

# SURGICAL PATIENT EDUCATION PROGRAM

Prepare for the Best Recovery

## Wound Home Skills Kit: Lacerations & Abrasions



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## SURGICAL PATIENT EDUCATION PROGRAM

Prepare for the Best Recovery

### Welcome

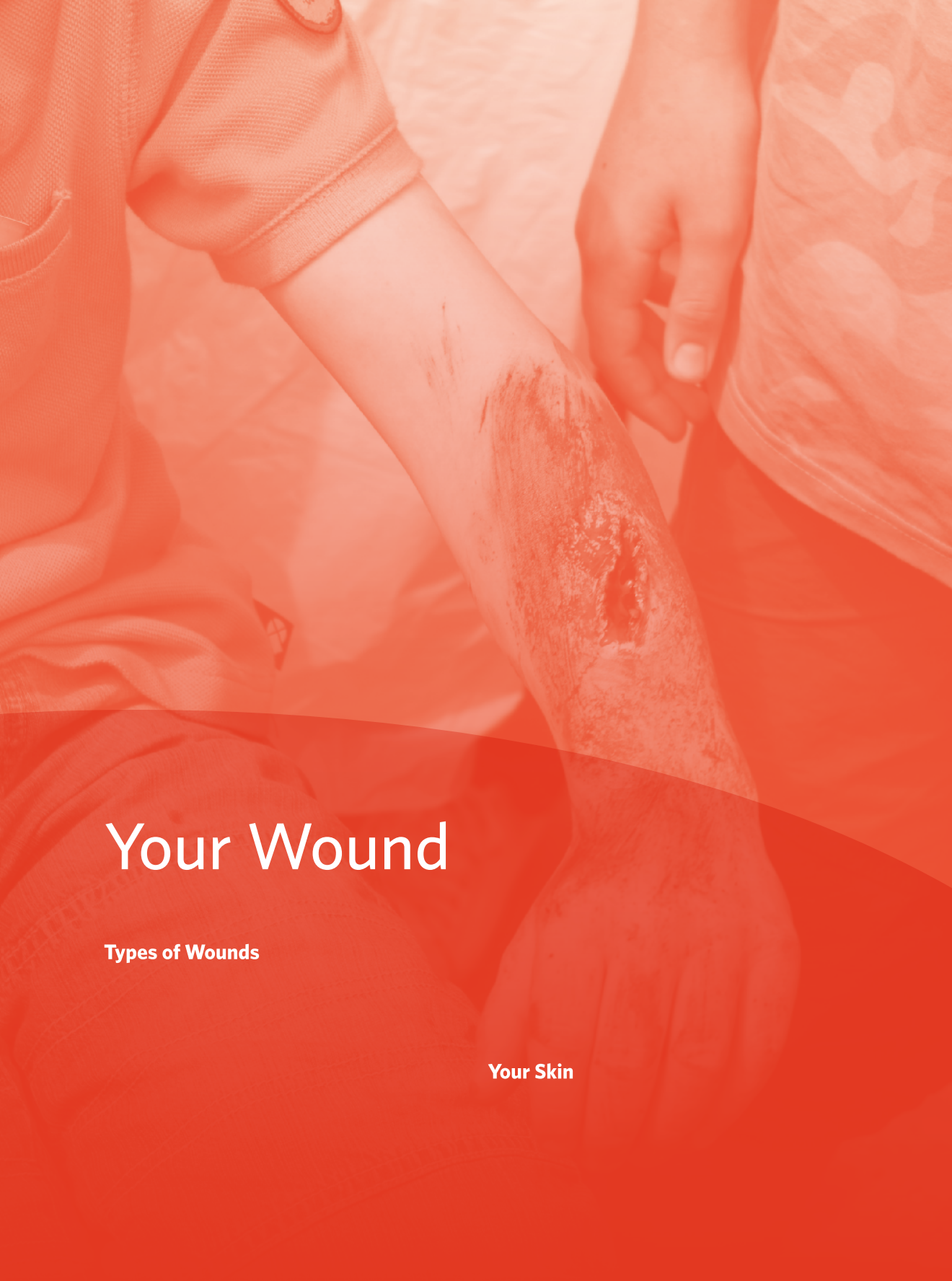
This wound home management program provides information and skill instructions for the care of **Lacerations and Abrasions**.



Watch the accompanying skills videos included online at [facs.org/woundcare](https://facs.org/woundcare)

#### **The goals in caring for any wound are:**

- ✓ Stop any bleeding
- ✓ Restore function to the involved area
- ✓ Avoid infection
- ✓ Achieve the best cosmetic result with the least scarring.<sup>1</sup>



# Your Wound

Types of Wounds

Your Skin

# Types of Wounds

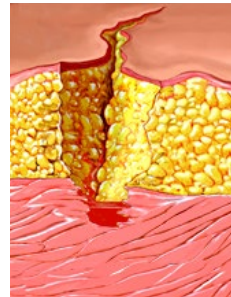
It is important to find out what kind of wound you have, as each wound is treated differently and heals differently. If you have diabetes, you may already have decreased circulation and feeling in your arms or legs, and it may take longer for your wounds to heal. If you have diabetes or a bleeding problem, contact your health care provider when skin injuries occur.

## Lacerations

A **laceration** is a cut that goes all the way through the skin. The cut may be small and cared for at home. **Deep lacerations** go beneath the skin through the fat layer or to the muscle layer and may need medical help right away.

**Lacerations on fingers, toes, or hands** are common, and many will heal on their own. Lacerations with fractures should be covered by gauze and an antibiotic ointment.

**Treatment:** Seek medical care if you have a partial amputation or a crush injury because there may also be a fracture. The nail bed will be checked for a fracture or break. Lacerations on your hands or feet may involve deeper structures under the skin, like tendons and nerves. If you have any loss of feeling or movement around a deep laceration, it may mean there is a cut through a tendon or nerve.



Laceration



Finger laceration



Deep knee laceration

 Watch the Lacerations and Abrasions video online at [facs.org/woundcare](https://facs.org/woundcare)

**A fingernail or toenail laceration** may cause a tear with a large bruise, and some blood may pool underneath the nail. If the blood is under more than half of the nail, your doctor may remove the nail in case there are other injuries below it.

**Treatment:** If your nail is removed, your injury will be covered with a gauze dressing with petroleum. If you have surgery, you should be shown how to care for your wound at home.



Toenail laceration with bruising

## Puncture/Stab Wounds

**Puncture wounds** are commonly from stepping on a nail or other sharp object. They are not usually stitched (sewn) closed with sutures. These may bleed for the first 24 hours.

**Treatment:** The wound is left open to allow drainage in case of infection. These should be cleaned well with soap and water and covered with a gauze dressing. Antibiotics may be given if the wound is deep or there was dirt or debris in the wound.<sup>1</sup>



Puncture

A **stab wound** from a sharp object usually causes a small opening at the skin but may also go very deep. Nerves, tendons, and organs can be injured, so medical care is required.

**Treatment:** **If you have a tongue or palate laceration, your doctor will** need to inspect your throat for any injury. These lacerations rarely require sutures unless they are large with continued bleeding.<sup>2</sup>



Puncture wound on bottom of foot

## Scalp Wounds

Wounds to the scalp or face may also involve fractures to the skull bones or facial bones. Injuries to the face should be examined as soon as possible. **Treatment:** Some may need to be closed with sutures, staples, or tissue adhesive. Wash your hair daily and watch for signs of nonhealing or infection. It is important to know the signs of a serious head injury and when to call 911—it can save someone's life.



Scalp wound closed with staples



**Call 911 and get medical help right away if the head-injured person:**

- Becomes very sleepy
- Behaves abnormally
- Develops a severe headache or stiff neck
- Has unequal pupil sizes (the dark central part of the eye)
- Cannot move an arm or leg
- Loses consciousness, even briefly
- Vomits more than once

## Bites (Human & Animal)

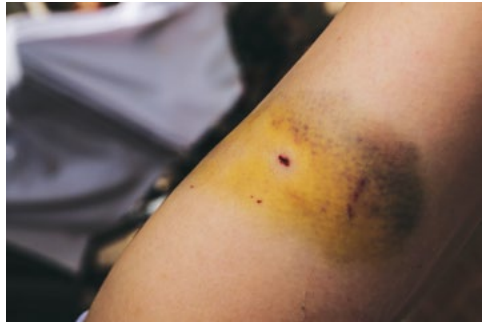
**Human bites** usually cause a small puncture wound that breaks the skin. They are easily infected due to the large number of bacteria in human saliva. Fingers or earlobes are common areas for these bites and have limited blood supply and ability to fight infection. **Treatment:** Any bite that breaks the skin needs to be cleaned immediately with soap and water. Call your health care provider if the bite goes through a joint. This can lead to a serious infection and may need surgery.

**Dog bites** may cause more of a jagged laceration.<sup>3</sup> They should be thoroughly cleaned with soap and water because they can easily become infected.



Dog bite

**Cat bites** have a very high rate of deep infection that may need surgery if left untreated. If treatment is delayed, a cat bite infection can cause serious and permanent damage to tissues, such as joints and tendons. **Treatment:** They should be washed thoroughly with soap and water and covered with antibiotic ointment. Deep puncture wounds may need an absorbent dressing.



Cat bite with bruising

**Bite treatment:** Contact your health care provider if the skin is broken. You should let them know when you last had a tetanus vaccination or if you never had a tetanus shot. If the animal that bit you is healthy and can be observed for 10 days without signs of rabies, you will likely not need treatment for rabies.<sup>4</sup>

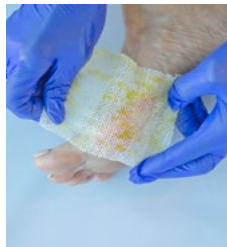
## Skin Tears

A **skin tear** is when the outer layer of the skin is pulled back. Skin tears are common in older adults with fragile skin and anyone taking steroid medication. People who have difficulty walking, use a cane or wheelchair, or have vision or hearing loss may be at greater risk for skin tears.

**Treatment:** Cover and protect the skin tear with a moist dressing like petrolatum-impregnated gauze, such as Systagenix Adaptic® or Xeroform®. They are inexpensive and widely available. Extend the dressing at least one inch wider than the wound to completely cover it. Apply a secondary dressing or bandage like dry gauze to keep the moist dressing from sliding off and to protect the wound. Tape the end of the bandage to the bandage itself to prevent taping the skin. Carefully remove dressings to prevent any further skin damage or moisten a dry dressing to make it easier to remove.



Deep skin tear



Xeroform® gauze



Secondary bandage

## Abrasions

An **abrasion** occurs when skin is rubbed away, usually if the skin comes in contact with a rough surface. Examples are a skinned knee or a road rash. Abrasions can be painful, and bleeding will start right after the skin is broken.

**Treatment:** Clean minor abrasions with soap and water. Minor or superficial abrasions should heal in a short period of time.

### *Treatment for deep abrasions:*

**Your health care provider should inspect the wound for:**

- Dirt, debris, or an object in the wound
- Any other injuries like fractures
- Injuries to deeper structures like tendons, nerves, and blood vessels

Your wound may need to be closed with sutures or a skin adhesive. Let your health care provider know if you have any allergies or have had a reaction to general or local anesthetics.



Deep abrasion



## When to Call Your Doctor

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### Call your doctor if:

- Your wound is deep
- Your wound has ragged edges
- The edges of the wound stay wide open
- Your wound is leaking a thick, creamy, grayish fluid
- Your wound bleeds in spurts and blood soaks through the bandage
- Bleeding does not stop after 10 minutes of firm, direct pressure
- Red streaks are on your skin near the wound
- You have a puncture wound or a deep cut
- The area around the wound feels numb
- You have a temperature at or over 101°F (38.3°C)
- You can't move without pain
- You have not had a tetanus shot in more than 10 years
- You have a skin injury and are a diabetic or have a vascular disease
- You are taking medications such as steroids or anticoagulants (blood thinners), which may affect wound healing



Call your doctor if you have any of the problems above

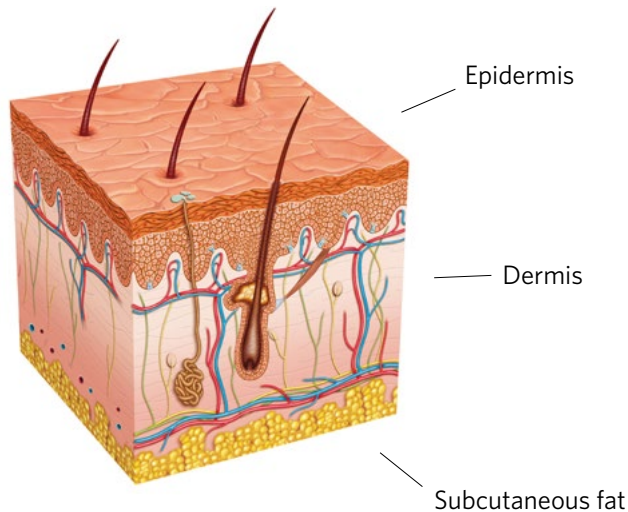
# Your Skin<sup>5</sup>

## Your Skin's Structure

Let's talk briefly about your skin. This is important so that you know how to take care of your wound.

Your skin has the job of protecting your body, so it is made to be tough and stretchy. The 3 main layers of the skin are the **epidermis**, **dermis**, and **subcutaneous fat**.

Your Skin's Structure



**The epidermis is the top layer of skin**, which is the part of the skin you see. New skin cells are made at the bottom of the epidermis. They push their way up and flake off about a month after they form. Your skin is always making new cells—that's why your skin can heal. Just remember that your new skin cells may be a little tender and fragile in the beginning.

The epidermis makes melanin, which is the pigment that gives skin its color. Melanin is increased when exposed to the sun. You will need to protect your wound from the sun—otherwise, the new pigment may be darker and that part of the skin will look different. The epidermis also has immune cells that are there to protect your body. So that is why when your skin layer is broken, you are at a greater risk for infection.

**The dermis is the second layer of skin.** It's much thicker and has several jobs:

- Makes sweat—which comes out of little holes in your skin called pores.
- Contains nerve endings—they help you feel things. If the dermis is damaged, sometimes the skin has less sensation or feeling for a while.
- Grows hair—if your hair roots are damaged, you may have scar tissue that no longer grows any hair.
- Makes oil—this helps keep your skin soft and smooth.
- Brings blood to your skin—this is why when you cut into the dermis layer, you will have more bleeding. Also, if you damage the dermis layer and no longer have a good blood supply, then nutrients can't get to the skin and it won't heal well.

**Subcutaneous fat is the bottom layer of skin.** This layer:

- Attaches the dermis to your muscles and bones.
- Contains the larger blood vessels and nerve tissue that supply blood and feeling to the rest of your body.
- Contains fat that helps control your body temperature.
- Stores the fat in pads that help protect your muscles and bones. As you age, the fat layer thins out and becomes more delicate. Your skin may be more sensitive to bruising or skin tears.

## How Your Wound Heals

There are 3 ways that wounds can heal:

- 1. Primary healing:** The wound is clean and all layers of your skin are closed. Your wound will heal in a minimum amount of time, with no separation of the wound edges and with little scar formation.
- 2. Secondary healing:** The wound's deep layers are closed, but the superficial (top) layers are left open to heal from the inside out. This healing will be seen in cases of infection, trauma, tissue loss, or incomplete closure of your skin tissue.
- 3. Tertiary healing** (delayed primary closure): The wound is first cleaned and observed for a few days to make sure there is no infection before it is surgically closed. These wounds include injuries such as dog bites or lacerations such as jagged stab wounds.

**!** **The amount of time it will take your wound to heal depends on the type of wound and your general health.** Most wounds heal within 2 weeks in healthy children and adults. Healing may take longer if you have a condition like diabetes; you are a smoker; you are taking drugs, such as steroids or chemotherapy; or if you have a weakened immune system.



# Wound Care

**Open Wounds**

**Wound Closures**

**Wound Care**

# Open Wounds

Open wounds, like a paper cut, do not need sutures, staples, or other types of closures to help them heal. Wounds that are left open to heal, like skin tears, may require special care with bandages or dressings that keep the wound bed moist and do not stick to the wound. Ask your health care provider how to clean, bandage, or apply a dressing to an open wound if needed.

Deeper lacerations and abrasions may need to be closed by a health care provider using sutures (stitches), staples, Steri-Strips,<sup>®</sup> or tissue adhesive. Follow the wound care directions in this chapter for cleaning and caring for each type of wound closure and when to return to your health care provider for their removal.

## Wound Closures

### Sutures (Stitches)

**Sutures** (stitches) are special threads that are sewn through the skin at an injury site to bring a wound together. Nylon and other nonabsorbable sutures should be removed by your health care provider.<sup>6</sup> Absorbable sutures do not have to be removed and may be used on lacerations of the mouth, tongue, genitals, and deep, multilayer lacerations. They are usually absorbed by the body within 4 to 8 weeks.



Sutured wound

### Staples

**Staples** are used to close surgical incisions or wounds that have fairly straight edges. Medical staples are made of special metal and are not the same as office staples. The amount of time staples are kept in the wound varies with the wound and healing rate of the patient. Staples are usually removed at a doctor's office or hospital. There may be some localized redness around the staples for the first few days. If the redness increases, it may be a sign of infection.



Wound staples

Wound Location	Time until Removal
Face	3 to 5 days
Scalp	7 to 10 days
Arms	7 to 10 days
Trunk/Torso	10 to 14 days
Legs	10 to 14 days
Tops of hands or feet	10 to 14 days
Palms or soles	14 to 21 days

### Timing of Suture or Staple Removal

## Steri-Strips

**Steri-Strips®** are adhesive strips used to bring together the edges of a simple wound or laceration. They may also be used after the removal of sutures or staples for wound support. The strips should be placed with enough space between them to allow your wound to drain any fluid. Steri-Strips should be kept dry for the first 24 hours. You can usually shower after that. Steri-Strips usually fall off by themselves in 7 to 10 days.



Steri-Strips®

## Tissue or Skin Adhesives

**Tissue adhesives** (also known as **skin adhesives**, such as Dermabond®) are used to close small wounds and may be used alone or with sutures. Your doctor will put a liquid adhesive film on the wound and let it dry. The film holds the edges of the wound together and also protects the wound from getting wet. You should leave the film on the skin until it falls off, usually in 5 to 10 days.



Tissue adhesive

- !** **It is important to NOT put additional stress or strain on a wound closure.** If you have an abdominal incision, try not to strain when using the toilet, bending, or lifting. Do not lift objects over 10 pounds; a gallon of milk is about 10 pounds.

# Wound Care

## Introduction

It is important to keep your wound clean. Many wounds will seal by themselves in 24 to 48 hours. If you have had your wound treated by a health care provider, you should ask how to clean and care for your wound. These are some general instructions for wound care.

- If your hands are visibly dirty, wash your hands with soap and water for 15 to 30 seconds; if your hands are not visibly dirty, use a 60% alcohol-based hand gel.
- If you have been told you may shower, each day, remove the bandage and wash the wound area with soap and water. Let the water run on the wound until all the soap residue disappears. Use a cotton swab to remove any blood or crust that forms.
- Do not soak the area or swim until you are told to by your doctor.
- If the wound does bleed while you are cleaning it, cover the wound with a gauze pad or towel and apply firm pressure for 5 full minutes.



Always wash your hands before caring for a wound

**!** If the bleeding does not stop, call your health care provider or go to the hospital.

- You may be told to use an antibiotic or white petroleum ointment to keep the wound moist to prevent infection, promote healing, and decrease scabbing.
- **Do not use** disinfectants and antiseptics—like hydrogen peroxide, rubbing alcohol, or iodine—to clean open wounds. They are more likely to damage tissue than to help it heal.



## Clean Your Wound Skills



- Many wounds will heal on their own (primary healing) or with basic first aid care at home.
- Most skin wounds should heal within 10 days.
- Watch the Clean Your Wound video online at [facs.org/woundcare](https://facs.org/woundcare), and then follow each of the steps.

### SKILL

#### Clean Your Wound Closed with Sutures (Stitches) or Staples

- If your hands are visibly dirty, wash your hands with soap and water for 15 to 30 seconds; if your hands are not visibly dirty, use a 60% alcohol-based hand gel.
- Soak clean gauze or a cloth with soap and water and dab around the staple or suture line to remove dried blood or drainage.
- Start at the suture or staple line, which is where your wound is the least contaminated, and clean outward away from the wound.
- Dry the area completely, dabbing around the sutures or staples.
- You may keep the area open to air (not covered by a bandage or gauze) if the staple or suture line is not draining.
- Repeat cleaning around the site daily.
- Wash your hands again or reapply 60% alcohol-based hand gel.



Always wash your hands before caring for a wound



Cleaning a sutured wound

Your doctor should advise you when to come back to get the sutures or staples removed. Let your health care provider know if there is any drainage or sign of infection from the wound. Be sure to return to your doctor when it is time for your sutures or staples to be removed.

Steri-Strips should be kept dry for the first 24 hours, but ask your doctor if you can shower after 24 hours. Steri-Strips will usually fall off by themselves after 7 to 10 days.

## SKILL

## Clean Your Wound Using the Shower

- Use a shower chair, if needed, and adjust the shower spray to gentle with warm water (rather than hot).
- Shower for 5 to 10 minutes, keeping your wound at least 12 inches away from the shower head.



## Important Tips

- Prevent the wound from re-opening by keeping activity in that area to a minimum.
- Make sure your hands are clean when you care for the wound.
- If the laceration is on your scalp, it is OK to shampoo and wash your hair and scalp. Be gentle and avoid excessive exposure to water.
- Call your doctor if you have any questions or concerns about how to care for sutures or staples at home.

## Pack Your Wound Skills



- If a wound is deep or tunnels under the skin, wound packing can absorb drainage and help it heal. Ask your doctor how to pack your wound and how to order wound packing supplies.<sup>3</sup>
- Watch the Pack Your Wound video online at [facs.org/woundcare](https://facs.org/woundcare), and then follow each of the steps.

## SKILL

## Gather Your Supplies

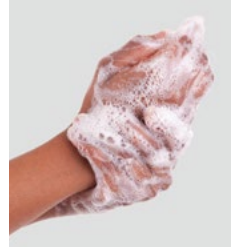
- Packing material, water, or solution prescribed by your doctor
- Cotton swabs (Q-tips®)
- Clean gloves
- A small plastic bag
- A clean bowl
- Scissors
- Tweezers
- A clean towel
- Outer dressing material to use as a bandage
- Tape



Wound packing supplies

**SKILL****Prepare Your Work Area**

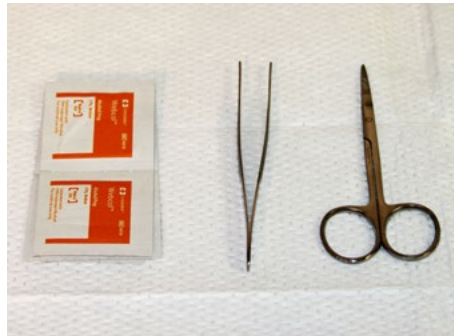
- Clean the area where you will set out your supplies.
- If your hands are visibly dirty, wash your hands with soap and water for 15 to 30 seconds; if your hands are not visibly dirty, use a 60% alcohol-based hand gel.
- Put a clean towel over your work area and set a clean bowl on it.
- Pour water or the solution prescribed by your doctor into the bowl to wet the packing material, or open your packaged material.
- Clean tweezers and scissors with alcohol or an alcohol wipe before using.



Always wash your hands before caring for a wound



Prepare your work area



Alcohol wipes, tweezers, and scissors

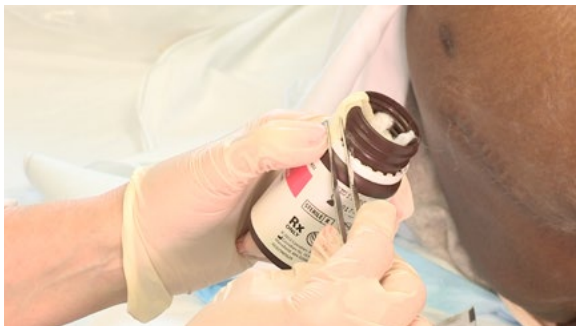


Clean your scissors with alcohol

## SKILL

## Pack Your Wound

- Cut pieces of tape longer than the length and width of the wound to secure the dressing. Hang one side of the tape from the edge of a table or workspace until needed.
- Carefully remove any tape or unwrap the bandage. Cover your hand with a plastic bag or a glove to remove the existing bandage. Check for drainage or odor and discard.
- Use a 60% alcohol-based gel for removing germs from your hands.
- Put on clean gloves.
- Use clean tweezers to lift the packing out of the container. Cut off the amount needed and place it on a clean piece of gauze.
- Gently push the packing material into the wound to fill the wound space. Use a cotton swab, if needed, to push the packing beneath any tunneled areas.
- You may also use a cotton swab to gently measure the depth of the wound and record it each day.
- Open the outer dressing material package and place the dressing over the packing and wound site.
- Tape the outer dressing in place or wrap a bandage around the wound area to hold the dressing in place.
- Remove your gloves and discard.
- Use a 60% alcohol-based hand gel to remove germs from your hands.



1

Remove the packing material from container

**SKILL**

**Pack Your Wound (continued)**

2



Cut some gauze packing

3



Pack your wound



Close-up of a packed wound

4



Tape the outer dressing over your packed wound





# Dressings & Bandages

**Types of Dressings and Bandages**

**Dressing & Bandaging**

# Types of Dressings and Bandages

## Introduction

There are two types of dressings:

1. A **primary dressing** is placed directly over the wound.
2. A **secondary dressing** is used to cover or hold a primary dressing in place.

Dry dressings (plain gauze), such as 4x4 gauze dressings, are still the most common. Other dressings have a specific purpose to help the wound heal. They include protective, antibacterial, absorbent, and debriding dressings.

A secondary dressing or bandage may be used to hold a primary dressing in place. You may also need tape and either clean or sterile gloves, depending on the type of wound you have.

There are also more advanced products that help create a moist, warm, and protected wound-healing result. Your health care provider will let you know what type of dressing you need.



Transparent film

▶ Watch the Dressing and Bandaging video online at [facs.org/woundcare](https://facs.org/woundcare)



## Protective Dressings

Dressing Type	Wound Type	Use	Considerations
<b>Dry gauze</b>	Draining wounds	Cotton or synthetic fibers absorb drainage; nonocclusive; inexpensive and readily available	Gauze may stick to dry wounds; moisten before removing with saline or warm, soapy water; pull edges gently back to avoid tearing the skin
<b>Silicone</b>	Wounds or incisions with abnormal healing which may lead to raised or hypertrophic scars <sup>7</sup>	Gel sheets that relax and soften scar tissue; silicone does not stick to the moist wound bed but adheres gently to the surrounding skin; decreases trauma and pain on removal with no residue on the skin	Reduces pain on dressing removal, reducing anxiety and speeding up the healing process <sup>8</sup>
<b>Hydrogels</b>	Pressure ulcers, partial and full-thickness wounds, vascular ulcers, burns, abrasions, or skin tears	Water- or glycerin-based dressings that provide moisture to dry wounds; soften and loosen slough and necrotic wound tissue	Not for heavily draining wounds; may feel cool and decrease pain; may dehydrate easily; nonadhesive and requires a secondary dressing
<b>Transparent films</b>	Closed surgical incision sites, small skin tears with minimal drainage, skin grafts and donor sites, catheter sites, and areas of friction	Thin, transparent sheets with adhesive backing; protect from water and bacteria; provide a moist healing environment and debrides the wound. <sup>8</sup>	Usually has its own adhesive, so less need for tape; does not cause pain or trauma when removed
<b>Impregnated gauze</b>	Skin grafts and donor sites, burns, and skin tears	Gauze treated with substances such as petroleum, iodine, bismuth, and zinc; adds moisture to the wound and promotes healing by decreasing pain during dressing changes	Do not use bismuth gauze with venous leg ulcers; iodine gauze may be used for tunneling/packed wounds but needs frequent dressing change and use for fewer than 5 days; use a secondary dressing to cover

## Antibacterial Dressings

Gauze with iodine or silver added helps keep the wound moist, prevents infection, and provides nonstick coverage. This should make changing the dressing much less painful and will not tear the healing wound when the dressing is removed.

Dressing Type	Wound Type	Use	Considerations
<b>Antibacterial ointment</b>	Dry wounds that are or can become infected	Use for the number of days prescribed by your health care provider; do not stop earlier because the infection can come back	Watch for signs of improvement in 3 to 5 days; if no improvement, then notify your health care provider
<b>Iodosorb® (cadexomer iodine)</b>	Pressure ulcers, venous leg ulcers, diabetic foot ulcers, minor burns, and superficial skin-loss injuries	Absorbs fluid and bacteria from the wound, including MRSA*; helps in debridement (removing dead tissue)	Apply to the wound using a cotton swab or gauze; change the dressing as directed or when the medication changes from brown to yellow/gray or colorless; clean the wound before reapplying the next dose; DO NOT USE if you have an iodine sensitivity, you are pregnant, have thyroid or kidney disease, or in newborns
<b>Silver-based dressing</b>	Wounds that may easily become infected, like burns and lacerations	Silver is an agent that is effective against bacteria, fungi, viruses, and yeast; active against MRSA* and VRE**; reduces inflammation of wounds; and promotes healing	Apply with a gloved hand and cover the wound with a thin layer of medication; let your health care provider know if you have a skin reaction (blistering, peeling, or a skin rash anywhere on your body); other reactions may include easy bruising and bleeding, yellow skin, nausea, or upset stomach; you may need to have your blood drawn to watch for side effects

\*MRSA (methicillin-resistant *Staphylococcus aureus*) is a form of bacterial infection that is resistant to some antibiotics, including methicillin.

\*\*VRE (vancomycin-resistant *Enterococcus*) is a form of bacterial infection that is resistant to the antibiotic vancomycin.

## Absorbent Dressings

Absorbent dressings help to collect moderate to heavy drainage from the wound and provide coverage and protection.

Dressing Type	Wound Type	Use	Considerations
<b>Foam</b>	Moderate-to-heavily draining wounds, partial and full-thickness wounds, donor sites, ostomy sites, minor burns, and diabetic ulcers	Polyurethane pads, sheets or cavity packing that may have air- and watertight backing; maintains wound moisture; protects the wound	Not recommended for dry wounds and arterial ulcers because foam may dry wounds further; can be left in place for up to 4 to 7 days; remove and count all foam pieces between dressing changes
<b>Collagen</b>	Minimal to heavily draining wounds; skin grafts or donor sites; chronic wounds and slow healing ulcers	Woven material that absorbs blood and forms a gelatin mass, which is absorbed within 2 to 7 days	Maintains wound moisture and enables healing at a rapid rate
<b>Alginates</b>	Highly draining wounds: pressure/vascular ulcers, surgical incisions, wound tunnels, skin graft donor sites, exposed tendons, and infected wounds	Nonwoven fibers made from brown seaweed; may also contain ionic silver; forms a gel when placed on the wound; provides a moist environment and may trap bacteria	Available in sheet, ribbon, or rope form; may be kept in place up to 7 days over clean wounds; change infected wounds daily; not used for dry wounds
<b>Hydrofibers</b>	For moderate drainage; pressure ulcers and surgical wounds	Sterile fibrous sheets convert to a solid gel and conform to the wound when moistened	Highly absorbent and allows debridement; collects wound drainage comfortably and easy to remove



Alginate dressing

## Debriding Dressings

Some wounds require a dressing that helps debride (remove) dead, damaged, or infected tissue to improve healing and protect the healthy tissue.

Dressing Type	Wound Type	Use	Considerations
<b>Hydrogels</b>	Pressure ulcers, partial and full-thickness wounds, vascular ulcers, burns, abrasions, or skin tears	Water- or glycerin-based dressings that provide moisture to dry wounds; soften and loosen slough and necrotic wound tissue	Not for heavily draining wounds; may feel cool and decrease pain; may dehydrate easily; nonadhesive and requires a secondary dressing
<b>Hydrocolloid</b>	Partial and full-thickness wounds with low-moderate drainage, necrotic wounds, minor burns, and pressure ulcers	Inner layer is made of colloid gel, paste, powder, or granule particles, such as pectin; provides moist healing and thermal insulation; polyurethane outer layer seals and protects from bacteria and trauma	Wounds with slough or dead tissue; not for infected or heavily draining wounds; may remain in place for 7 days

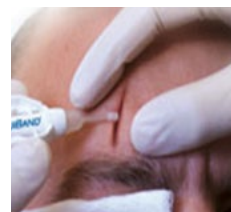


Medicated dressings

## Skin Adhesive Dressings

If your wound was closed with a skin adhesive, DO NOT scratch or pick at the adhesive film on the wound. If your health care provider puts a bandage over the adhesive, be careful to keep the bandage dry. Your doctor will probably want you to put on a clean bandage every day.

Do not put any ointment on a wound that has skin adhesive on it. Ointment could make the adhesive come loose and fall off too soon. You should keep the wound out of sunlight and away from tanning booth lamps.



Skin adhesive

# Dressing and Bandaging

## Dressing Skills



- Your doctor may prescribe an antibiotic ointment to help prevent infection and reduce the size of the scar.
- You may have been told to use a special dressing for your wound and should be shown how to apply it. Apply it exactly as instructed.
- Watch the Dressing and Bandaging video online at [facs.org/woundcare](https://facs.org/woundcare), and then follow each of the steps.

### SKILL

#### Remove Your Dressing

Follow your health care provider's instructions for removing the dressing and cleaning and caring for the wound.

Remove the dressing if:

- There are signs of excessive redness, swelling, and/or drainage
- Wound pain or pressure cannot be controlled by medication
- You suspect there is wound separation



**Call your doctor for instructions on how to care for your wound if it has any of the signs of inflammation or pain described above.** Continue to use tap water for wound cleaning after 48 hours unless you are told to change to another solution.

## SKILL

## Put on a New Dressing

1. After cleaning the wound, place a new primary dressing or clean gauze on the wound.
2. Secure the dressing with tape or by wrapping a secondary bandage completely around the dressing. If you are wrapping a bandage, extend the bandage 1 inch past the primary dressing in all directions to make sure it is completely covered.
3. Tape the bandage ends to the bandage itself to secure.
4. Wash your hands again or reapply a 60% alcohol-based hand gel.



Put on a new dressing

A hand holding a smartphone, with a blurred background. The image is overlaid with a semi-transparent dark shape that curves across the bottom half. The overall color palette is warm and monochromatic, dominated by shades of beige and brown.

# Problem Solving

When to Call Your Doctor

# When to Call Your Doctor

## What to Watch Out For



**Call your doctor if you experience any of these signs:**

- Increased drainage or bleeding that won't stop with direct pressure
- Redness in or around the wound
- Wound tissue that changes from pink to white, yellow, or black in color
- Foul odor or pus coming from the wound
- Increased size or depth of the wound
- Increased swelling around the wound
- Fever about 101°F (38.3°C) or shaking/chills
- Pain at the wound site that does not go away, even after taking pain medicine
- If the wound has split open
- If your stitches or staples have come out too soon (see chart on pg. 15)



Stop the bleeding

You may take pain medications, such as ibuprofen, as directed by your doctor for pain at the wound site.

Follow up with your doctor to make sure the wound is healing properly.



Redness and swelling



Fever





# Resources

# Your Discharge Plan

## Medical Professionals' Contact Information

### My health care provider:

Name \_\_\_\_\_

Number \_\_\_\_\_

### My home health nurse:

Name \_\_\_\_\_

Number \_\_\_\_\_

Other contacts \_\_\_\_\_

## Your Wound Care

I need to clean my wound and change my dressing \_\_\_\_\_/day.

Wound and dressing changes at \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

My pain medication is \_\_\_\_\_.

I need to take my pain medication \_\_\_\_\_ hours before cleaning my wound or changing the dressing.

My wound care supplies are \_\_\_\_\_

\_\_\_\_\_

Instructions for cleaning your wound \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your supplies ordered before you leave the hospital. It may take 1 to 2 days for them to arrive. Leave the hospital with several days of supplies in case there is a delay.

Supplies may be ordered through a local medical equipment store, pharmacy, or a national internet order company. Check with your insurance company to see if they have preferred providers. You may need a prescription for your wound care supplies and pain medication. If you have home health, they may order your supplies. Check with your hospital discharge planner about coverage for the supplies you need.

### Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Check Your Knowledge

## Question 1

**Before you clean a wound, if your hands are visibly dirty, you should**

- A. Rinse them with warm water
- B. Apply a 60% alcohol-based hand gel
- C. Wash your hands with soap and water for 15 to 30 seconds
- D. None of the above

## Question 2

**If your wound has been sutured closed**

- A. You may not shower until the sutures have been removed
- B. You may usually shower after 48 hours
- C. You should soak your wound in a bathtub
- D. Remove the bandage and only clean the wound once per week

## Question 3

**If you have a dry wound like an abrasion**

- A. You will never need to apply a dressing
- B. You should not apply a moist dressing
- C. It will never form a scar
- D. You should keep the wound moist and clean

## Question 4

**You should call your doctor if**

- A. You cannot stop your wound from bleeding after holding firm pressure for 10 minutes
- B. There is a foul odor or pus coming from the wound
- C. The wound tissue changes from pink to white, yellow, or black
- D. All of the above

Answers: Question 1: C Question 2: B Question 3: D Question 4: D

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# Wound Care Resources

## Founding Organization

American College of Surgeons Surgical Patient Education Program  
800-621-4111  
[surgicalpatienteducation.org](http://surgicalpatienteducation.org)

## Collaborative Organizations

ACS Advisory Council for General Surgery

ACS Advisory Council for Pediatric Surgery

American Burn Association

[ameriburn.org](http://ameriburn.org)

American College of Wound Healing and Tissue Repair

[acwound.org/patients.php](http://acwound.org/patients.php)

Association of periOperative Registered Nurses (AORN)

[aorn.org](http://aorn.org)

American Association for the Surgery of Trauma

[aast.org](http://aast.org)

American Society of Plastic Surgeons

[plasticsurgery.org](http://plasticsurgery.org)

Wound, Ostomy and Continence Nurses Society™ (WOCN®)

[wocn.org](http://wocn.org)

Wound Healing Society

[woundheal.org](http://woundheal.org)

## Additional Resources

Advanced Tissue

[advancedtissue.com/the-best-and-worst-ideas-for-open-wounds](http://advancedtissue.com/the-best-and-worst-ideas-for-open-wounds)

Association for the Advancement of Wound Care (AAWC)

Wound Patient/Caregiver Resources

[aawconline.org/wound-patientcaregiver-resources](http://aawconline.org/wound-patientcaregiver-resources)

WOCN® Society™

Patient Information section

[wocn.org/?page=PatientResources](http://wocn.org/?page=PatientResources)

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Provider Information:



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