep ointment on the wound at all times until the wound is healed or sutures are removed.*
7. Most wounds can be left uncovered after approximately one week. However, wounds that are on areas of the body that are easily irritated may need to be covered longer or until suture removal.
8. The goal of wound care is to prevent scab formation during the healing period. Adequate wound care as described will usually prevent thick scab formation. Scabs are destructive to good wound healing. However, if a scab does form do not pick at it; allow it to fall off on its own.
9. Remember to follow up for you suture removal or wound check appointments.

When to call the doctor:

1. Severe inflammation (redness, tenderness, warmth, swelling)
2. Bleeding immediately after surgery as described above

For patients with a full-thickness skin graft: The above information will pertain only to your donor site. *The full-thickness skin graft site bandage should not be disturbed for 7 days.* If the bandage falls off do not clean or touch the graft site. Gently apply a very generous amount of bacitracin or petrolatum with a Q-tip and place a telfa (non-stick) dressing on the area secured with paper tape. You may need to clean the skin around the graft with soap and water to allow the tape to stick. Do not let another health care professional try to change the graft dressing or clean the graft areas unless this has been *explicitly* approved by the Mohs micrographic surgeon or someone on his staff. You are always encouraged to call the office with questions.