

# Dr Richard J Barlow MD FRCP

*Dermatological & Laser Surgery, Mohs' Micrographic Surgery*

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## POST-OPERATIVE WOUND CARE

### Mechanisms of healing

Wounds are thought to heal quicker and better if they are kept moist and clean. This allows skin cells (keratinocytes) to migrate more easily over the base of an open wound or between the edges of a sutured wound. To do this, we use petrolatum ointment (Vaseline) or an antibiotic-impregnated ointment like Fucidin.

The old approach of allowing wounds "to breathe" results in drying of the tissue exudate and formation of a crust or scab. This in turn desiccates and deepens the wound and results in prolonged healing and a poorer cosmetic result.

### Wound care

Please repeat the following procedure daily, starting on the day after the procedure:

- Gently remove the dressing before you shower or bath, washing the wound with soap and water. This should remove exudate and crusts but a cotton bud can be used for this purpose.
- Pat the wound dry and cover it with petrolatum (Vaseline) or antibiotic ointment (Fucidin). This will keep the wound clean and moist and prevent tissue exudate drying to form a crust.
- Apply a waterproof plaster. Do not leave the wound open 'to breathe'.

### What to expect

- This routine should be continued until the stitches are removed.
- If a wound is being allowed to heal on its own (as after a graze or burn), then continue for 10 to 14 days or until fresh, dry skin replaces the moist wound base
- For pain control, use paracetamol rather than aspirin or other anti-inflammatory analgesics (which exacerbate bleeding and bruising).
- For bleeding, apply local pressure to the wound with gauze or ice wrapped in gauze.

Should you have any questions or queries, please telephone:

- the nurses' station at the Chelsea Out Patient Centre on 020 7349 3852
- the nurses station at the Lister Laser Unit on 020 7881 4066
- the Lister main switchboard on 020 7730 7733, which can contact me after hours