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Post-Operative Instructions

What To Do After Surgery:

Icing:

To decrease pain, bruising, and swelling, it is very important to ice the operative site for the 1st 48 hrs, while awake. Place a clean cloth between the operative site and the ice pack. Avoid placing an ice pack directly on the skin. This should be applied for 15 minutes on and 15 minutes off for the first 48 hours.

Positioning:

To decrease swelling and pain keep the operative site elevated for the first 48 hours. If you had surgery on your hand, it should be kept higher than your heart relative to the ground. If the surgery was one the head or neck sleep with your head elevated.

Washing:

You can wet the incision after 24 hours. You can shower and let water trickle over the incision. After washing the area must be dried gently and then apply Polysporin. In order to avoid infection please do not soak the incision for the first 2 weeks. This means no baths or swimming for at two weeks.

Scabs:

Your body will naturally create a crust or scab over the incision site. Bacteria can hide under scabs and impair the healing process. Clean the area daily to minimize the scabbing. You may do this using a Q-tip or clean cloth and sterile water. For hard to clean wounds you can mix a cup of sterile waster with 3 caps full of hydrogen peroxide.

Problems to Watch For:

Infection:

If you think you are developing an infection, call the office or Dr. Anzarut if the office is closed. Signs of infection include: 1. fevers and chills, 2. increasing pain, 3. redness of the surrounding skin, and 4. purulent or foul drainage.

Bleeding:

Some bleeding after surgery is normal. If bleeding apply direct pressure for 15 minutes using a clean gauze or a clean towel. Do not remove dressings if you have dressings on. Call the office or Dr. Anzarut if the office is closed if the bleeding does not stop.

Compartment Syndrome:

Compartment syndrome is a condition that can occur after hand surgery. It is an extremely severe and important complication to be aware of. It is caused by swelling in the hand or arm. If it occurs, the pain becomes very severe and is not controlled well with medications. You will tend to have a throbbing pain. The first thing to do is to elevate the extremity and make sure it is higher than your heart relative to the ground for 20 minutes. If this does not relieve the pain, remove all of your dressings including your splint and the layers of dressing adjacent to the skin. It is extremely important that you do this. If this does not relieve the pain then call the office or Dr. Anzarut directly.

If you are unable to contact the office or Dr. Anzarut directly, go to the Emergency Department. Hand pain that is not well controlled or compartment syndrome that is missed can lead to consequences that impair function lifelong.

Stitch Removal:

Dr. Anzarut or his office should let you know. In general stitches on the face come out after 5 to 10 days and elsewhere on the body stitches are removed after 2 to 3 weeks.

Some of the dissolving sutures may come up through the skin after 3 - 4 weeks. This is called 'suture spitting.' If this occurs do not be alarmed. You can cut the suture flush with the skin, pull it out, or come back to our office.

What to do if you have a skin graft:

Dr. Anzarut or his office should let you know when this dressing is to be changed. The dressings at the surgical site and where the skin graft was taken must stay dry and intact. In general the surgical skin graft dressings are removed in Dr. Anzarut's office 4 days after surgery.

After the first dressing change you will need daily dressing changes. The area is cleaned, pat dried, and dressed with Polysporin and gauze. The nurse will provide instructions on this when you come to the office.

The dressings where the graft is taken from [usually the thigh] are removed with the exception of the last layer. The last layer of this dressing is left in place. It is allowed to dry out. As the skin heals underneath, the dressing will lift and you may trim the edges.

Things you Can Do After The Stitches Are Out To Ensure The Best Result:

Massage:

Starting 5 weeks after surgery, massage at the scar site will help soften up the scar. You can use a non-scented hypoallergenic cream such as Glaxol.

Silicone sheets:

These can be purchased from some pharmacies. They are applied to the scar 23 hours a day to improve the appearance of the scar. They have been shown to, *in some cases*, to decrease the amount of redness in the scar. Application of silicone gel sheeting *may* reduce the scar redness, however the amount of improvement may not be appreciable. It is not necessary to purchase or use silicone sheets.

Creams and vitamins:

There are few creams and vitamins that will improve scarring. Some will cause scarring to be worse. Applying creams before the wound is healed can cause infection and worsen the scar. Taking high doses of Vitamin C or applying a Vitamin C cream will increase the chance of having a larger and thicker scar.

Final Scar Maturation:

The scar appearance improves over the first year, a process called maturation. If there are significant concerns about the appearance of the scar at 3 to 6 months, you should discuss these with Dr. Anzarut. A small touch up procedure may be necessary.

Contact Information:

The office can be contacted at 250-597-2064 and is open seven days a week. If there is an emergency and you are unable to contact the office Dr. Anzarut's personal cell phone number is 1-250-510-4668.