



# SKIN CANCER/MOHS RECONSTRUCTION- INSTRUCTIONS FOR LOCAL FLAP AND LINEAR REPAIR

## Supplies you will need:

- Aquaphor® or Vaseline®
- Non-adherent gauze pads (10 – 20)
- Paper tape
- Q-tips®
- Hydrogen Peroxide 3%

## How to prepare for surgery:

- Discontinue blood-thinning medications and supplements (see separate handout)
- Avoid tobacco and cannabis use 4 weeks before surgery.
- No alcohol 24 hours before surgery.
- Nothing to eat after midnight the night before surgery if undergoing general anesthesia.

## What happens during surgery:

- Dr. Ramachandra will make incisions near your skin cancer defect to “advance” skin and soft tissue into the hole to close it. This requires lifting and shifting of the tissue around your cancer defect. The extent of this “undermining” depends upon the size, location and depth of your cancer defect. Dissolvable sutures are then placed under the skin to close the wound in layers followed by very fine dissolvable or removable sutures in the skin. Sometimes, a pressure dressing may be sewn onto the nose, cheek or ear to prevent accumulation of blood. Finally, the wound is dressed using ointment and a nonadherent gauze and tape.

## What to expect the first few days after surgery:

- **Drainage:** Mild oozing of blood-tinged fluid from the incision(s) is to be expected.

- **Swelling and bruising is common:**
  - Swelling usually peaks by the 3<sup>rd</sup> day and slowly resolves. Sleep propped up on a pillow or two to help with this.
  - Bruising usually resolves near the end of the second week of healing.
- **Pain** can usually be controlled with 2 extra strength Tylenol every 6-8 hours or with prescribed pain medication if necessary.

## Wound care:

### Day 1, 2 and 3 after surgery:

- 24 hours after surgery, remove the dressing. If there is crust present, or the dressing is “stuck on” by clot or drainage, lay a gauze moistened in water over the sutures to soften the clots and crust. Then Gently clean the suture lines with a 50/50 mix of hydrogen peroxide and water on Q-tips® using a rolling motion to remove crusts. Ideally, do this twice a day. Then apply a thin layer of Aquaphor to the incision. Do NOT use antibiotic ointments since these may cause skin irritation.
- After applying Aquaphor, cut a non-adherent gauze pad to the size of the wound then secure it with paper tape.
- As long as the wound isn’t draining you can apply Aquaphor and keep it open to air. **Do not let the suture line dry out.** Before bed, you should apply a dressing so that the stitches aren’t disrupted during sleep.
- Ice packs can help decrease swelling, but do not place the pack on the “suture line.”
- Sleep in a recliner or with your head elevated on two pillows.

### Day 4, 5 and 6 after surgery:

- Gently clean the area with water and mild soap such as Dove® or Cetaphil® three times per day. Then apply Aquaphor. Do not scrub.

## Recovery

### Home assistance:

- Have someone drive you home from surgery and help you at home for a day or 2.

### Bleeding:

- You can expect bloody drainage for the first couple days. If your dressing is getting saturated with blood and oozing around it, apply a gauze over the operative site and hold pressure for 20 minutes (no peeking!). If the bleeding continues, repeat pressure with a gauze for another 20 minutes. If the bleeding still does not stop, call the office at 314-965-9184 and we will advise you.

### **Sleep:**

- Keep your head elevated for the first 2 nights after surgery (propped up on 2-3 pillows or by sleeping in a recliner).
- Before bed, dress the wound to avoid disruption to the stitches.

### **Activity:**

- You can resume light activities 24 hours after surgery (walks, simple household tasks)
- Avoid squatting, bending, straining or lifting more than 15 pounds for the first 5 days.

### **Diet:**

- Decreased activity may cause constipation, so add additional raw fruit to your diet.
- Drink plenty of fluid.

### **Medication:**

- **Avoid:** Aspirin, Aspirin-containing compounds or NSAIDS (Advil, Ibuprofen, Motrin) for 1 week after surgery.
- If you need to, take pain medication as prescribed.
  - Pain medication can be quite constipating – take a stool softener.
- **Do not drink alcohol when taking pain medications.**
  - Alcohol worsens fluid buildup in the body, so avoid it for at least 1 week.
- If you are taking vitamins with iron, resume these supplements as tolerated.

## **When are the scheduled follow-up appointments?**

### **At a minimum:**

- 6-8 Days: Suture removal, wound care recommendations
- 6-8 weeks: Wound check, possible dermabrasion/steroid injection
- 6 months: Final wound check

## **What can I do to help myself heal well?**

- ***Do not smoke. Smoking delays healing and increases the risk of complications.***
- Do not apply antibiotics ointments or scar creams until cleared by Dr. Ramachandra.
- Faithful wound care as described above goes a long way.
- When cleared by Dr. Ramachandra, massage the wound for three minutes three times a day to soften/prevent deeper scar tissue. We will teach you how to do this.
- Tingling, numbness, discoloration and itching in some areas and light redness around the incisions are normal side effects and will resolve with full healing.

- Avoid sun exposure for 3 months.
- Minor “touch-up” procedures may be necessary to improve your final outcome, depending upon your goals. These could include steroid injections, “dermabrasion” to smoothen skin edges or contouring procedures, most of which can be done in the clinic.

## **When should I be concerned?**

- **Excessive bleeding at the surgical site or dramatic swelling**
- **Fever over 101.4 degrees**
- **Persistent nausea and/or vomiting**
- **Excessive redness or unusual drainage at the surgical site**
- **Pain uncontrolled by your pain medication**

If any of these issues arise, please promptly contact the office at (314) 965-9184.