## **Post Operative Wound Care**

- **Keep theatre dressing intact for 24 hours**. This is to encourage clotting and protect fresh wound from infection.
  - Pad up with additional dressings on top of theatre dressing if there is a lot of strikethrough.
- Strip down wound 2 days post op.
  - o If dry and intact, leave exposed and document on care plan.
  - If minimal serous/haemoserous oozing, cover with tegaderm/mepore and reassess daily.

## Wound assessment:

- Remove all dressings
- Assess wound size, tissue type of wound bed, exudate levels and the skin around the wound
- Swab wound if any signs of infection (heat, redness, purulent discharge, increasing exudates or odour, increasing pain).
- <u>Dress wound appropriately</u> using <u>ANTT technique</u> and document on Formal Wound Assessment chart (TRAK).
- For complex wounds, you can refer to Tissue Viability Nurse for guidance.
  - http://intranet.lothian.scot.nhs.uk/Directory/TissueViability/Pages/TissueViability.as
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## **Clip removal**

- For most wounds, clips are removed at 10-14 days but you must confirm with surgeons before doing so.
- Remove every second clip initially and monitor for wound "unzipping" (dehiscing).
  - o If no dehiscence, continue to remove all clips using the same technique.
  - o If wound starts to open up, alert medical team and seek advice before continuing.
- If wound has dehisced then you should assess wound as above, apply appropriate dressing and document on wound care chart.
- Document clip removal on care plan.
- There may be times where there is evidence of infection or a collection of fluid behind the wound. In this case, surgeons may instruct you to remove a few clips from the affected area to drain exudate. You should do this, then assess and dress as above.

## **Wound Managers**

• If a wound has very high output, it may be appropriate to apply a wound manager. This is an adhesive bag, much like a stoma bag, that can be applied over the wound. When output has sufficiently reduced, it is appropriate to remove this and dress the wound.