



**Mount
Sinai
Doctors** Faculty Practice

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MOHS/EXCISION SURGERY

Post-operative Instructions

We are here for you 24/7

**If you have any concerns, at anytime please page Dr. Khorasani's on-call Fellow
at (917) 205-3208**

Immediately After Surgery

- We recommend that you have someone escort you home and stay with you.

Your Bandage

- After the operation, your stitched wound will be covered and protected with a thin, sterile piece of tape, called a Steri-Strip. The Steri-Strip helps prevent infection from entering the wound. Immediately above the Steri-Strip is a compressed dressing consisting of a non-stick pad, gauze and tape. This compression dressing absorbs the normal oozing that occurs during the first 24 hours after surgery and prevents bleeding in the immediate post-operative period.

Wound Care

- Do not remove the bandage for the first 24 hours after surgery. Your bandage will help keep your wound clean, moist, and help prevent infection and bleeding.
- After 24 hours, gently remove the compression bandage and clean the area with a mild soap and water. Do not spray water directly into the wound. Rather, gently run water over the wound to rinse off soap. Pat the area dry.
- Do not remove the Steri-Strips underneath the compression dressing. Our staff will remove the Steri-Strips when you return to have your sutures removed. Do not be alarmed if the Steri-Strips fall off.
- If the Steri-Strips fall off, you may apply a film of ointment (Vaseline, Aquaphor or Mupirocin) and re-bandage the area with a non-adhesive bandage, which can be obtained at a CVS pharmacy. Repeat twice daily 24 until you return for suture removal.

Activity

- Please keep movement of the surgical site to a minimum for the first 2 weeks after surgery.
- Wounds only have approximately 5% of their strength one week after surgery. Therefore, care must be taken not to stretch open the surgical site. Avoid stretching or overusing the surgical area for 3 weeks and then *slowly* start to increase activity to the affected area.
- If you have had surgery in the head and/or neck region, we recommend you keep your head elevated by sleeping on multiple pillows and/or on a recliner tilted at 45 degrees for the first 2 weeks following surgery.

Reactions

- Allergic reactions to the bandage/tape material and antibiotic ointments are extremely common and are most often confused with infections. 48-72 hours after surgery wound becomes red and very itchy and can develop small blisters. Stop the antibiotic ointment and change to plain Vaseline ointment. Remove your strips and use a bandage that is made from a different material than the one you've been using.

Bleeding

- Occasionally, wounds bleed. If there is any bleeding, it is usually just a drop every few minutes from the edge of the dressing. You can wipe it away and apply pressure to the compression dressing, which absorbs blood like a sponge.
- If the wound continues to bleed actively, apply direct, firm and *continuous* pressure to a gauze pad for 20 minutes. This will stop the bleeding. If it doesn't, please call the office.
- If you know you are prone to bleeding, obtain QR anticoagulation powder from CVS or Amazon.com before your surgery. This powder stops most minor bleeds immediately and will save you a trip to our office.

Medication

- Do not take aspirin 2 days after surgery, unless approved by your medical doctor.
- Depending on the surgical site, you may be required to take oral antibiotics after surgery.

Infection

- Even though exhaustive efforts are taken to eliminate infections, occasionally wounds do become infected. Infections are very rare before post-operative day 5. Please note that a little redness around the wound is normal.
- However, if the skin around the wound becomes increasingly redder, swollen, hot, and painful, you may have an infection. If this occurs, please call the office or page us.

Pain

- Mild discomfort and swelling can occur during the healing process. This usually happens 6-24 hours after surgery. You may take extra-straight Tylenol if needed. Only 5% of our patients will require narcotics for pain control.

Suture Removal

- You will be given an appointment for suture removal with one of Dr. Khorasani's associates. Suture removal is usually a painless process but some mild discomfort can be experienced. Please note that only the top sutures are removed. The deep sutures are usually absorbed by your body or extruded through the skin at a much later date. If your wounds feel "bumpy" after surgery, it's because the deep sutures have not been absorbed yet.

Grafts

- If you have been repaired using the skin graft you will have two separate wounds. One is the donor site (where skin is taken) and another is the recipient site. The recipient site will have a compression dressing that is sutured in place. This is called the "bolster", you can not remove this bolster and should only apply some Aquaphor on top of it to make sure it's not too dry (once every few days). It's also recommended that you don't get this bolster wet if possible. The donor site will need the same wound care as described above under "Wound Care".

What to expect after surgery

Swelling and bruising

- **Swelling and bruising are expected for any location. Nose, forehead and scalp will always cause extensive bruising that can be most severe around the eye but can also extend down to the cheek and neck area. Swelling can often be very severe around the eyelids to the point that one will have difficulty opening ones eyes. The bruise last for 7-12 days and swelling lasts for 1-3 days.**

Spitting Sutures

- Sometimes the deep sutures are not absorbed by your body but rather are extruded through the skin at a later date. This might present as a "pimple" or a "white/purple tread" on your skin and can be plucked out with a pair of clean tweezers. On occasion, a patient may have to come to the office for its removal. Spitting sutures are expected and are not considered a complication.

Redness and bumpiness of scar

- Most scars will be red and bumpy about 3-10 weeks after the surgery. By about 6 months your scar will have matured, giving you a good idea about how it will look in the future.

Scar

- It's important to know that scars can be treated with different types of lasers. For instance, the V-BEAM vascular laser can be used to treat the redness associated with scars. The Total FX Co2 resurfacing laser can be used to treat scar texture, while dermabrasion may treat irregularities.
- Unfortunately, most scar treatments, including the use of lasers, are not covered by health insurance plans. If skin cancer has been the cause of your scar, you may be eligible for a large discount on laser treatments administered by Dr. Khorasani. As a national expert in the field of scar treatments, Dr. Khorasani's main research interest has been scarless wound

repair. Furthermore, Dr. Khorasani is one of the few fellowship-trained dermatologic surgeons in the country who is also Board certified by the American Board of Cosmetic Surgery (Dermatologic Cosmetic Surgery) and therefore has aesthetic training in scar camouflaging.