

## WOUND CARE INSTRUCTIONS FOLLOWING BIOPSY, C&D AND DEEP CRYOTHERAPY (FREEZING)

### WOUND CARE

- Your wound has been coated with an antibiotic ointment (or plain Vaseline) and a bandage. You have been given ointment to apply at home while your wound is healing.
- **Leave your initial bandage in place for the next 24 hours.**
  - Wounds wrapped in a **pressure dressing** are to be left in place for **24-72 hours**, depending on your doctor's instructions for you. After this initial pressure dressing is taken off, follow the wound care instructions below.
- **Keep the wound dry** during the first 24 hours (or longer, per instructions) by taking sponge baths or otherwise protecting the wound from water.
  - **If the bandage gets wet**, take it off immediately, apply more ointment with a clean swab, and place a new bandage on the wound.
- When it is time to begin wound care, remove the bandage and wash the wound with your usual soap and water. It is ok to wash right over the actual wound – this keeps bacterial growth down. Rinse well and pat dry gently with a clean towel. Apply a generous layer of antibiotic ointment or Vaseline and put on a new bandage.
- **Repeat this cycle (washing, pat dry, new ointment, bandage placement) every 24 hours for 5 days, then switch to plain, clean Vaseline for the next 5-10 days.**
  - **For biopsies**, the wound needs to be kept covered for the first week, then may be exposed increasingly to air by wearing a loose bandage, or wearing a bandage only half the day, to allow it to dry and form a thin scab.
  - **For C&Ds**, the wound may need to be kept covered with ointment and a bandage, and cleaned with a soapy washcloth to remove wound debris, for up to 2-4 weeks, depending on the size of your wound. It is typical for C&D wounds to heal much more slowly than biopsies.
  - **For deep cryotherapy (freezing) wounds**, keep the area covered with ointment and a bandage until the skin is intact, then leave open.
- Avoid touching your wound while it is healing to reduce spread of bacteria from your hands and risk of infection.
- Allow any scab that forms to fall off on its own. Avoid picking, bumping or bruising the area. Picking off a scab before the skin has fully grown back underneath may result in worse scarring.

**GENERAL INFORMATION**

- Wounds on some parts of your body may heal quickly while other places, such as the backs of the hands and feet, lower legs, around the collar bone and neck and on very sun-damaged skin, may take much longer to heal (up to 6-8 weeks if the wound is very large or deep). A fully healed wound is shiny, pink and smooth.
- For the first 1-2 weeks after your procedure some mild swelling, redness, tenderness and possibly bruising around the wound are normal and will gradually disappear.
- **Abnormal changes in your wound include:** increasing redness, or redness spreading more than ¼-½” beyond the borders of the wound, increasing pain, severe itching, pus or swelling which continues and worsens AFTER the first few days to week following your procedure. These changes may indicate that an infection or other problem is present. Please call the clinic if you have concerns or questions about your wound.
- You may have some discomfort or mild pain after the local anesthetic injected for your biopsy or C&D wears off. This pain is best treated with acetaminophen (Tylenol) rather than ibuprofen (Motrin, Advil) or aspirin, which both can make you bleed more. Do not drink alcohol while you are taking acetaminophen and do not take acetaminophen if you have liver disease unless approved by your primary care doctor.
- In some patients, scars become raised, pink or red and inflamed, and can even form a keloid (abnormally large scar). If this happens, please call the clinic. A medication can be injected which, if injected within the first few months after your procedure, can significantly reduce the size of your scar if it becomes large and inflamed.
- Once fully healed, you are likely to have a scar in the area of your biopsy though the scar is usually small. Scars for C&Ds are typically larger (broader) than for biopsies. Rarely there may be increased or decreased pigment, or loss of pigment.

**BLEEDING WOUNDS:**

- Small amounts of bleeding may occur as early as 30 minutes after the procedure and as late as 3-5 days after the procedure. This late or prolonged bleeding is more likely to happen if you are taking blood thinners such as aspirin or aspirin-containing products (Excedrin, etc.), ibuprofen (Motrin or Advil), Coumadin (Warfarin), Plavix, vitamin E, garlic oil, fish oil or ginkgo biloba.
- IF YOU NOTICE BLEEDING, apply firm pressure with a clean washcloth or towel directly over the bandage covering the wound. Do not remove the bandage before applying pressure. The bleeding may stop in 5-10 minutes, or may take longer to stop. You may need to hold firm pressure for up to 30 minutes to get the bleeding to stop.
- Once the bleeding has stopped, gently remove the bandage to avoid disrupting the new clot. A new “pressure dressing” can be made by folding a sterile gauze pad (4x4”) or Telfa non-stick pad into a bulky

square, placing it over a fresh layer of the antibiotic ointment you have been given, and securing it firmly in place by stretching paper tape over it and then an Ace bandage (stretchy wrap). Take care not to cut off circulation when securing the tape or Ace wrap. Applying ice or a bag of frozen peas may also help.

**If you have any significant bleeding after 30 minutes of firm pressure, increasing swelling, pain, fever, pus or increasing or spreading redness at the surgical site beyond the first few days to week after your visit, please call the clinic at: 503-344-6643**