



Patient Information

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Surgical Excision with GELFOAM Secondary Intention Healing Closure

Your wound will be left to heal in naturally or by second intention healing. This means that there are no sutures in your wound. Your wound will fill up naturally with new tissue from the bottom up and then close itself in from the sides. With proper care, this process **can take 6-12 weeks or longer to heal over completely (average 6-8 weeks depending on the size of the wound)**. You have no activity restrictions; however, strenuous activity in the first 48 hours may increase the risk for bleeding. Your body does a fantastic job at this process but you need to be patient. There are several important steps necessary to insure proper healing.

Your wound has been filled with medical Gelfoam. This foam protects the wound, helps to stop bleeding, and encourages healing by forming a matrix. The goal is to have your wound heal into the Gelfoam until the “hole or defect” fills in completely and even with the skin surface. In addition, Gelfoam is often mixed with a green antiseptic Bismuth Powder to prevent infections. An antibiotic is also sometimes prescribed to prevent infection in the healing process.

IMPORTANT NOTES:

- DO NOT clean THE WOUND with peroxide.
- Change the dressing once daily until the wound is completely healed (some wounds may require 6-8 weeks for complete healing). In the case of excessive drainage, or difficulty with completely sealing the area, dressing may need to be changed more often.
- Avoiding/decreasing tobacco use following surgery will drastically improve healing.
- Once the wound has completely healed, begin using sunscreen to prevent darkening of the scar.
- There may be an additional fee of \$15.00 per envelope of Gelfoam 1-2 weeks after the surgery. Please ask the assistant if this pertains to you (usually for large & deep defects of legs or back).

WHAT PAIN TO EXPECT:

After your surgery you can expect some discomfort from the surgical site. This is highly variable among patients and is also dependent upon the location of your surgery. Some areas are more sensitive than others. We recommend taking a dose of *both* Tylenol 1000mg and ibuprofen 400mg (at the same time) shortly after surgery, and every 6 hours as needed for pain. If your pain is not adequately relieved, or if you are having severe pain then you should call our office immediately. Avoid any aspirin containing products. CAUTION: Bufferin, Anacin, Goody Powders, Excedrin and B.C. Powders all contain aspirin products.

ONCE DAILY CLEANING & DRESSING CHANGES:

1. **The pressure bandage that you left the office will need to stay in place for 2-3 days.**
2. We will see you again in 2-3 days to change the dressing. You will return 1-2 times a week until the wound is 2/3 healed for further application of Gelfoam and to ensure proper healing.
3. Keep the dressing in place while bathing. Remove the dressing immediately after bathing, clean the wound using a mild soap, and put on a new dressing. Do not soak the wound in the tub. Please do not use pure concentrated hydrogen peroxide or alcohol to clean your wound as this may dry out new tissue that is trying to form.
4. Cleaning should be done using a Q-tip dipped in plain tap water, a mild soapy water solution, or diluted hydrogen peroxide in water (½ & ½). Use the Qtip to gently clean any dried blood or excess crusting on or around the wound. **Once you have used a Q-tip to clean the wound, do not place it back in the water. Only use clean Q-tips.** Cleanse AROUND the wound well, being certain to completely remove all old drainage/ointment. **Area should appear moist and red for optimal healing.**

5. After cleaning, gently dry the area and wound with a clean Q-ti/gauze pad. Then select a non-stick telfa dressing (non-adherent bandage) that is somewhat bigger than the size of your wound. The dressing may need to be cut to avoid having it too large. Apply a good amount of Vaseline, Aquaphor, or Mupirocin Ointment on the pad or directly into the wound with a cotton tip and place the pad over your wound to cover it.
6. Bandage should be airtight at all times. Secure the pad with Cover-All bandage or paper tape on all four sides so air doesn't get in from the sides of the bandage. Apply additional tape as needed. If the non-stick dressing sticks to the wound when you remove it, then use more ointment to prevent further sticking. If excessive drainage occurs, place an additional layer of gauze *over* the non-stick pad before securing with tape.

***This should be done daily and can be incorporated into your shower routine. It is very important that your wound stays covered and airtight to prevent the wound from drying out. Crusting will impede the growth of the new tissue that is necessary for your wound to heal.**

WHEN SHOULD I CALL MY DOCTOR?

- Pain that gets worse a few days after the procedure
- A lot of swelling. Ice packs may be placed over the wound dressing to help with pain and swelling, and bleeding. The ice pack is placed over the wound for fifteen minutes and may be repeated four times per day. You may also use a bag of frozen peas in substitution.
- Bleeding which persists. If you have bleeding, apply firm pressure over the gauze pad or 20 minutes. If it doesn't stop after 20 minutes, apply pressure again for 20 minutes. If after 40 minutes, bleeding persists, call your doctor. It is normal to have some blood on your gauze pad after the procedure.
- A temperature above 100.5 F for 24 hours. Tylenol can decrease the fever.
- Redness, warmth, swelling, & pus-like drainage at site. However, there is a normal mild drainage from the wound may have a foul odor and be yellowish in color. This is especially common on the legs. **The yellow drainage is NOT a sign of infection.**

SITE SPECIFIC INSTRUCTIONS:

Ear: After washing with soap and water as instructed, soak a paper towel in a mixture of equal parts white vinegar and tap water and apply to the wound for 10 minutes. Blot dry and apply ointment and dressing as instructed. This is done to reduce the chance of infection.

Nose surgery: Try to avoid forceful nose-blowing. Use Q-tips if necessary. If you have to sneeze, apply firm pressure to your bandage to support the sutured area.

Extremity surgery: Elevate the area as much as possible above your waist when you are resting.

Forehead, cheek or eyelid surgery: Be aware that significant eyelid swelling, bruising, or a "black eye" can result, and is expected in these areas. Dacriose special cleansing solution on an applicator can be used to clean the corner of the eye and eyelid (found at your local pharmacy). You may also be given garamycin or erythromycin ophthalmic ointment around the eyes.

Lip surgery: Please follow a soft food diet or cut your food into small pieces. Try to avoid large bites of food such as with an apple or large sandwich which can stretch or pull at the sutured area. Avoid excessive talking, smiling, and laughing which can worsen scarring. Use Q-tips or a small children's toothbrush to brush teeth. Keep lips well-lubricated with petroleum jelly or Aquaphor.