

FACIAL WOUND AFTER CARE

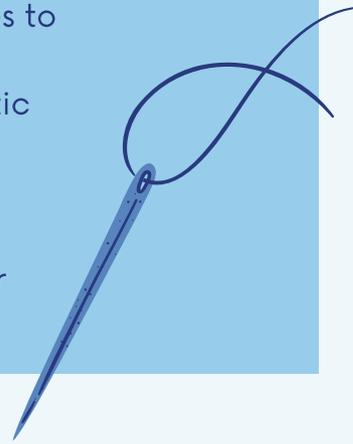
This leaflet is designed for those who have a facial wound requiring stitches, either due to an accident or planned procedure. The aim is to advise you on how to care for your wound to minimise risk of infection, improve healing and minimise scarring.



THE PROCEDURE

The doctor has assessed your wound and determined that you need stitches to improve healing. This can usually be done with local anaesthetic which will numb the area for a couple of hours, or you may need a general anaesthetic (to be put to sleep).

The wound will first be cleaned, then closed in several layers. Dissolvable sutures (stitches) are sometimes placed underneath the skin to hold deeper tissues together. Final stitches are then placed on the top layer of skin.

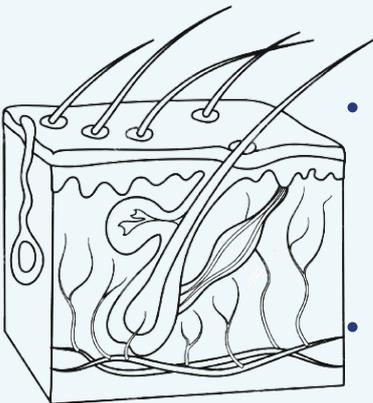


HOW SKIN HEALS

The skin has multiple layers. The top layer of skin – the epidermis – begins to heal within the first 24 hours after wound closure and completes around 1 week. The deeper layers take longer to heal.

What to expect

- As the wound heals, the surrounding skin will become red, painful, bruised and swollen in the first 2 days, after which this should start to settle. Swelling and bruising can be minimised by sleeping upright in this time. You can take over-the-counter painkillers such as paracetamol to help with pain.
- Clear fluid may leak from the wound in the first few days and a scab may form which can be gently cleaned away.
- The wound and surrounding skin may appear red for several weeks after removal of stitches which is normal and should settle over time.



HOW TO LOOK AFTER YOUR WOUND

Cleansing

The aim of cleansing is to remove scab, debris and reduce risk of infection which can disrupt healing and worsen scarring. This is particularly important in the first week. It is best to use warm, sterile water (e.g. boiled tap water which has been allowed to cool) or antimicrobial solution with a cotton ball with gentle sweeping motions. This should be done 2-3 times a day from the following day after closure.



Can sutures get wet?

You can shower after the first night. It is okay to get the wound wet with a light spray but try to avoid too much water in the shower for the first week as this can disrupt healing. Avoid use of products on the wound and ensure the area is gently pat dry after. If you have a dressing over your wound, avoid getting this wet.

A Moist Environment

Scab formation on the top layer of the skin can impair healing. An ointment, such as petroleum jelly maintains a moist wound which minimises scab formation, and therefore scarring. This can be applied immediately following suture placement to aid healing, and regularly re-applied with a clean cotton bud.



Do I need antibiotics?

Preventative antibiotics are of little benefit in healthy patients with clean wounds. Infections of facial wounds are less likely due to a high blood supply to the head and neck.

Topical antibiotics

If there is increased risk of infection, your doctor may give you an antibiotic cream to apply to the wound 3 times a day. This should only be used in the first 2 days when infection risk is highest. After this period, prolonged use may increase risk of resistance, allergy and sensitivity to the antibiotic. After 2 days, it is best to use a petroleum ointment to keep the wound moist and prevent scab formation.

Systemic antibiotics

Sometimes, you may require tablet antibiotics to reduce the risk of infection if you are at particularly high risk due to a complicated or very contaminated wound, prosthetics joints or compromised immunity. This is the case in animal bite wounds as they carry a higher risk of infection.



Activity and Work

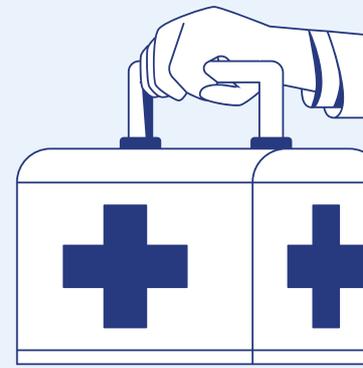
Depending on the nature of the procedure, your job and the extent of the wound, you may need to cover the wound whilst at work or take some time off. This is the case if your job involves high levels of dust, debris or contaminants which could increase risk of infection. Avoid contact sports and swimming for 2-3 weeks.

Suture (Stitch) removal

Different types of stitches require different methods of removal. Your doctor will tell you if you need a hospital appointment, or you need to arrange an appointment for removal with the Practice Nurse at your GP surgery.

Non-dissolvable sutures – these require removal after 5-7 days. If the stitches are kept in too long, this can increase risk of infection and worsen scarring.

Dissolvable sutures – these do not require removal as they dissolve after 1-2 weeks, however, sometimes this can take longer on the skin. After 2 weeks, encourage the sutures to break down by regular cleansing and gentle massage, or arrange removal at your GP surgery.

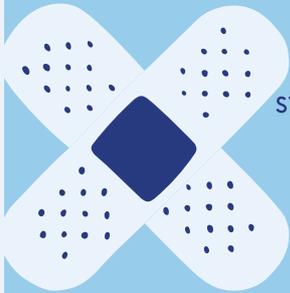


Scarring

Scarring is a normal and inevitable outcome following skin injury. Full scar maturation and appearance can take up to 2-3 years, and is influenced by many factors, including skin type, pigmentation, sun exposure and aftercare.

Massaging the scar with a face cream or oil twice daily for 10 minutes starting from 2-3 weeks after closure may help to improve appearance. Start gently in the initial weeks as excessive pressure may re-open the wound. There is no evidence that any particular product is superior for minimising scars.

For those prone to hypertrophic scarring, a silicone gel may be of benefit after 2-3 weeks.



POSSIBLE PROBLEMS

Bleeding

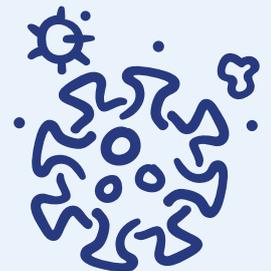
Occasionally the wound may bleed. This can usually be stopped by applying pressure with a clean, damp rolled up handkerchief or swab for 10 minutes. If this continues, replace the swab and apply pressure for a further 15 minutes. If bleeding continues after this, please seek emergency care.

Infection

If redness swelling and pain increase after the initial few days rather than get better, please contact your doctor. Symptoms of infection include redness, swelling, warmth, fever, pain, swollen glands and pus. Treatment depends on the severity of infection and type of wound. Please contact your doctor if you start to develop signs of infection.

Abnormal scarring

Some people may develop excess scar tissue (hypertrophic or keloid scarring), although this is rare. If you are unhappy with the scar, further treatment options can be discussed.



Please note that clinical advice will be tailored to you and may vary, depending on your individual needs and circumstances - please follow the advice given by your doctor.