



SOUTHERN NEW MEXICO SURGERY CENTER

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FACIAL WOUNDS, LACERATIONS AND STITCHES

This is a set of instructions on how to care for cuts or wounds on the face resulting from an injury, scrapes, dermabrasion, or any other reason for having stitches on the face.

Antibiotic Ointment

Keep the wounds covered with antibiotic ointment at all times. This is very important because the top layer, also known as the epithelium, is able to heal about twice as fast if it is kept moist and is not allowed to dry out or form a scab. This is best accomplished by keeping a layer of greasy ointment over the cuts, scrapes or wounded skin continuously. There is no fixed number of times that ointment should be applied. However, it may need to be done as many as 10 or 15 times a day in order to assure that the wound is continuously covered. A wide variety of ointments may be used. A good selection is an antibiotic ointment such as Polysporin, Bacitracin or other comparable generic version of these. Antibiotic ointments containing the antibiotic Neomycin are usually acceptable, but can occasionally cause a rash and for that reason may be better avoided. Antibiotic ointments can be obtained over the counter, usually in the drug store or even in the grocery store. Although the antibiotic component of the ointment is beneficial, the most important component is the petroleum jelly base which keeps the wound moist, and in fact if no antibiotic ointment is available, plain Vaseline will usually work just as well.

Bandages

It is usually not necessary to bandage most wounds except possibly at night when the ointment might be wiped off on the sheets, or if a child is likely to pick at the stitches, or if there is a high chance of contamination with dirt. On the other hand there is no harm in covering wounds (if you prefer) but the wound must still be kept moist with ointment at all times. A simple "band-aid" can be used, or any other covering that is easy to use.

Cleaning of Wounds

Although it is a good idea to keep large amounts of contaminated water out of the wound, it is generally OK to allow clean shower water to wash over the wound as long as no scrubbing is performed. The wound may be additionally cleaned lightly once or twice a day if desired. If crusts of mucous or blood accumulate a good way to remove these is with the gentle application of hydrogen peroxide on Q-Tips, or lightly dabbing with clean gauze. The hydrogen peroxide will loosen the crusts and allow easy removal with little rubbing. After the wounds are cleaned, of course it is important to recover them with antibiotic ointment.

Wound Infection

Wound infection is relatively unlikely in the face or scalp because the blood supply of these areas is so good. However if a wound infection occurs you should notify Dr. Frost or another doctor if he is not available. Signs of a wound infection include a large amount of pus coming from the wound, marked progressive swelling around the wound, or a marked increase in redness and tenderness around the wound(although some redness, swelling and bruising are to be expected even without an infection). Also, a fever over 101° would indicate an infection as well.

Suture Removal

Sutures will be usually removed between 5 and 8 days. If you do not already have an appointment you should contact Dr. Frost's office to arrange for suture removal at approximately this time. After the sutures are removed it is a good idea to keep the wounds covered with ointment for approximately 2-3 additional days. Also, any areas of scrapes or raw surfaces on the skin should be covered with ointment until the skin has completely covered the surface.

Antibiotics

Frequently antibiotics will be prescribed to help prevent infection of the wounds, especially if the wounds have occurred as a result of injury. If the wounds are the result of planned surgical procedure, antibiotics may not be necessary.



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Pain/Nausea Medications

Dr. Frost will prescribe appropriate pain medications for you. If these include narcotics, such as Tylenol with Codeine or Lortab, only as much pain medication as is necessary to relieve the pain should be used, as higher doses can cause nausea. If it is necessary to take large doses of pain medications it is probably a good idea to rest while taking these medications because activity combined with narcotics will be more likely to cause nausea. Also remember not to drive or operate machinery when you are taking nausea medications.

Dr. Frost may prescribe a medication for nausea, usually Phenergan. This only needs to be used if you are nauseated either as a result of taking the pain medication, or if you have undergone general anesthesia which can also cause nausea. Frequently nausea medicine is available either as a pill or as a suppository, depending on what is appropriate for the patient and the patient's preference.

Wound Healing

After the stitches come out, the wound still has a long way to go to become completely healed. The scar can take as much as one year or longer to completely reach its final stage. Initially the scar will become swollen and over the first month to 2 months the edges will become firm and possibly elevated. Also over this period the area around the scar will turn more reddish in color. This is a normal part of wound healing and should not cause alarm. After the first 3-4 months the wound will gradually get softer and the red color will gradually fade until the color and texture are similar to the surrounding skin at about a year or slightly more.

During the first year and especially during the first 6 months after a skin wound it is important to avoid sun exposure (or any kind of tanning booth!) because it could cause the scar to have a darker color than the surrounding skin that might be permanent. So wear a hat and/or use sunscreen whenever exposed to sunlight (SPF 25 or greater).

Several factors affect the way a wound heals and the scar that forms as a result of this. Younger individuals have very strong wound healing and consequently tend to form scars that are thicker and may be more noticeable than older individuals. Specifically, children and young adults fall into this category. Individuals over about 30 have more favorable wound healing in that they are less noticeable early on. If a wound has been created as a result of any injury, frequently the skin edges have been crushed and this makes a somewhat less desirable scar than if the skin had been cut with a knife. Finally, if the skin was injured and cut at an angle (known as a "trap door" laceration) this may result in heaping up of one of the edges of wound when the scar heals and contracts.

Scar Revision

If a scar on the face is not cosmetically acceptable it is frequently possible to improve a scar to a variety of techniques collectively known as scar revision. While it is not ever possible to completely "remove" a scar, there are a variety of techniques available to make a bad scar much less noticeable. In most cases these techniques should be employed after an initial injury has had a chance to completely heal, usually for at least 3-6 months. These include excising the scar if it was an injury, and closing it with a cleaner incision. Sometimes it is appropriate to irregularize the scar using techniques such as Z-plasty to change the scar from a straight line which easily catches the eye, to a series of shorter lines at different angles that are not as easily detected from a distance. Lastly, a commonly used technique is dermabrasion or skin sanding. This helps to smooth out and blend the contours of a scar. Dermabrasion may be carried out in stages and may consist of one or a combination of these techniques.