

LASER & SKIN SURGERY CENTER **DISCHARGE INSTRUCTIONS**

PATIENT NAME: _____ ID NO: _____

I. DAILY WOUND CARE

General Wound Care.

- **Keep wound dry for the first 24 hours then change the dressing.**
- Always wash your hands with soap and water before changing the dressing.
- Cleanse the surgery site with mild soap and water at every dressing change.
- Apply a thin layer of ointment once daily with a Q-tip. Cover with a clean dry dressing until sutures are removed.
- **If bleeding should occur, place firm pressure on site for 20 minutes.** Then place another dressing on top of the existing dressing.
- Should redness excess ¼" width, pain, drainage or odor persist, for more than a few days please call the office for appointment.
- Apply ice continuously as possible for 3 - 4 days.
- Limit activity including sports, exercise, and heavy lifting for a few weeks to allow the wound to help and avoid dehiscence.
- * • Remember that there is only 5% wound strength at 1-2 weeks and 40% at 5-6 weeks.
- Stop smoking and avoid alcohol consumption for 1-2 weeks.
- If applicable elevate extremity 1 -2 weeks.
- If applicable our recommendation of a post op laser treatment would be in 6-8 weeks.
- Your wound has sutures buried underneath the skin to provide strength. Sometimes a suture may extrude through the skin, prior to its normal absorption time of 90 days. Call the office if this occurs to schedule an appointment

Graft Wound Care.

- **DO NOT ALLOW STERILE BOLSTER TO GET WET.** Avoid area when washing or taking a shower.
- We will have you come back in 24 hours after your surgery to change the dressing for you.
- You should change the dressing once daily thereafter until you have a follow-up appointment with us.
Note: Apply a thin layer of ointment around the base of the bolster and cover with dressing.

II. POST-OP MEDICATION (Please Check)

- | | | | |
|--------------------------|--|--|--------------------------|
| <input type="checkbox"/> | BACTROBAN | Once Daily | x _____ days |
| <input type="checkbox"/> | POLYSPORIN | Once Daily | x _____ days |
| <input type="checkbox"/> | AQUAPHOR | Once Daily | x _____ days start day 4 |
| <input type="checkbox"/> | DURICEF | 500mg p.o. BID | x _____ days |
| <input type="checkbox"/> | CIPRO | 250 mg p.o. BID | x _____ days |
| <input type="checkbox"/> | MONDOX | 100mg p.o. BID | x _____ days |
| <input type="checkbox"/> | SKINUVA SCAR | BID x 3 months, Start day 7 after suture removal | |
| <input type="checkbox"/> | TYLENOL 1000mg, four hours later MOTRIN 400mg. Continue to alternate every four hours as needed for pain, for up to three days | | |
| <input type="checkbox"/> | OTHER _____ | | |

III. FOLLOW-UP (Please Check)

- HILTON HEAD OKATIE OTHER _____

IV. QUESTIONS PLEASE CALL (843) 689-9200 Monday -Thursday 8:00am to 4:30pm, Friday 8:00am to 11:30am

V. EMERGENCIES AFTER 5PM ONLY

- (843) 290-4927 *Make a phone call. Do not text or e-mail.*

If unable to reach any one at the above number, go to the emergency room.

VI. SUMMARY

I have received a copy of this wound care sheet and have had all of my questions answered.

Patient Signature or Legal Guardian

Date