

## Post-operative Instructions

### Following Mohs Surgery, you can expect:

- Bruising on or around surgical site.
- Moderate swelling
- Mild to moderate pain

For surgery on the scalp, forehead, temple, eye and nose areas – bruising and swelling around the eyes is normal and usually lasts for several days. For surgery to the arm, hand, leg and foot areas - swelling on the hands and feet is also normal. Keeping the area elevated and using an arm sling or keeping sites on the arms, hands feet or legs wrapped with an ace wrap will help control the swelling.

### Call **205-977-9876** if you experience any:

- Constant fever above 101
- Intense pain near surgical site
- Increased swelling, redness or uncontrolled bleeding

**IF BLEEDING OCCURS FROM THE SITE:** apply firm, direct pressure with a clean cloth for 20 minutes on the clock. Do not release pressure to look at bleeding status during this time. If bleeding continues after 20 minutes, apply pressure again for 20 additional minutes. If the bleeding persists, continue the pressure & call our office at **205-977-9876** for further instructions. If bleeding stops, you may add additional gauze over the bandage or change the saturated top pressure dressing, securing bandage in place with tape.

### ACTIVITY – For the first 3 days after surgery:

- **Elevate surgical site** (head, neck, arm, leg) on 2 pillows when lying or sitting (above the level of the heart)
- **Do not** bend over, reach or stretch, or lift greater than 10 lbs (a full gallon of milk). Avoid alcohol, aspirin, ibuprofen or other non-steroidal anti-inflammatory drugs for pain unless already directed to do so by a physician. **Tylenol (ACETAMINOPHEN) is okay to take**, or you may take the prescription pain medication given to you by our physician. **DO NOT** take Tylenol along with the pain medication as this can be damaging to the liver and kidneys and/or possibly lead to an overdose.
- **NO aerobic exercise** for 7 to 14 days, including brisk walking, gardening, etc. This type of activity can put your sutures under stress and interfere with healing and cause bleeding.
- **If your surgery was on the head, use a cold pack** around areas of swelling (such as eyes) for 20 minutes, every 2 to 3 hours you're awake. Activate pack as directed on package and apply to areas of swelling **prior** to placing it in the **REFRIGERATOR** the first time. Do not put cold pack in the freezer. Do not place the ice pack directly on the skin.

### SURGERY SITE CARE:

- Leave the entire bandage in place & dry. Remove the top pressure dressing on:  
Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
- Under the top, gauze pressure dressing, you have one of the following bandages:  
Steri-strips                      Telfa                      2<sup>nd</sup> Skin
- You will remove the rest of your bandage on:  
Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
- The easiest way to remove the bandage is get in the shower and allow it to get wet. This will loosen the tape.

- Once the bandage is off, prepare a mixture of:

**1 Tablespoon White Vinegar in 1 pint (2 cups) warm water OR ¼ Cup Peroxide, undiluted**

Using gauze or a clean cloth, soak incision for 15 minutes 1-2 times a day, frequently re-wetting gauze or cloth in solution then re-applying to area.

Steri-strip Bandage	Telfa Bandage	2 <sup>nd</sup> Skin Bandage
<p>Your steri-strips may stay in place after you remove your top pressure bandage. Do not forcibly remove them, but allow them to come off as you soak your incision each day. Any areas not covered by the steri-strips should have Polysporin (or Bactroban or Centany (mupirocin) if allergic to Polysporin) applied with a Q-tip and covered with a small non-stick bandage.</p> <p>Perform wound care 1-2 times a day until the incision is completely healed without scabbing or drainage – typically 7 to 14 days or until instructed to stop by your surgeon.</p> <p>NOTE: Occasionally, the skin will react to extended use of antibiotic ointment. If you see a slight rash or redness starting on or around the incision, stop using Polysporin and change to clean uncontaminated Vaseline</p>	<p>Apply Polysporin (or Bactroban or Centany (mupirocin) if allergic to Polysporin) to incision with a Q-tip and cover with a small non-stick bandage. Avoid placing tape or adhesive directly over incision. Do not let the area dry out or form a scab, as it can slow healing.</p> <p>Perform wound care 1-2 times a day until the incision is completely healed without scabbing or drainage – typically 7 to 14 days or until instructed to stop by your surgeon.</p> <p>NOTE: Occasionally, the skin will react to extended use of antibiotic ointment. If you see a slight rash or redness starting on or around the incision, stop using Polysporin and change to clean uncontaminated Vaseline</p>	<p>Apply a new 2<sup>nd</sup> skin bandage: cut to size (just slightly larger than your wound), peel off blue film backing (leaving the clear film side in place), and apply to wound sticky side down. Secure in place with paper tape. If there is any drainage, you may add an additional layer of gauze to absorb the drainage. Avoid placing tape or adhesive directly over incision. Do not let the area dry out or form a scab, as it can slow healing.</p> <p>Perform wound care 1-2 times a day until the area is completely healed without any scabbing or drainage– typically 7 to 14 days or until instructed to stop by your surgeon.</p> <p>Do not expose the skin to the sun for until completely healed. After complete healing, it will be able to tolerate sunscreens. We recommend products containing zinc oxide or titanium dioxide.</p> <p>Mild/moderate redness is expected for 10 - 14 days after the procedure and will fade gradually over a 4 to 6 week period.</p>

**Remember to: Take your medication as prescribed & return for your follow up visit.  
Please call our office at 205-977-9876 with any problems or questions.**