

Wound Dressing Care After Surgery

Patient Information

You have recently undergone a surgical procedure performed by Dr Ong. Please read the following instructions carefully. Following this guidance will optimise your wound healing and help to avoid complications.

What type of dressing has been applied?

Dr Ong uses occlusive dressings for surgical wounds. Depending on the wound, the dressing will be one of two types:

- A Comfeel® / Duoderm®-type dressing (a thin, flexible, skin-coloured film)
- An island dressing (a central absorbent pad surrounded by an adhesive border, eg MEPILEX)

These dressings are marketed as waterproof, but this is not entirely reliable in practice. Dr Ong prefers to describe them as splash-resistant. Water that enters around the edges of the dressing will cause it to lift and peel away from the skin.

How long should the dressings remain in place?

The wound should remain covered with dressings for 2 to 3 weeks after surgery.

The dressing itself will often need to be changed before this, typically within the first 2 to 7 days. A dressing change is required sooner if the dressing becomes any of the following:

- Heavily soiled with blood
- Loose or peeling away from the skin
- Wet or damp underneath
- Malodorous
- Otherwise visibly dirty or damaged

It is not unusual for the dressing to become lightly marked with old dried blood. A small degree of wound seepage in the early post-operative period is normal. However, if the dressing appears heavily bloodstained or has a noticeable smell, it should be changed promptly.

Who should change the dressings?

For the first dressing change, Dr Ong recommends attending a nurse or your general practitioner (GP). They can inspect the wound at the same time.

After the first change, subsequent dressing changes may be performed by the patient at home, provided they feel confident doing so and have received appropriate instructions.

Can the dressings get wet?

Please keep the dressings as dry as possible at all times.

These dressings are splash-resistant, not fully waterproof. Showering requires care. The following rules apply:

- If the outer surface of the dressing becomes slightly wet, dry it gently but thoroughly as soon as possible using a clean towel or hair dryer on a cool setting.
- If water has tracked underneath the dressing and the area beneath is wet, the dressing must be changed.
- Avoid soaking or submerging the wound – baths, swimming pools, and the ocean should be avoided until the wound has fully healed and Dr Ong has advised it is safe to do so.

When can the dressings come off entirely?

Dressings are generally no longer required 2 to 3 weeks after surgery. Dr Ong will advise you at your post-operative appointment if a different timeframe applies to your wound.

Warning signs — when to seek review

Contact your GP or Dr Ong promptly if you notice any of the following at or around the wound:

- Increasing redness or spreading skin discolouration
- Increasing swelling
- A rash or signs of an allergic reaction to the dressing
- Increasing or unexpected bleeding
- Increasing pain beyond what is expected
- A bad smell from the wound or dressing
- Discharge of pus or other fluid

This list is not exhaustive. If you are concerned about your wound for any reason, please do not wait — contact your GP or Dr Ong's rooms as soon as possible.

Blood-thinning medications

IMPORTANT: If you take any blood-thinning medication — including warfarin, aspirin, Plavix®, co-Plavix®, Eliquis®, Pradaxa®, or Xarelto® — restart it after checking with Dr Ong or your GP. The appropriate timing for restarting anticoagulation must be individualised to your specific situation and procedure.

Contact Dr Ong

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