



**Matthew H. Steele, MD**  
Cosmetic and Reconstructive Plastic Surgery

## **Lesion Excision, Flap Repair, and Skin Grafts**

### First 24 hours:

You will have some soreness at the operative site and you may feel a little tired from the anesthesia. Take your pain medicine and Valium (if applicable) as needed. If you are given narcotic pain pills (hydrocodone), you will benefit from a stool softener to minimize risk of constipation. Start your antibiotic (if applicable) when you get home and continue as directed. Do not eat spicy foods or any dairy; these can upset your stomach and cause nausea and vomiting. Make sure you are comfortable and any nausea is controlled with the medications (Phenergan or Zofran).

Leave your dressings in place. If instructed to apply Bacitracin antibiotic ointment to any sutures or areas with yellow gauze, do so twice daily. If you had a split thickness skin graft taken from the thigh: leave the dressing in place, reinforce the dressing with gauze, abdominal pads, or sanitary pads as needed for any bloody drainage.

Keep your activity to a minimal. If you had surgery on the head and neck area, sleep on 2-3 pillows to help with swelling. You may shower as long as you do not get the dressings and operative area wet, otherwise sponge bathe only. Some bruising and swelling is normal. If you had surgery on your forehead, eyebrows, eyelids, cheeks, or nose: do not be surprised if you see extensive swelling/bruising of the eyelids. The eyelids are very sensitive and can take on swelling even if there was no surgery on them. If instructed, you may place an ice pack (frozen peas work great) over the operated area 4-6 x daily for 10-15 minutes over the first 2-3 days.

If you had surgery on your lower extremity, keep your leg elevated when not walking. If you are placed into a walking boot, you may remove only when leg is elevated and not walking.

### Week 1:

Continue with the instructions above. You will begin to feel better very quickly. You may drive as long as you are not taking any narcotic pain pills or Valium. You may switch to plain Tylenol or Ibuprofen, as you feel better. A normal diet can be resumed and you can lay flat after 2-3 days. Activity restrictions include the following: no strenuous activity, no bending, no stooping, no lifting more than 10-15 pounds, and no cardio activity. Keep your blood pressure stable and heart rate under 100 beats/minute. Slow walking and light household duties can be resumed. No sexual activity at this time. You may shower as long as you keep all dressings dry.



**Matthew H. Steele, MD**  
Cosmetic and Reconstructive Plastic Surgery

Continue local wound care if instructed to do so. In most cases, Dr. Steele will cover your incisions with steri-strips and a Tegaderm (clear adhesive dressing) which requires no dressing changes. If you had a forehead flap for repair of a nasal defect, Dr. Steele will ask you to come to the office within a few days to instruct you on proper dressing changes.

If you had surgery in the head/neck region with removable sutures, you will generally be seen 6-8 days after surgery for suture removal. When skin grafts are used in the head/neck region, a small yellow gauze (bolster) is sewn in place over the skin graft. Do not remove. You will be instructed to cover with bacitracin ointment twice daily during the first week. This bolster will be removed around one week after surgery. There will be dissolvable sutures on the skin graft- peroxide and Vaseline will encourage these stitches to fall out and final wound healing.

If you had surgery on the scalp, chest, back, or extremities: skin graft bolsters are removed after one week, but other sutures or staples are not removed for 2-3 weeks.

After sutures and bolster removal, it is ok to get the incisions wet, however, be careful to gently wash the area; do not scrub until fully healed after 3-4 weeks.

#### Weeks 2-4:

If you had surgery on your face, you will be offered Biocorneum scar care therapy for optimal scar healing. Dr. Steele recommends at least using sunscreen to help prevent prolonged scar redness and permanent pigmentation of your scar. After 2-3 weeks you may resume normal activity. If you had a forehead flap to your nose, you will be scheduled for the next stage of repair.

If you had a skin graft taken from your thigh, you may remove the clear dressing and gauze after two weeks. This is most easily done in the shower at home. If there are still raw areas, you may cover with Vaseline and a non-stick dressing. Once it is healed, you will note skin dryness- a bland lotion such as Aquaphor or Lubriderm works well for this. The area will stay red/pink for a long time, but will fade after one year.

If you had a skin graft on your scalp, the staples will be removed at 2 weeks and you will continue with peroxide/Vaseline until fully healed.

Staples and sutures on the chest, back, and extremities are removed during this time. If you had dissolvable sutures placed on your chest, back, or extremities, Dr. Steele will remove your dressing at 2 weeks and discuss scar care. By one month after surgery, you should be able to return to normal activities.



**Matthew H. Steele, MD**  
Cosmetic and Reconstructive Plastic Surgery

If you had surgery on your lower extremity, you will be very prone to extensive swelling. When you are not walking, you should keep your leg elevated during the first 6 weeks. If you are placed into a walking boot, Dr. Steele will ask you to wear it during the first 3-4 weeks, but you may remove it when not walking. Continue to use an Ace wrap or compression stocking to encourage the swelling to resolve. You will continue local wound care with peroxide/Vaseline until fully healed.

After weeks 4-6:

Most patients are healed and back to full activity. If there are situations with delayed healing, Dr. Steele will instruct you on the proper wound care.

When to call:

**Bleeding-** bleeding that does not stop with elevation and direct pressure with gauze for 15-20 minutes

**Hematoma-** bleeding that has caused extensive bruising, swelling, and asymmetry (body part is 2-3x bigger than the other side)

**Fluid pocket-** if you notice a soft, squishy area filled with fluid under the incision

**Wound separation-** wound opens or is slow to heal

**Infection-** fever (temperature > 101.5F), swelling, redness, tenderness, white pus drainage

**Blood flow problem-** skin incision, skin graft, or skin flap turns very dark blue/black