



POST-OPERATIVE WOUND & DRESSING CARE INSTRUCTIONS

These are your general post-operative wound care instructions. Please follow them carefully. If you have any questions or concerns, call the clinic immediately. For emergencies, go directly to the ER.

Steri-Strip Care

Keep steri-strips in place. They will fall off on their own in 1–2 weeks. Do not pull them off. You may shower with steri-strips; gently pat dry. Call clinic if redness, swelling, or drainage occurs.

Dressing Change Schedule

- Keep dressing clean, dry, and intact between changes.
- Wash hands before and after each dressing change.
- Do not apply lotions, powders, or ointments near the incision unless ordered.
- If drainage increases, odor develops, or redness spreads, notify the House Supervisor immediately.
- Change only if saturated, wet, or soiled. Wash hands before/after. Use clean gauze unless otherwise directed.

PRESSURE DRESSING CARE INSTRUCTIONS

1. Purpose of the Pressure Dressing

A pressure dressing helps control bleeding and swelling after your procedure. It should remain snug and undisturbed unless directed otherwise by your care team.

2. How Long to Keep It On

- Leave the dressing in place for 24–48 hours, or as instructed by your provider.
- Do not remove or change the dressing unless told to do so by your care team.

3. If the Dressing Becomes Saturated

- Do not remove the dressing.
- Apply a clean piece of gauze or a towel over the top and maintain gentle, firm pressure.
- Contact the House Supervisor immediately for further instructions.
 - The House Supervisor will assess your situation and contact the appropriate provider if needed.

4. When to Seek Emergency Help

Call 911 or go to the nearest Emergency Department if:

- Bleeding continues despite added pressure
- The dressing rapidly soaks through
- You feel dizzy, weak, or lightheaded

WHEN TO CALL THE CLINIC

Call if you have: fever over 100.4°F, spreading redness, pus-like or foul drainage, uncontrolled pain, or constipation lasting more than 3 days despite stool softeners.

WHEN TO GO TO THE ER

Go to the ER for: chest pain, shortness of breath, heavy bleeding, drain fills rapidly with blood, severe abdominal pain, or signs of stroke (slurred speech, weakness, facial droop).

FOLLOW UP AND PORTAL USE

You will usually have a follow-up visit at 1–2 weeks. Use the patient portal for medication refills, wound care questions, and to upload your drain log. For urgent issues, do not use the portal — call the clinic or go to the ER.



OPTIFOAM DRESSING

Leave Optifoam dressing in place for 5–7 days unless it becomes loose, saturated, or is 75% soiled. You may shower with it; pat dry. Do not peel it off early. If it falls off, cover with clean gauze and call the clinic.

WOUND VAC

Keep wound VAC machine running at all times unless told otherwise. Do not remove the dressing yourself. Sponge baths only unless your VAC is waterproof.

TROUBLESHOOTING:

Note: The wound vac has to be removed if not working properly within 4 hours.

For the PREVENA Therapy systems by KCI Medical/3M, the troubleshooting/technical support hotline is: 1-800-275-4524

JP DRAIN CARE INSTRUCTIONS

Empty bulb 2–3 times per day or when half full. Record drainage (amount and color) each time

1. Purpose:

Your JP drain helps remove excess fluid from the surgical site and prevent swelling or infection. It should stay compressed (squeezed) to maintain suction and collect fluid in the bulb.

2. If You Notice Any of the Following:

Call the House Supervisor immediately for guidance if:

- The bulb will not stay compressed or keeps filling with air.
- There is a sudden increase in drainage (especially bright red blood or more than what your care team told you to expect).
- The drainage becomes cloudy, milky, green, or foul-smelling.
- The drain tubing comes out or appears disconnected.

The House Supervisor will assess your situation and contact the appropriate provider if needed.

3. When to Seek Emergency Help:

Call 911 or go to the nearest Emergency Department if:

- The drain site is bleeding heavily or the drainage is spurting bright red blood.
- You develop chills, a fever over 100.4°F, or severe pain at the drain site.
- You feel dizzy, weak, or faint.

e. Keep bulb compressed for suction.

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Go to the ER for: chest pain, shortness of breath, heavy bleeding, drain fills rapidly with blood, severe abdominal pain, or signs of stroke (slurred speech, weakness, facial droop).

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