

# TWIN PEAKS DERMATOLOGY, PC

JOHN FUESTON, MD

DIPLOMATE AMERICAN BOARD OF DERMATOLOGY FELLOW AMERICAN ACADEMY OF DERMATOLOGY

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## **POST-SURGERY INSTRUCTIONS**

1. Keep the pressure dressing, which was applied in the office, on for 48 hours. During the first 48 hours do not get the bandage wet. You may use a wash cloth to wash your face, armpits, etc. After 48 hours the bandage may be removed, and you may shower, but avoid spraying water directly onto the surgery site. Rather, just let the water flow over the area. Clean the area with a mild soap (such as Dove). Do not submerge your surgery site in water (bath tubs, pools, hot tubs, lakes) the entire time your sutures are in.
2. After showering, pat the area dry with a clean towel. Apply Neosporin twice a day once you start dressing changes. If you are allergic to Neosporin you can substitute Polysporin, Bacitracin, Vaseline, or Aquaphor instead.
3. Please change the bandage twice a day until the sutures are removed. After the Neosporin has been applied, cover the area with gauze to absorb the small amount of normal drainage. If normal gauze is sticking to the wound, you may use Telfa pads (non adhering/available over the counter) directly on the wound and regular gauze over top to absorb any drainage. Hold the gauze in place with paper tape. Paper tape is available at all pharmacies and is less irritating to the skin than Band-Aids. If your surgery was on an arm or leg, you may be able to substitute Coban for the paper tape. Coban sticks to itself and is available at pharmacies.
4. A small amount of clear, yellow drainage is normal. A small amount of redness around the edge is normal. These are not signs of infection.
5. Signs of infection include fever, lots of redness around the area (1 inch or more), red streaks radiating from the surgery site, swelling, pain, warmth at the site, and thick white pus is coming out of the wound. If you see these signs call the office immediately.
6. Dr. Fueston usually writes a prescription for an oral antibiotic to prevent infection. Please take all of the pills and don't stop them early.
7. For mild pain take Extra Strength Tylenol. You should avoid pain relievers containing Aspirin, Motrin/Ibuprofen, Aleve/Naproxen for 1 week following your surgery because they may cause bleeding. You may continue to take Aspirin if you are taking it for heart attack or stroke prevention.
8. For moderate to severe pain not controlled by Extra Strength Tylenol, Dr. Fueston usually writes a prescription for Vicodin (hydrocodone/acetaminophen) or another prescription pain medication. Please note that Vicodin also contains Tylenol (the generic name for Tylenol is acetaminophen). Do not exceed 4,000 mg of Tylenol (acetaminophen) in a 24 hour period or liver damage will occur. In other words, do not take Vicodin and over-the-counter Tylenol at the same time. Space them apart by at least 2 hours.

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9. Prescription pain medication can make you sleepy, so do not drive or operate machinery if you have taken Vicodin or another prescription pain medicine. Additionally, you should avoid drinking alcohol if you have taken Vicodin or another prescription pain medication.
10. Bruising after surgery is normal and will clear in 1-4 weeks.
11. If your surgery site starts to bleed, first remove the bloody bandage. Elevate the area if possible. Apply firm pressure for 15 minutes using clean gauze. Do not “peek” before the 15 minutes are up or it will not have time to form a clot. If the bleeding has not stopped by 15 minutes, please call the office.
12. It is normal for the skin to look “bunched up” at the ends of the excision line. This will flatten out over the next several months as the area heals.
13. If you have any questions, please call the office at 303-485-8913.

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