

## **Wound Care**

### **Introduction**

This leaflet tells you how to look after your wound and will help you recognise infection and other complications. It is split into sections covering:

1. **wound closure**
2. **things to watch for**
3. **dressing changes**

and other treatments that may be given such as tetanus boosters.

### **For all wounds**

**Keep the wound clean and dry** - wash around it where possible.

If the wound is on your hand or fingers, do not cover it with a bag or waterproof finger stall unless washing, as this makes the wound soggy and prone to infection. If you have any concerns about the wound or dressings, contact your local surgery practice nurse or the walk-in-centres in Exeter.

### **1. Wound care**

#### **Stitches (sutures)/staples**

You will need to make an appointment with your practice nurse at your GP's surgery to have the stitches or staples removed (staples are best removed with special pliers), or attend either of the walk-in-centres in Exeter.

*See information below.*

No. Of stitches/staples {#:29765} for removal in {#:29765} Days.

Other Information:

#### **Wound closure strips (steristrips)**

**Check for wound gaping at least every 2-3 days.**

The strips should be left on for at least 7-10 days (or longer for shins). After this, the strips tend to come loose and can be removed. (If your strips are to stay on for a different period of time, your nurse will write the instructions in the 'Notes' section at the back of this leaflet.)

To remove the strips, loosen gently after moistening them with water. Gently peel them off from each end towards the middle.

If you have any concern, contact your practice nurse at your GP's surgery.

#### **Tissue adhesive (glue)**

Keep the wound clean and dry for at least **5 days**. Take care to wash around it. The wound will take on the appearance of an ordinary scab and this should be allowed to fall off naturally after 7-10 days.

**DO NOT INTERFERE WITH THE WOUND, SUCH AS PICKING OR SCRATCHING**, as this could lead to the wound opening or getting infected.

There is no need to cover your wound with a dressing unless there is the likelihood of rubbing it. A clean dressing can be applied for the 5 days. However, **it is important that the wound is checked daily for infection, gaping and bleeding**, as described in the 'Things to watch for' section.

If your wound reopens, please return to the Department for further treatment.

## 2. Things to watch for

Occasionally, problems may occur and you will need to seek medical advice. The main problems are **wound infection, gaping and bleeding**.

### Wound infection

Whilst it is normal to experience some discomfort and a little rim of redness of about 3 millimeters around the wound edge, you should contact your practice nurse at your GP's surgery if you experience any of the following:

- Increasing pain
- Spreading redness (inflammation)
- Possible breakdown or gaping of the wound
- Discharge or oozing of white/yellow fluid (pus), especially if smelly

### Gaping

This happens when the closure method has failed. Check your wound every 2 days, especially if steristrips or glue have been used. Contact your practice nurse if you are at all concerned.

### Bleeding

A wound may occasionally bleed after treatment. In simple cases, apply firm continuous pressure over the wound for 5-10 minutes with elevation. If bleeding continues or the dressing is soaked with blood, you will need to get medical advice and have your wound redressed.

Some wounds are not covered by a dressing. If yours is, or you will put on your own dressing when you get home, please follow the instructions in the next section when changing the dressing.

## 3. Dressing changes

A variety of dressings are available to protect your wound, absorb discharge and help prevent infection. Your dressings should be kept clean and dry. If your wound is painful, it may be helpful to take painkillers 20-30 minutes before changing the dressing.

### THE MOST IMPORTANT THING IS TO HAVE A CLEAN TECHNIQUE

1. **Wash your hands.**
2. Remove the 'dirty' dressing by lifting all the sticky edges away from the skin then removing gently. Avoid pulling and putting tension on the wound.
3. If there is blood or fluid on or around the wound, wash the area gently with water. Tap water is fine. Use gauze or a clean cloth to dab clean and dry the area around the wound. Avoid using cotton wool, which can leave fibres in the wound and slow the healing process.
4. Check your wound for all the signs mentioned in the *Things to watch for* section and contact your practice nurse if at all concerned.
5. Put on a clean dressing if required without touching the wound or absorbent part of the dressing.
6. **Rewash your hands.**

## 4. Other treatments

### a. Tetanus prevention

If your cover is not up-to-date (or there is doubt), or if your wound is very dirty, you will be given a 'booster' immunisation jab (now combined with diphtheria). This is not an antibiotic. Your GP will usually be informed that this has been done but you should confirm it. You may need to check your cover with your GP first.

**Tet. Tox/Dip given: {yes/no:28786}**

Date:

**Tet. Immunoglob: {yes/no:28786}**

Some people who have not had an initial course of tetanus cover will need **a full course** to be given full protection.

See box below. You need to make an appointment with your GP or practice nurse to have this done (or check your records).

**NEEDS A FULL COURSE** (take this with you): {yes/no:28786}

## **b. Antibiotics**

Sometimes, in addition to wound cleaning, antibiotics may be prescribed. These are to help prevent or treat infection.

Take as prescribed. Mild indigestion and/or diarrhoea are common side effects and do not mean you are allergic. See your GP if you develop a rash.

### **NOTE:**

**If you are on the 'pill' (combined oral contraceptive)**, a short course of antibiotics can reduce its effectiveness. Therefore, you should take other precautions against unwanted pregnancy during the course of antibiotics and for 7 days after stopping. If these 7 days run beyond the end of the packet, the next packet of active pills should be started without a break. Read the leaflet inside the pill packet for confirmation or alternatively contact your family planning clinic, practice nurse or GP if unsure.

*Applies to broad-spectrum antibiotics for first 3 weeks. If course exceeds 3 weeks, additional precautions then become unnecessary.*

**Burns:** The treatment depends on the site and the depth and will be individually discussed with you. In general, superficial partial thickness burns, e.g. scalds with blistering, will heal in 10-14 days, but dressing changes will be needed. Once healed, the area often needs to be kept moist with a greasy skin cream. The area will be very sensitive to the sun for several months and so should be covered with sunscreen or clothes.

## **c. General first aid**

Wounds should be thoroughly washed and cleaned as soon as possible. The best way to do this is to irrigate the wound under a running tap. If bleeding continues, apply direct pressure on the wound with clean material or a dressing pad. If on an arm or leg, it should be raised above heart level whilst the pressure is applied and then covered until advice is sought.

**This leaflet gives guidance only. If you have any queries or your symptoms worsen, please contact your General Practitioner or**

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**If you have any queries or concerns, please phone your GP or 111**  
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This information can be offered in other formats on request, including a language other than English and Braille.

**RD&E Main Switchboard: 01392 411611**

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