



Medicine
Professional
Corporation

PLASTIC AND COSMETIC SURGEON

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MINOR SURGERY

The following information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask me or my staff. In some cases there will be variations to the instructions, and these will be discussed with you.

No Aspirin, Blood Thinners, Anti-inflammatories, or Vitamins

Aspirin and all ASA (Acetylsalicylic Acid) containing products are best avoided for 2 weeks before surgery as they cause increased bleeding and bruising. Patients who have been placed on daily therapeutic aspirin to prevent strokes and heart attacks should discuss the advisability of going off aspirin with their family doctor or specialist. Aspirin containing products include Anacin, Alka Seltzer, Bufferin, Fiorinal, 222s, and Percodan. If there is any doubt about the presence of ASA in the medication you are taking, please check the label, or consult with a pharmacist. Other platelet adhesive inhibitors such as Plavix work similarly to ASA and are also best discontinued, if possible. It is permissible to take Tylenol (Acetaminophen) products.

Anti-inflammatory medications such as Advil, Naprosyn and Celebrex, can promote bleeding and should also be discontinued 2 weeks before surgery.

All vitamins, non-proprietary supplements (such as St. John's Wort) and herbal medications (such as ginger, garlic and ginkgo biloba) should also be stopped 2 weeks before surgery because of their effect on bleeding.

Surgery may not be possible in patients who have to stay on a blood thinner such as Coumadin (Warfarin). Again, please consult with your family doctor or specialist about the risks of discontinuing this medication for a few days. It normally should be stopped five days prior to surgery.

All the above medications can be resumed the day after surgery.

Shower – Shampoo Before Surgery

Please have a soap and water shower (and shampoo if any head and neck surgery) the night before surgery. Do not apply any skin moisturizers, perfumes, deodorants or makeup on to the area(s) being operated on.

Topical Anesthetic (Emla Patches/Betacaine)

Some patients may wish to apply a topical anesthetic onto a surgical site before receiving a local anesthetic needle. The topical anesthetic will reduce some of the discomfort of a needle prick. Emla patches and Betacaine ointment are available for this purpose from your pharmacy without a prescription.

Wound Care With Skin Tapes

After surgery, white skin tapes or "Steri-Strips" are frequently applied. You can shower over the Steri-Strips the day after surgery. Steri-Strips on the face and neck typically should stay on for five days, while in other parts of the body they should stay on for ten days. During these periods, you should avoid bathing the area or sweating as this may cause the tapes to lift off prematurely. After the recommended time period, the Steri-Strips are simply pulled off. If they start to come off prematurely, they can be reinforced or covered with over-the-counter hypoallergenic skin tape that can be purchased at any pharmacy.

In most cases, dissolving sutures will be used, and they will simply dissolve with continued regular washing. If non-dissolving sutures are used, you will be advised when suture removal has to take place.

Wound Care Without Skin Tapes

When no skin tapes are applied onto a wound, regular soap and water washes should be started the following day. The incision line should be washed three times a day with soap and water, followed by the application of Polysporin ointment, and possibly a light bandage such as a Band-Aid to keep the Polysporin ointment from soiling your clothes. The washings and the Polysporin should be continued until the stitches have fallen out, or have been removed.

Bleeding

Minor bleeding from the incision line is normal after surgery. Minor staining or puddling beneath a dressing or beneath the skin tapes need not be attended to, but if the appearance is of concern, additional skin tapes or band-aids can be applied over the original tapes.

If the bleeding persists, elevate the affected area, and apply firm direct and constant pressure with Kleenex for 30 minutes. If the bleeding does not stop, please go to the emergency room at the North York General Hospital.

Pain Pills

There is usually very little discomfort after minor surgery. Most patients do not use any pain pills. Minor discomfort can be relieved with extra strength Tylenol (Acetaminophen) or Advil (Ibuprofen). Both pills can be taken together for greater levels of discomfort.

Bruising

Bruising is the typical "black and blue" appearance to tissue after any surgery. There is a great variation in how much patients bruise, some bruising very little, some more. As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories, and vitamins can contribute to bruising and if possible should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. Little can be done to avoid bruising. Cold "gel" packs, when applied in the first 12 hours, may be helpful. Ice packs are not recommended. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves, and becomes more yellowish in colour, it may appear to be "spreading". This is normal and is no cause for alarm.

Wound Infection

Wound infections fortunately are uncommon. Minor leakage of clear yellowish fluid from stitches may occur and persist until the stitches are out. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by the application of Polysporin ointment and a light dressing. If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, then a deeper infection may be occurring. Do not hesitate to phone the office or see your family doctor if this happens. You will need to be seen as you may need to have antibiotics.

Wound Care

Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for two to three months. If any area of drainage remains, Polysporin ointment, rather than the scar cream, should be applied on those areas until the drainage has stopped. The scar cream is then also applied there. The scar cream I recommend is available for purchase in our office. Our office staff will be happy to help you in your selection of the scar cream and other creams that will help with your skin care. Please inquire about these products during your pre-operative visit.

Makeup

Makeup can be applied to the surgical area once the incision line is healed and there is no drainage. In the face, this is usually 7 to 10 days after surgery.

Wound Massage

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should also be carried out. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal scar thickness and lumpiness which is seen in a scar after surgery.

Scar Redness & Thickening

All scars initially are reddish and thickened, and may be "bumpy". This is all part of the normal healing process, and will gradually smoothen out. Scars in the face and neck region typically take six to nine months before they mature, i.e. soften, flatten, and become pale in colour. In other parts of the body, this maturation process can take nine to eighteen months. In areas where there is little tension on the wound, such as in the face or neck, scars usually heal finely, but in high stretch areas such as the back, arms or thighs, scars generally heal wider. Nothing can be done to alter this normal physiologic process.

Tanning

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation of the scar and of the surrounding tissue. Normal tanning can resume after four months, but please remember that tanning does cause premature skin aging and skin cancers. If surgical areas are exposed to the sun in the first few months please use a good quality sun block (e.g. Ombrelle 30).

Silicone Sheeting

Some studies have suggested that silicone sheeting, available in most pharmacies and on the internet, can help the quality of the scar. To be effective, this silicone sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine usage as it appears to have little value when scars are healing normally. I do recommend it in wounds that are showing evidence of prolonged redness or abnormal scar maturation. This is in less than 5% of patients.

Driving a Car

Do not drive a vehicle if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. Do not drive if the surgery has affected your vision. Also do not drive if you have had hand surgery or are in any way restricted in your mobility as this may compromise safe driving.

Resumption Of Activities

Please avoid exercises where there may be pulling on the wound for two weeks after surgery. This is to avoid the incision line from breaking open. After two weeks, normal exercising is permissible. Men who have incision lines in the beard area should avoid shaving over the incision line for at least one week.

Skin cancer followup

Once someone has been diagnosed as having sun damaged skin or a skin cancer, ongoing skin checkups with a doctor are required. Therefore, please see your referring family doctor or dermatologist at regular six month intervals, and sooner if any new skin lesions or lumps should develop. They will determine what further treatment would be best for you, and I shall be happy to resume your surgical care at their discretion.

Questions/Problems

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated.

If you have any questions, concerns, or problems, please call the office at 416-447-6176. If there is an urgent situation, and I am not immediately available, please go to the emergency room department at North York General Hospital, or your closest emergency room department.

I hope you have a speedy recovery from your surgery.

Sincerely,
Bernd R. Neu, M.D.