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BOARD CERTIFIED IN DERMATOLOGY, DERMATOPATHOLOGY,
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MOHS MICROGRAPHIC SURGERY AND CUTANEOUS ONCOLOGY
AND DERMATOLOGIC COSMETIC SURGERY

...
PROCEDURAL DERMATOLOGY AND COSMETIC SURGERY
MOHS MICROGRAPHIC SURGERY FOR SKIN CANCER

**SIMPLE POST OPERATIVE INSTRUCTIONS
FOR CARE OF MOHS SURGERY WOUNDS**

You have had skin cancer removed by MOHS Micrographic surgery and are awaiting skin graft placement, or allowing the wound to heal by nature. Patient should come in the next day for a dressing change. To prevent infection and to insure optimal healing, please follow these instructions:

DISCOMFORT: Most patients experience little or no discomfort. You may take Tylenol (acetaminophen) 2 tablets every 4-6 hours as needed for pain control for two weeks following your surgery. Do NOT take aspirin or aspirin-containing products for pain control for two weeks following your surgery. *If you are taking a Baby Aspirin daily for therapeutic reasons, you may continue to take it as prescribed.*

SWELLING AND BRUISING: Bruising and swelling may occur. If you had surgery on your hand, arm or leg, keep the area elevated as much as possible for the first 24 hours. If you had surgery on your face, head or neck, sleep with your head elevated on two pillows.

You may use ice compresses over the area, which will help minimize any swelling. Place ice in a plastic bag and wrap with a towel. Ice should be applied for only 15 minutes at a time.

BLEEDING: For **mild** bleeding, apply direct pressure over the dressing with a clean gauze for 10-15 minutes.

For **moderate/severe** bleeding, remove the dressing and apply firm pressure directly over the wound with a clean gauze for 15-20 minutes. If the bleeding does not stop please call the office immediately. If you reach the answering service have the service beep the doctor or go to the nearest emergency room.

INFECTION: Infection is not common when the wound is properly cared for. If you have any of the following signs and symptoms of infection please call the office: fever; increased pain, redness or swelling; yellow pus or foul smelling drainage oozing from the wound.

If you were instructed to take an antibiotic, continue taking as prescribed.

BATHING: A shower/bath may be taken after the first 24 hours. **Continue to wash with Technicare Surgical Scrub.** Dry and clean your wound as directed below after you have bathed. No swimming, tub baths, or hot tubs until the wound is completely healed.

SEE REVERSE FOR MORE INSTRUCTIONS

Supplies needed:

Sterile Saline
Gauze
Antibiotic ointment (Polysporin and Bactroban)
Cotton tipped applicators (Q-tips)
Telfa pads (Non-stick Bandage)
Hypoallergenic Paper tape (such as Scanpor)

- Keep the bandage dry for **24 hours** and then remove and care for the wound site **once daily** as follows:
 1. **Remove the dressing.** If the dressing is stuck to the actual wound, loosen it by soaking with a generous amount of sterile saline.
 2. **Cleanse the wound with sterile saline** using cotton-tipped swabs. If crusting is present soak wound with sterile saline and gently remove any crusting. Dry the wound with a clean gauze.
 3. **Apply Antibiotic Ointment** to entire wound area using cotton-tipped applicators.
 4. **Cut a piece of Non-Stick Bandage (Telfa Pad) in the size and shape of the wound.** Gently place into the wound.
 5. **Place a larger Telfa square** to cover the area.
 6. **Secure the bandage with paper tape** being sure to seal all of the edges with tape. The wound should be completely covered so it is not exposed to air.

Do not touch the wound with your fingers at any time.

Do not put a used cotton-tipped applicator back into the sterile saline after it has been used.

FOLLOW-UP

Please make a follow up appointment as instructed by the doctor.

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