



MOHS Reconstruction Surgery (Operating Room)

Post-Operative Instructions

The following instructions will provide helpful information and guide you through your recovery. These are designed to be general guidelines. Remember, everyone recovers differently.

What to expect:

- Maximum discomfort will occur the first few days after surgery and then will subside gradually.
- Nausea can occur following any surgical procedure and generally passes by the first postoperative day.
- During the first week or two after surgery, you will experience some swelling, bruising and some drainage.
- You may have a dressing on and it will be removed 3-7 days after the surgery.
- If possible, the surgical site should be elevated about the level of the heart to decrease swelling and discomfort for up to 2 weeks after surgery.

Pain Medication:

- **Take pain medication as prescribed.**
- **For pain that is less intense it would be appropriate to take Tylenol 500 mg two tablets every 6 hours (not to exceed 2000 mg in 24 hours) and Ibuprofen 600 mg every six hours, if it is not contraindicated for your health and you have not been prescribed Celebrex.**

Diet:

- Follow a balanced diet. Decreased activity may promote constipation, so you may want to add more raw fruit to your diet and be sure to increase your fluid intake.
- You may not feel very hungry for one to three days following the surgery. You should consume easily digested food for the first twenty-four hours (ex. toast, crackers, soup, bananas, rice, and applesauce).
- Do not drink alcohol when taking pain medications.

Activities:

- Have someone drive you home after surgery and help you at home for 1-2 days.
- Listen to your body and rest when you are tired.
- Begin walking as soon as possible. Doing so will reduce swelling, prevent post-operative complications, and promote recovery.
- Do not drive until you are no longer taking the prescribed pain medications.



- Refrain from vigorous activity or exercise for the first 7-10 days after surgery. Avoid activities and body movements that could disrupt the graft. These include direct contact and shearing motions at the graft site - **this is critical during the first 2 weeks following surgery.**
- Do not smoke **any substance**, as doing so delays healing and increases the risk of complications.

Wound care:

- Keep dressing (grafted area) clean and dry.
- Following removal of the dressing, the area should be kept clean. The area and surrounding skin can be gently cleansed with soap and water, avoiding trauma to the grafted site.
- Usually showering is safe beginning 2 days after surgery. Care should be taken to avoid direct contact between the shower steam and the wound, until it is well-healed.
- If you have a skin graft, a skin graft donor site is usually covered with a clear adhesive dressing (appearance of Saran wrap).
 - Fluid may accumulate under this dressing (this can be drained in clinic if it is a large collection) or it may leak out from under the dressing. In the case of leakage, leave the dressing as it is and reinforce the area with dry gauze and tape to control drainage.
 - If a VAC dressing was used, do not remove or alter the settings. This will be removed in the office.
- A neutral moisturizing lotion, such as Aquaphor, can be applied to the grafted area beginning at about 2 weeks from the time of surgery. Lotion can also be applied to the donor site after it is healed (not to any portion of the wound that remains open). If there are small open areas that remain, a thin layer of antibiotic ointment, such as Bacitracin, can be applied to these.

Call Dr. Holland if:

- Your temperature is greater than 101. It is not uncommon to have a low-grade fever after surgery.
- You have increased swelling and/or bruising.
- You have increased redness around the incision and/or if pus (yellowish or greenish drainage with a foul odor) drains from the incision.
- Severe or increased pain not relieved by medication occurs.
- You have side effects such as rash, nausea, headache and or vomiting from the medication.
- Severe bleeding occurs. Apply direct pressure to the area.
- You have a loss of feeling or motion.
- **Infection of the grafted or donor areas may require premature removal of the dressing placed at the time of surgery. Failure to address this in a timely manner can lead to graft loss.**

Follow up:

- Please make your follow-up appointment by calling the office or as instructed by Dr. Holland. If you have any problems before then, do not hesitate to call 207-835-4777 for assistance. **After hours, please call the office and press 7 when prompted to reach Dr. Holland directly.**