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Form "PO-S" General guidelines after skin incision and drainage of an abscess

Disclaimer: This is not medical advice unless your surgeon has specifically given this to you as an active patient.

QR: THIS FORM ONLINE-SELECT FORM "PO-S"

Wound care, monitoring for worsening of the infection, bleeding, nausea/vomiting, pain control, and urinary retention are the main factors in care after surgery involving an incision.

Wound care instructions:

Incision(s):

Unless your wound is covered by a dressing, apply an antibiotic ointment directly to the surgical wound and drain site (if you have a drain) three times a day. Keep all incisions dry for at least 48 hours. You may sponge bathe, bathe, or shower the rest of your body as long as the surgical site stays dry. After 48 hours, soap and water may be used directly on the incision, but gently, with the fingertips, not a washcloth. Drying these areas should be blotting dry, not wiping dry.

Antibiotic ointments:

mupirocin (Bactroban)
bacitracin
triple antibiotic ointment
double antibiotic ointment
Neosporin

Note: These may be purchased over-the-counter (without a prescription).

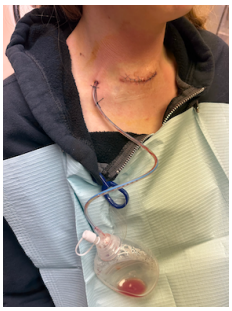
If your surgeon has prescribed an oral antibiotic, take it as scheduled until the supply is used. Report any rash, hives or other reaction to your surgeon. If you were prescribed oral antibiotics, take them as scheduled.

Contact your surgeon if the wound becomes more painful over time, develops more than a little swelling, or if the coloration of the skin extends more than 1/2 inch (1cm) from the incision.

Drain care (if you have a drain):

There are different types of drains your surgeon may use, each with different care involved.

1. Active drain: Keep the drain charged. A charged drain appears collapsed. The drain wants to assume its rounded shape, and because of that, it maintains a vacuum in the tubing. If the drain is rounded (like an egg), re-charge it by removing the stopper, squeezing the drain to push out air, and then replace the stopper. If the drain fills up with air within seconds to minutes, there is a leak in the drain circuit and you should inform your surgeon.



ACTIVE DRAIN

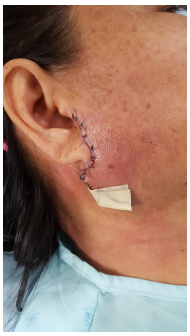
Three times a day, strip the drain tubing, then empty the drain contents into a measuring cup. Record the time and volume of drainage. The drain output tends to decrease over time.

It helps to safety-pin the drain tag onto your shirt so that the drain is not pulling on the skin, causing discomfort.

For more detail, see: **https://www.doctorlansford.com/jp-drain-care** or use the QR code to the right.

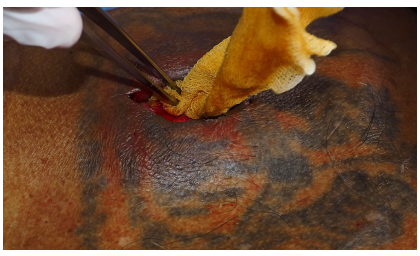
QR FOR JP DRAIN CARE PAGE

2. Passive drain: (These include Penrose drains and rubber bands.) These types of drains work by keeping the skin from sealing closed, which allows fluid from under the skin to drain out. Tending to these drains is a matter of replacing soiled gauze periodically. Gauze may be placed over the drain and taped to the skin. Once soiled, the old gauze and tape may be removed and replaced. Your surgeon may ask you to pull the drain out of the wound by a small amount each day. Take care not to accidentally pull the drain completely out of the wound while performing dressing changes.



PASSIVE DRAIN

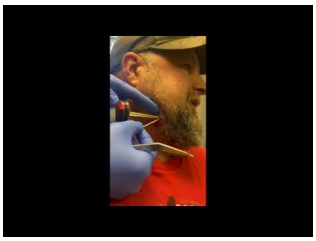
Packing the wound: Your surgeon may have you pack the wound with gauze. This involves removing the single piece of packing gauze from the wound and replacing it with a similar length of new packing gauze on a regular schedule. Pushing the gauze into the wound is typically performed with a cotton tipped applicator, and is done with enough pressure so that the gauze fills the space, but lightly enough not to create trauma.



WOUND PACKING

QR FOR PACKING A WOUND VIDEO

For more detail, watch this YouTube video: **https://youtu.be/CH37gMkecp4**



Monitoring for worsening of the infection:

A healing wound should become less tender, less swollen, and less red over time. If the opposite occurs, or if you have a temperature greater than 101.5 degrees F, contact your surgeon's office. It is important to obtain your antibiotic medication and to take it as prescribed.

Bleeding:

If a doctor has prescribed a medicine to "thin" the blood to treat or prevent a problem such as a blood clot, pulmonary embolism, atrial fibrillation, or a mechanical heart valve, you are in a special category requiring a specific plan of balanced risk for your situation, and a coordinated plan among this prescribing doctor, your surgeon, and you needs to be in place for when to stop and when to resume this medicine. Contact your surgeon in advance of your procedure for further instructions.

Bleeding during and after surgery adds risk to the operation. For most major operations, a patient must avoid using medications or supplements that promote bleeding. Medicines to avoid include common pain medications (see Table 1, below), blood "thinners" (see Table 2, below), and certain dietary supplements and herbal remedies (see Table 3, below). If a prescribing physician considers your risk of clotting too high to stop taking blood "thinners" according to table 2, he or she may arrange a "bridge" with a short acting blood thinner. If even this cannot be accomplished, then undertaking surgery should be reconsidered.

Table 1: Common NSAIDs (non-steroidal anti-inflammatory drugs):

Name	Omit (do not take) timeframe	Common **resume** date
aspirin	1 week before surgery	2 weeks after surgery
Motrin (ibuprofen)	1 week before surgery	2 weeks after surgery
Advil (ibuprofen)	1 week before surgery	2 weeks after surgery
Aleve (naproxen)	1 week before surgery	2 weeks after surgery
Voltaren (diclofenac)	1 week before surgery	2 weeks after surgery
Naprosyn (naproxen)	1 week before surgery	2 weeks after surgery
Mobic (meloxicam)	1 week before surgery	2 weeks after surgery
Indocin (indomethacin)	1 week before surgery	2 weeks after surgery
(many others)	1 week before surgery	2 weeks after surgery

Table 2: Common drugs to "thin" the blood:

Name	Omit (do not take) timeframe
Plavix® (clopidogrel)	5-**7** days before surgery
Warfarin™ (coumadin)	5 days before surgery
Pradaxa™ (dabigatran)	
normal-mild kidney dysfunction (CrCl > 50)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-49)	4-**6** days before surgery

Xarelto™ (rivaroxaban),	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Eliquis™ (apixiban)	
normal-mild kidney dysfunction (CrCl > 60)	2-**4** days before surgery
moderate kidney dysfunction (CrCl 30-59)	3-**5** days before surgery
severe kidney dysfunction (CrCl 15-29)	5-**7** days before surgery
Saveysa™ (edoxaban)	4-**5** days before surgery
Arixtra™ (fondaparinux)	
normal-mild kidney dysfunction	5 days before surgery
Lovenox™ (enoxaparin)	2 days before surgery
Fragmin™ (dalteparin)	2 days before surgery

These medications are commonly resumed 7-10 days after surgery, as determined by the surgeon's assessment of bleeding risk.

Table 3: Dietary Supplements and herbal remedies that "thin" the blood:

Name	Omit (do not take) timeframe	Common **resume** date
Vitamin E	2 weeks before surgery	At least 2 weeks after surgery
Fish oil (including omega-3-fatty acids)	2 weeks before surgery	At least 2 weeks after surgery
Ginko biloba	2 weeks before surgery	At least 2 weeks after surgery
Ginger	2 weeks before surgery	At least 2 weeks after surgery
Garlic	2 weeks before surgery	At least 2 weeks after surgery

Table 4: Drugs for erectile dysfunction:

Name	Omit (do not take) timeframe:
sildenafil (Viagra®)	24 hours before surgery
tadalafil (Cialis®)	24 hours before surgery
vardenafil (Levitra®)	24 hours before surgery

These erectile dysfunction medications may be resumed two weeks after surgery.

Pain Control:

Pain after surgery is usually moderate initially, and gradually subsides to a mild level over a day or two. Depending on what part of the neck underwent surgery, muscles in that area may be painful when activated with chewing, swallowing, or talking. It is important to stay well-hydrated after surgery, so keep drinking fluids despite some discomfort.

Narcotic pain medicines must be respected and used sparingly. Note that some pain medicines are combinations of narcotic and Tylenol (acetaminophen). Plain Tylenol (acetaminophen) may be used for mild to moderate pain, but the total amount of Tylenol (acetaminophen) from all sources must be less than 3 g (3000 mg) per day for an adult. Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two weeks after surgery because they promote bleeding.

Do not try to attain a pain-free state, since this would require too much pain medicine, and risk dangerous side effects. On the other hand, do not try to just suffer through your pain since doing so will make your blood pressure too high with potential risk. The ideal degree of pain is low enough to be able to sleep a couple of hours at a time.

Narcotic pain medicines should be taken with food.

Nausea/Vomiting:

Nausea and vomiting can occur after surgery. The medicines used during anesthesia and narcotic pain medications used after surgery are the most likely culprits.

Your doctor may prescribe medicine to treat nausea or vomiting. Be aware that some of these, such as compazine, phenergan, and scopolamine can cause sleepiness, and combined with other medicines, may create too much sedation for safety. Ondansetron (Zofran) is non-sedating, as is metaclopromide (Reglan).

Fever:

A fever is a temperature greater than 101.5 F. Notify your surgeon for a persistent fever or a temperature greater than 103 F, as these raise suspicion for infection.

Urinary Retention:

The inability to urinate despite having a full bladder can sometimes occur after a procedure under general or spinal anesthetic. This is more common among men above the age of 60 and when the anesthetic duration is longer than two hours. Symptoms of urinary retention include the following:

- Feeling like you need to urinate but being unable to urinate
- Feeling like you cannot fully empty your bladder after urinating
- Feeling pain in the low abdomen

Typically, if one is able to urinate normally once after surgery, the risk of urinary retention thereafter is low. Tricks to try to facilitate flow of urine include turning on some flowing water from the sink and putting a hand in warm water while trying to urinate. If symptoms of urinary retention develop, you may need to present to an Emergency Room where a bladder scan to verify urinary retention and possibly catheterization to empty your bladder may be performed. If one waits too long to get a bladder drained, the bladder may temporarily lose ability to contract, leading to needing a urinary catheter for several days while it recovers, or in extreme cases, bladder rupture.

Return to Driving and Other Activities Requiring Alertness:

General anesthetic can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with the patient for at least 24 hours

after your operation. You are also advised to take extra precautions against falling while walking, and to avoid driving, operating machinery, drinking alcohol and signing any legal documents for 24 to 48 hours. Do not drive for at 24 - 48 hours after your anesthesia. A traffic violation while affected by anesthesia may result in a Driving Under the Influence citation.

An adult may drive when ALL of these conditions are met:

1. Greater than 24 - 48 hours since surgery have passed,
2. You have had NOT taken narcotic pain medicine for at least 8 hours, and
3. The judgement of you and your family members is that you are safe to drive.

Physical Activity:

For 2 weeks after surgery, avoid strenuous activity (such as running, jogging, sports, sexual activity, lifting more than 15 pounds, and gardening). (See Table 4.) You should be active with walking regularly during this time.

Skin numbness:

It is normal to have some numbness on and around the incision. This gradually improves.

You may find more information at DoctorLansford.com