

# Ada West DERMATOLOGY

*Diseases of the Skin, Hair, Nails, and Skin Cancer Treatment*

Mohs Surgery  
Phone: (208) 884-3376

Daniel Winchester, M.D.

Leave bandage on and dry until .

## MOHS SURGERY WOUND CARE INSTRUCTIONS FOR SKIN GRAFTS

You have two areas with bandages: your surgical wound that has been repaired with a skin graft, and the donor site (where your skin graft was taken from).

### GENERAL INSTRUCTIONS:

- ◆ Take it easy! Do not do anything that raises your blood pressure or heart rate for at least 48 hours. No exercising, heavy lifting, bending over, stretching, or straining.
- ◆ Do not drink alcohol for 48 hours.
- ◆ Do not be surprised if you see a small amount of blood-tinged drainage. If your dressing becomes saturated with bright, red blood, remove the dressing. Then use clean gauze to apply gentle, but firm direct pressure to the wound for 10 minutes (no peeking). If the bleeding has not stopped, apply pressure for another 10 minutes. **If the bleeding has not stopped after 20 minutes, or if there is a large, swollen, purple area around the surgery site, call our office at (208) 884-3376 or the Emergency Contact Information below.** If the bleeding stops, please call us to discuss further instructions.
- ◆ Bruising and swelling around the surgical site is normal. If your surgery was near the eye, forehead, nose, or cheeks you may experience a black eye. Your eye may even swell shut. Do not be frightened if this happens. The swelling will go down once you are up and around.
- ◆ If your surgical site is on the head, sleep with your head elevated about 30 degrees (a couple of pillows) for the first couple nights to decrease swelling.
- ◆ Take Extra Strength Tylenol® and ibuprofen for pain. This is typically enough to manage post-operative discomfort, but depending on location or size, Dr. Winchester may prescribe a mild narcotic. If this narcotic also contains acetaminophen do NOT take additional acetaminophen. See below for dosing.
- ◆ For the first 48 hours you may apply an ice bag to the surgical site every few hours while you are awake. Apply the ice bag about 20 minutes at a time **over the top of your dressing**. A bag of frozen vegetables (peas or corn) works very well. Do not apply ice directly to the skin.
- ◆ If prescribed an antibiotic please take as directed and complete the full course.

Ice the  
area

## **CARE FOR YOUR SKIN GRAFT:**

- ◆ ***LEAVE THE PRESSURE DRESSING ON AND KEEP IT CLEAN AND DRY UNTIL THE DATE YOUR PHYSICIAN OR MEDICAL ASSISTANT STATED TO REMOVE IT. (THIS IS TYPICALLY 2-3 NIGHTS).***
- ◆ After 24 hours you may shower, but do not get the dressing wet. If this bandage becomes loose or uncomfortable, please call to discuss with the nurse. We can arrange to change your dressing, if needed.
- ◆ If the dressing falls off, do not try to clean the skin graft. Gently apply a generous amount of Vaseline® or Aquaphor® to the graft with a Q-tip®. Then apply a non-stick dressing (Telfa®) that is large enough to cover the graft, and tape it down snugly. (You may need to gently clean the skin around the graft with mild soap and water and then gently pat dry so that the tape will stick). Call our office for additional instructions.
- ◆ Do not let another health care professional change the graft dressing or clean the graft area unless this has been approved with Dr. Winchester or a member of our staff.
- ◆ The sutures used on the graft and donor site are typically absorbable and will dissolve over the next 7-14 days. Sometimes non-dissolvable sutures are sometimes used as well.
- ◆ After removing the initial dressing, you will begin daily dressing changes. Use finger pressure to clean surrounding skin with plain water and mild soap such as Dove® liquid or Cetaphil® cleanser. Then apply Vaseline® or Aquaphor® ointment and cover with a non-stick bandage and paper tape. You will want to protect the graft with a thin bandage for about 2 weeks to one month, please use your best judgment.
- ◆ For the next 12 months be very diligent about using sunscreen to protect the graft from the sun.

## **CARE FOR YOUR DONOR SITE:**

The skin graft was taken from a donor site.

- ◆ *Always wash your hands prior to changing the dressing.*
- ◆ After 2 nights you may carefully remove the dressing and can get the wound wet in the shower. Do NOT soak your wound and do NOT allow direct water pressure to hit the wound.
- ◆ After 2 nights begin daily bandage changes. Use plain water and mild soap such as Dove® liquid, baby shampoo, or Cetaphil® cleanser to gently wash the area. You should use a cotton tip applicator (Q-tip®) or clean gauze to clean the wound. Gently remove any dried blood or excess crust by rolling the cotton tip applicator or gauze over the wound and then rinsing. **Do not use cotton balls.**
- ◆ After cleaning, apply a thin coat of Vaseline® or Aquaphor®. Then apply a new thin bandage (Band-Aid® or non-stick gauze and paper tape).
- ◆ If a scab forms allow it to fall off on its own. Keep dressing the wound and keep it moist with Vaseline® or Aquaphor®. Do NOT pick the scab off.
- ◆ After using Vaseline or Aquaphor for a week, switch to a white, unscented cream such as Cerave, Cetaphil, or Eucerin.

### ***If donor site was closed with stitches:***

- ◆ The stitches will be removed in 7-10 day (unless they are dissolvable), keep bandaging the wound until that time.

### ***If donor site is left to heal by second intention (Mother Nature):***

- ◆ Keep bandaging the wound until it heals (usually 3-6 weeks).

## **WHAT TO EXPECT:**

- ◆ **The skin graft may look purple or black when the bandage is first removed. The top layer of skin may peel away from the graft and/or surrounding skin. This is normal and the discoloration will improve over the next several months.**
- ◆ The healing rate varies by individual, depending on age, skin type, and location of the graft. Sometimes the color and texture match will be very good within a few weeks, but in most cases there will be redness and slight contour abnormalities for several months. If the cosmetic results of the repair are not satisfactory after about 6 months, there are usually simple procedures that can be performed to improve the appearance.

## **FOLLOW-UP CARE:**

Return to your general dermatologist for all other skin problems, including a skin exam in 6 months and every 6 months after, for the next 2 years.

## **CALL THE DOCTOR IF YOU NOTICE:**

- ◆ Bright red bleeding from your wound that does not stop after applying gentle, direct pressure for 20 minutes.
- ◆ A large, swollen, tender, purple area around either surgery site (hematoma).
- ◆ Redness or swelling that lasts more than 4 days.
- ◆ Tenderness, warmth, or red streaks around the wound.
- ◆ Increased bloody drainage, green or yellow drainage, or a foul smelling drainage from your wound.
- ◆ A fever greater than 101 degrees F that continues after 3 days.
- ◆ **If you have any questions or concerns, please call the Mohs office at (208) 884-3376.**
- ◆ **For after-hours emergency, call Dr. Winchester's cell phone (208) 991-3685.** If you are unable to reach Dr. Winchester please go to your local hospital emergency department.

## **PAIN MANAGEMENT REGIMEN:**

Pain Control
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1. Acetaminophen (Tylenol) 500mg; 1-2 tabs by mouth every 4-6 hours. Do NOT take more than 6 pills in a 24-hour period.

-Continue to take every 4-6 hours until you feel little to no pain at the end of a dosing interval.

2. Alternating regimen with Acetaminophen (500 mg) and Ibuprofen (600 mg)

Within 1 hour of surgery: Acetaminophen 500 mg

3-4 hours later: Ibuprofen 600 mg

3-4 hours later: Acetaminophen 500 mg

3-4 hours later: Ibuprofen 600 mg

-Continue to alternate until you feel little to no pain at the end of a dosing interval.

**Only take these if you have been told that they are okay for you, as some patients may not take them due to preexisting medical conditions (eg. Patients on Warfarin cannot take ibuprofen).**

## **Care of your scar to get the best possible outcome**

A scar is considered new for the first year. The majority of healing and scar improvement occurs within the first 2-3 months, but the scar will continue to soften and improve in appearance over years.

Sometimes scars require revision (laser, dermabrasion, surgical revision) to get the desired outcome. This decision is typically made after allowing the scar to improve for a few months on its own.

If after 2-3 months you do not feel that the scar has healed to your level of satisfaction, please call for an appointment and we will assess the scar and determine if revision would be helpful.

Remember that skin type and the healing response of the individual will impact the healing and appearance of the scar.

These are some steps you can take to improve the appearance of the scar (to help Mother Nature along).

**Sunscreen:** It is very important to protect your new scar from the sun. A new scar that is exposed to the sun can pigment (red- brown or even purplish color). The best way to avoid this is to protect the scar from ultraviolet light. This can be accomplished with bandages, sunscreen, or protective clothing and hats. An SPF of 30 is recommended and must be reapplied every 2-3 hours.

**Steri-strips:** Occasionally we place steri-strips over the surgical site to help protect from any tension that may occur. You can gently wash the site right over the top of the steri-strips. Do not worry if they fall off, they are only meant to be on the site temporarily.

**Scar improvement creams/bandages:** My experience has shown that no scar cream is a miracle worker. Scars will improve in time with or without creams, but using vaseline or aquaphor daily, as we suggested, helps the healing conditions.

**Place your cell phone on camera mode and scan QR code below to watch an instructional video on how to care for your wound.**

