Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Post Skin Surgery Care

1. Introduction

1.1. After skin surgery, a tiny part of your skin is removed. Your wound may be tender 1-2 hours after the procedure when the local anaesthetic wears off. The surgical site may be sore or bleed slightly for several days. In most cases, discomfort is minimal and can be relieved by painkiller prescribed by your Dermatologist.

1.2. Your surgical site will be covered by adhesive bandages. Keep the site clean and dry until it heals completely. Adhesive bandages should remain in place until they fall off. Follow instructions regarding when to have wound dressing.

1.3. We will arrange follow up appointment to evaluate the wound. Your stitches will be taken out 7 to 14 days after the biopsy, depending on the biopsy site. Stitches placed elsewhere on the body will be removed in 7-14 days. For shave biopsy or other skin surgery that do not require stitches, continue wound care until the skin is healed.

1.4. If the piece of your skin is sent for microscopic examination, the report is usually available in one-week time unless otherwise informed.

2. Wound care

2.1. Do not wet the wound. Keep the wound clean and dry at all time.

2.2. If waterproof dressing is used, you may take showers but should avoid rubbing or splashing directly on the dressing. Bathing and swimming should generally be avoided until the wound has healed and the dressing taken off.

2.3. Sweat-producing activities are not recommended. Avoid strenuous exertion and stretching of the area.

2.4. If stitches are required, please come back for removal of stitches according to the date arranged.

3. The surgical site may be sore or bleed slightly for several days. Please contact our clinic if you have

3.1. Excessive bleeding or discharge through the bandage. If excessive bleeding occurs, press on the wound firmly with a clean gauze and contact us.

3.2. Worsening pain, spreading redness, or swelling around the biopsy site.

3.3. Fever.

3.4. Other concerns.

Please tell and ask your doctor about any concerns.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____