Caring for your surgical wounds at home
Information for Patients

This leaflet gives you information and advice on caring for your surgical wound once you get home. There are different types of surgical wounds, so it's important to follow the advice you receive on your discharge.

Surgical wounds
A surgical wound is the cut made into the skin by the doctor during an operation. At the end of the operation, the cut is stitched to allow the skin edges to come together and heal. Sometimes metal clips or staples are used to keep the skin edges together.

The skin edges usually form a seal within a day or two of the operation. The time this takes varies from person to person and from operation to operation.

On rare occasions a surgical wound is allowed to remain open (not stitched) and heals from the base of the wound up. If this is the plan for your wound, you will receive specific information from your surgical, nursing and or midwifery team prior to being discharged home.

Dressings
Not all surgical wounds need dressings. The purpose of a dressing is to:

- absorb any leakage from the wound
- provide ideal conditions for healing
- protect the area until the wound is healed
- prevent stitches or clips catching on clothing.

However should your wound require ongoing dressings when you are discharged home, the ward will give you a limited supply of dressings to take with you. You can then obtain more dressings from either your GP or District Nurse/Midwife (if they are needed).

Stitches, clips and staples
Stitches are also known as sutures. Metal clips or staples are other methods used to close surgical wound. Adhesive dressings (glue), steri-strips or tapes may also be used.

Most types of stitches, clips or staples have to be removed by a nurse or doctor, but some stitches don't need to be removed because they dissolve. If you are told you need to have stitches removed, the nurse and/or midwife will give you a letter for your practice nurse and you will need to arrange an appointment for your practise nurse to do this. Should you be house bound the nurse/or midwife will arrange for a community nurse/midwife to visit you at home. Stitches, clips and staples are usually removed between five and 21 days after treatment, depending on the type of operation you have had.
Tissue adhesive (skin glue)
Wounds which are less than 5cm long can be glued with special skin glue. Although the glue is waterproof, try to keep the wound dry for about 5 days. The glue usually peels off in five - 10 days in any case.

For longer or larger skin cuts, glue can be used together with stitches to seal the wound.

Problems with wound healing
The majority of wounds heal without any problems. However, the most common complication after surgery is wound infection. This means that germs have started to grow in the wound and this usually delays normal wound healing. Wound infections are usually treated by dressing the wound regularly and maybe with a course of antibiotics as well. Sometimes further surgery may be needed.

Some people are more likely to develop wound infections than others and the doctors will discuss this with you. Those at higher risk include people who:

- Smoke
- Have diabetes
- Have a condition or treatment that affects their immune system, such as leukaemia or chemotherapy
- Have a major operation, such as bowel surgery, where diet is not giving enough nutrients for wound healing.

Doctors and nurses will do everything that they can to prevent your wound from becoming infected while you are in hospital, but it is important that you know how to tell if you are developing an infection after you go home. If a wound becomes infected, it may:

- Become more painful.
- Look red or swollen.
- Weep or leak some blood-like liquid, pus or blood.
- Have an unpleasant smell.

If you develop a high temperature, notice any of the signs mentioned above, or have any concerns about your wound, then contact your GP, District Nurse, Midwife or Practice Nurse. Wound infections can be treated successfully if we catch them early.
Caring for your wound
Below are a number of measures you can take to help lower the chance of your wound getting infected and to promote healing.

Changing the dressing
The original dressing should be left in place for up to two days (or as advised by the nurse/midwife/doctor), provided it is not oozing. The wound must be kept dry for two days. If the dressing becomes wet from blood or any other liquid, it must be changed.

Before you remove and change the dressing:
• Wash your hands with soap and water.
• Carefully take the dirty dressing off.
• Do not touch the healing wound with your fingers.
• The wound should be covered whilst stitches are present.

If the wound is healing it can be left without a dressing. Some people prefer to have a dressing to cover the wound for protection, especially when clothing can rub against it.

We may give you a supply of replacement dressings to use at home. When applying, take care not to touch the inside of the dressing so that it remains clean. There is no need for antiseptic cream under the dressing. Of course you can always contact the GP, practice nurse and/or district nurse/midwife for assistance with managing your dressings.

Taking care of stitches
Dissolvable stitches usually disappear in seven to 10 days. Other stitches need to be removed after five to 21 days, depending on the operation. The doctor/nurse will tell you on the day of discharge when to have the stitches removed. You will be given a letter for your practice nurse about removing the stitches.

You may see nylon threads (the ends of the stitches) poking out of the healing scar, please do not pull on these. If you are worried about the stitches, always seek advice from your GP. Otherwise wait for the stitches to be removed or for them to fall off or dissolve. If stitches continue to cause you pain or discomfort, contact the GP for advice.

Bathing and showering
You are normally advised to wait 24 hours before showering, but this depends on the operation you have had. The nurses and/or midwives will give you advice on this.
Some general points about your wound:

- Showering is preferable to bathing.
- Only take a bath if you are sure you can keep the wound dry. Soaking the wound might soften the scar tissue and re-open the wound. Salt baths are not needed.
- Some waterproof dressing can be left in place whilst you take a bath or shower. Other dressings may need to be removed before having a bath or shower.
- Do not put any soap, shower gel, body lotion, talcum powder or other bathing products directly onto the healing wound.
- Do not worry if you splash the wound but do not rub the wound area as this will cause pain and might delay the healing process.
- Pat the wound gently with a clean towel after bathing or showering.
- If the surgery was performed on your face, please do not wear make-up over the scar until it has fully healed.

If you have any concerns about your wound or the dressing, you should contact your GP, district nurse/midwife or practice nurse.

**How to contact us**
The Hillingdon switchboard number is 01895 238 282 and Mount Vernon switchboard is 01923 826 111. Please ask to be put through to the relevant department / clinic / ward.
Languages/ Alternative Formats

Please call PALS (Patient Advice and Liaison Service) if you require this information in other languages, large print or audio format on 01895 279973.

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如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973查証。

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