



## EXCISION POSTOPERATIVE INSTRUCTIONS

Most dermatologic surgery is uneventful and has very few complications. The major risks include postoperative bleeding, bruising or infection, but these problems are uncommon. Pain is not abnormal, but it is usually tolerable. The perception of pain may vary depending on the pain threshold of an individual.

Most surgeries include an excision and repair or closure of the surgical defect. These are usually performed at the same time, but may occur on different days, if there is concern about assuring the completeness of the surgical margins of a malignancy. This situation includes an excision followed by a delayed closure.

The following instructions should explain most postoperative concerns. If further questions or concerns arise, please call us at one of the numbers listed below. It is best to call early if you have any concerns rather than let them worsen.

- 1) Pain is generally well controlled with Tylenol. Avoid the use of aspirin/ibuprofen/NSAIDs for pain. Nonsteroidal pain medications can increase the risk of bleeding or bruising, leading to further discomfort. If you believe you will need an additional pain medication, please let us know. If you have pain requiring further medication, contact us promptly. Remember that it is hard to find an open pharmacy after 9PM.
- 2) Infections rarely occur, but if they do it is most likely within the first few days after surgery. Redness, swelling, increasing pain, tenderness, or drainage at the wound site can be indications of an early infection. Fever is possible but not common with skin infections. Call our staff or Dr. McLain if you have concerns about a possible infection.
- 3) Dressings are usually left in place for at least 48-72 hours. If the bandage comes off prematurely, the wound can be cleaned with mild soap and water, a generous application of Vaseline/Aquaphor ointment applied, and then redressed with a similar bandage. Topical antibiotics can be used as substitute for other emollients, however there is a higher risk of contact allergies, similar to poison ivy, with prolonged uses. After removal of the initial dressing, it is recommended to clean and re-dress the site every 1-2 days or after showering/exertion. Dressings can be covered with a plastic wrap taped in place if bathing is needed.
- 4) We recommend using caution with heavy physical activity for 2 weeks. If you have any activity specific questions please let us know. Any lifting of more than 20 lbs should be done with caution while sutures are in place. Also try to avoid any activities that lead to flushing or lifting of heavy objects, particularly if the procedure occurred on the head or neck. The skin will take upwards of 2 months to regain it's initial strength, therefore to prevent scarring or exacerbation continue to limit physical exertion during that time to ensure optimal outcomes.
- 5) If the excision has been left open and not repaired while awaiting pathology results, be particularly careful regarding keeping pressure on the wound, decreasing physical activity, and keeping the surgical site elevated. The dressing must be left in place. If bleeding occurs, apply direct pressure to the wound for 20-30 minutes. This will usually stop the bleeding. Contact the office or Dr. McLain immediately while applying pressure to discuss further disposition and follow up.

### Contact us if you have further questions at the following numbers:

Office numbers: 253-851-7726 (Gig Harbor office), 360-337-7404 (Silverdale office), 253-752-4447 (Tacoma office)

After hours: 281-705-8094 (Dr. McLain's Personal Cell)

### Post-Surgical Instructions:

- A. Suture removal for the scalp: 7-10 days, for the face and neck: 5-7 days, for the trunk and arms 10-14 days, for the legs 14 days, or as recommended by staff.

Silverdale Office  
3505 NW Anderson Hill Rd  
Suite 201  
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360-698-6859

Gig Harbor Office  
4700 Point Fosdick Dr NW  
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Suite 130  
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253-752-2273