

11 Gormly Avenue
PO Box 5574
Wagga Wagga NSW 2650

Phone: 02 6925 6004
Fax: 02 6925 6008

Stephen Jancewicz

MB.BS.BSc(Med) F.R.A.C.S

General and Colorectal Surgeon

Provider No.: 208322AK



POST-OPERATIVE INSTRUCTIONS FOLLOWING **SKIN SURGERY**

Pain Relief

- Regular paracetamol (1g – ie 2 x 500mg) every 6 hours can be taken together with either ibuprofen or Voltaren three times a day with food. **Note:** Panadeine Forte is paracetamol 500mg + 30mg codeine in combination. Occasionally ibuprofen is more effective and less constipating than these stronger pain killers (400mg three times a day with food).
- Occasionally more extensive operations that involve a graft or a flap may cause more pain and oxycodone can be added with a script being provided.

Return to Work & Driving

- Return to work when comfortable to do so. The exception may be where you work in a dusty environment and the wound will be exposed to a greater risk of infection.
- In general, if you can get in and out of a car safely then you can drive a vehicle. The exception will be if surgery is conducted on the lower limbs (thigh, leg or ankle/foot) where the surgeon will advise when it is reasonable to return to driving.

Suture Removal

- Most wounds will be closed with some form of dissolving stitch to help reinforce the deeper tissues and these dissolving stitches will not need to be removed. Occasionally external sutures, which are usually blue in colour, will be visible and ought to be removed. Your surgeon will let you know if there are sutures to be removed and offer a wound review with suture removal to be done in the Practice when co-ordinated by the Practice nurse. In general, the Practice nurse will make contact with you to check on your progress and tee up a suture removal date as recommended by the surgeon.

Follow-up

- Routine follow-ups are not arranged as wounds take care of themselves and the biopsy results will be communicated through to you by means of a letter or phone call. Occasionally suture removal will be on a day when the surgeon is present in the office so that results can be discussed face to face at the same time.

Wound Care

- **Head & Neck:** In general wounds on the head and neck will not have an external dressing, rather application of Chlorsig ointment. If this ointment is not available, then application of a steri strip will be used and if this steri strip lasts for five days then it has done its job. They usually peel off quite easily and it is safe to wash and pad dry over such wounds.
- **Elsewhere:** These wounds are usually covered with a dressing which ideally is kept intact dry for a week at a time. It is best not to soak the area in a bath so that there is no seepage of fluid into the wound to cause it to become moist and predisposed to infection. If possible, it would be ideal to wrap an arm or leg wound with a plastic bag when having a shower to keep it as dry as practical.
- **Split thickness skin graft:** Donor site wound will frequently ooze for anywhere between 2-4 weeks. For the first few days the wound may be especially oozy and the bloodstained ooze may seep through the adhesive dressing. This dressing may thus need to be changed more frequently than once per week. Ideally, the donor site is checked and dressed on a weekly basis to ensure it is healing and exclude infection.

If there is a problem:

Such as fever, increased pain at the operative site with redness, swelling, pus discharge or offensive odour, excessive wound ooze through the dressing:

- Call rooms in business hours (6925 6004).
- Consult your own GP.
- Present to your local Emergency Department for review.