

Patient Information Sheet

Patient Surgery Wound After-Care

After care advice

Please note you will not be able to do any exercise – this includes gardening / gym / hiking / running / weightlifting / yoga / pilates) for 48 hours after surgery. These activities can increase the risk of bleeding following surgery. After 48 hours you will be able to gradually increase your activity following discussion with your surgeon. Please discuss your specific activities with your surgeon.

It is important to keep your wound completely dry for 48 hours following surgery (ie. no shower for 48 hours). We advise that you do not soak the wound in the shower / bath / spa or swimming pool for 48 hours.

Pain relief - Local anaesthetic should last for 4-6 hours. Please start taking pain relief regularly. Paracetamol and Ibuprofen (if tolerated) is usually sufficient for most people.

Local anaesthetic in the lip / face may mean the lip is numb for the rest of the day – please be careful of hot food and fluid.

Results

The excised piece of skin is analysed in the laboratory to confirm the diagnosis and ensure that the lesion has been removed. Results are available 2-4 weeks following the procedure.

Complications

If you have concerns following surgery, please contact Molecheck – Monday to Friday between 8.00am – 4.00pm.

After hours - please see your local Urgent care doctor. Please inform Molecheck if you have any questions or concerns.

Bleeding:

It is not unusual for there to be some bleeding when the adrenaline wears off. Firm pressure with a clean facecloth/ tea towel for 20 minutes, elevation of the wound and rest should usually settle bleeding.

Steady bleeding from a wound or a collection of blood (a haematoma) beneath the wound may require some sutures to be removed and/or a return to theatre to stop the bleeding. Again, please contact Molecheck for advice or present to Urgent Care / Emergency Department if this occurs outside of our opening hours.

Infection:

Increasing redness, pain, swelling, heat, discharge from the wound needs review and probably antibiotics. Also fever and feeling unwell can also be a sign of wound infection. You should contact Molecheck or your GP.

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Superficial infections are common (5%) and cause redness, swelling, pain and pus around the stitches. Superficial infections tend to settle quickly with oral antibiotics and regular dressings.

Deep infections around the tendons and bones are rare and may need admission to hospital for intravenous antibiotics and further surgery. Deep infections may cause longer-term complications. If you suspect you are developing an infection let your surgeon know and they will review you and provide you with antibiotics.

Dressing:

Following surgery, you will have a dressing on your wound. We will place Fixomull tape dressing directly on the wound, over this you will have a padded dressing.

After 48 hours, you can remove the padded dressing and leave the Fixomull tape intact. You can now have a shower. After your shower you can pat dry the Fixomull tape dressing and allow it to dry. The Fixomull dressing directly on your wound should stay in place until you come for wound review.

Occasionally some skin types can become irritated by the dressing, if this occurs, please contact our Nurse.

Scarring:

Every operation leaves scars. Scars may initially be tender and thickened, they should soften and become more comfortable with time as they mature. Your surgeon will discuss scar management with you to maximize the result of your operation.

For most patients we recommend ongoing taping of the wound. Adhesive tapes apply gentle pressure to scars. Adhesive paper tapes such as **Micropore or Fixomull**, available at pharmacies, can reduce the possibility of scars becoming raised and are effective in applying gentle and constant pressure to skin. You may place the tape directly onto the wound (even if it is not yet completely healed) and leave it in place for several days at a time. You are able to shower with it in place and perform the scar massage through the tape. We recommend changing the tape every 7-10 days. Taping should continue until the scar is flat and pale, usually around 3 months. Taping also has the advantage of providing UV protection for an immature scar.

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