PROCEDURE

# Incision care after surgery

Incision care protects a surgical cut while the skin closes and heals.

**PURPOSE**
Protect the incision and support healing

**PROCEDURE TYPE**
Therapeutic - bedside or self-care wound care

**WHERE IT IS DONE**
At home, bedside, or outpatient clinic

**ANAESTHESIA**
None

**HOW LONG IT TAKES**
About 5 to 15 minutes per dressing change

**PREPARATION**
Clean hands, fresh supplies, and your facility's instructions

**RECOVERY**
During healing; no driving restriction from care itself

**MAIN RISKS**
Infection, skin irritation, reopening, or delayed healing

**RESULTS**
Healing assessed over days to weeks

## Overview

An incision is a cut made through the skin during surgery. Incision care is the cleaning, protection, and monitoring of that cut while it heals.

Care may involve changing a dressing, keeping the area dry, or checking for signs of infection. The correct approach depends on how the incision was closed. Closures may include stitches, staples, surgical glue, adhesive strips, or a combination of these. Some wounds are left partly open to heal from the inside outward.

Your surgical team should give you instructions for your specific incision. Follow those instructions even if they differ from general advice.

## Why the procedure is performed

Incision care helps protect healing tissue from dirt, friction, and excess moisture. A dressing can also absorb small amounts of blood or clear fluid.

Regular checks can identify a problem before it becomes more difficult to treat. You may be asked to look for increasing redness, swelling, drainage, pain, or separation of the wound edges.

The aim is to support uncomplicated healing. Incision care cannot prevent every infection or wound problem, especially after a large operation or when healing is affected by another medical condition.

## Who should and should not have it

Everyone with a surgical incision needs a care plan. However, the same type of care is not right for every wound.

Routine home dressing changes may be suitable when the incision is stable and you or a caregiver can follow the instructions safely. A nurse may be needed if the wound is open, packed with dressing material, difficult to reach, or connected to a surgical drain.

Standard home care may need to be avoided, delayed, or changed when:

Do not remove stitches, staples, drains, or wound packing unless your healthcare team has specifically taught or instructed you to do so. Do not apply antibiotic ointment, antiseptic, powder, or scar product without approval. Some products can irritate tissue or weaken surgical glue.

- The incision is bleeding heavily, opening, or showing possible infection
- A drain, wound packing, or negative-pressure dressing is in place
- You have reduced feeling, poor circulation, or fragile skin near the wound
- You cannot see or reach the incision safely
- You are allergic to adhesive, antiseptic, or dressing materials
- Your surgeon has told you not to remove the original dressing

## How to prepare

Your treating facility's own instructions take priority. They know what operation you had, how the incision was closed, and whether special materials were used.

Before caring for the incision, gather the supplies listed in your discharge instructions. These may include clean gloves, gauze, tape, a new dressing, and a bag for used materials.

Choose a clean, well-lit surface away from pets. Wash your hands thoroughly with soap and water, then dry them with a clean towel. Avoid touching the inside of a fresh dressing.

If you were told to shower before changing the dressing, use comfortably warm water. Do not soak in a bath, pool, or hot tub until your surgical team says it is safe.

Arrange help if the incision is on your back, you feel unsteady, or the dressing change requires more than one person.

## What happens during the procedure

The exact steps depend on your instructions. A typical dressing change starts with careful removal of the old dressing. Pulling slowly in the direction of hair growth may reduce skin discomfort. Do not pull off adhesive strips or surgical glue.

Look at the incision and the old dressing. A small amount of light blood staining or clear to pale yellow fluid can occur early in healing. Note any change in the amount, color, thickness, or smell of drainage.

If cleaning is required, use the solution recommended by your team. This is often mild soap and water or saline, which is sterile salt water. Avoid scrubbing. Pat the area dry with clean gauze or allow it to air-dry as instructed.

Hydrogen peroxide, rubbing alcohol, and iodine products can damage healing tissue unless your surgical team has specifically told you to use them.

Place the new dressing without touching the part that will rest against the wound. Secure it without making it tight enough to affect circulation. Wash your hands again after disposing of the old dressing and gloves.

## Recovery and what to expect afterward

Mild soreness, tenderness, itching, or a pulling feeling can occur as an incision heals. Pain should generally become more manageable rather than steadily worsening. Take pain medicine only as directed after your surgery.

You can usually eat normally unless the operation itself requires a special diet. Protein, fluids, and a balanced diet support healing. Follow any fluid or dietary limits given for another health condition.

Activity restrictions come from the operation, not from the dressing change. Avoid movements, lifting, or exercise that pull on the incision. Showering may be allowed before bathing or swimming, but timing differs by closure type and operation.

Incision care itself does not prevent driving. However, do not drive if you are recovering from sedation or anaesthesia, taking medicine that makes you sleepy, unable to turn or brake comfortably, or restricted by your surgeon.

Your return to work depends on the operation, pain control, physical demands, and whether the incision can remain clean and protected. Desk work may be possible sooner than lifting, outdoor work, or work involving water or contamination.

## Risks and possible complications

Possible problems include:

Smoking, reduced blood flow, diabetes, poor nutrition, and medicines that affect immunity can interfere with healing. These factors do not mean a complication will occur, but your team may arrange closer follow-up.

Scarring is a normal part of skin healing. A scar may initially look raised, firm, pink, red, or darker than nearby skin before gradually changing.

- Surgical-site infection: Germs infect the skin or deeper tissue
- Wound separation: The edges partly or fully pull apart
- Skin damage: Tape, moisture, or cleaning products irritate the surrounding skin
- Bleeding or fluid collection: Blood or other fluid gathers beneath the incision
- Delayed healing: The incision takes longer than expected to close

## Results and follow up

The result of incision care is assessed over time. The wound edges should remain together when they were closed, and drainage, tenderness, and swelling should generally decrease.

Routine follow-up may include checking the incision, reviewing a drain, or removing stitches or staples. The timing depends on the operation, body area, closure method, and how healing is progressing.

Keep scheduled appointments even if the incision looks well. Contact the team sooner if you notice a concerning change. If you were asked to track drainage or send photographs, use the

secure method provided by the facility.

## Alternatives

There is no safe alternative to having a postoperative incision monitored. However, there are different ways to protect and manage it.

Doing nothing is not a suitable option if your team has instructed you to clean, cover, pack, or monitor the wound.

- Leaving a closed incision uncovered: Simpler and avoids tape irritation, but is unsuitable when drainage or friction is present
- A standard dry dressing: Easy to change and absorbs light drainage, but may need frequent replacement
- A moisture-managing or antimicrobial dressing: May stay in place longer or manage drainage better, but costs more and is not appropriate for every incision
- Negative-pressure wound therapy: Uses gentle suction for selected wounds, but requires special equipment and monitoring
- Home nursing care: Helps with complex or hard-to-reach wounds, but requires scheduled visits
- Clinic-based dressing changes: Provide direct professional assessment, but require travel and appointment time

## When to call your healthcare team

Contact your surgical team promptly if you develop increasing redness, warmth, swelling, pain, or drainage. Also call for pus-like or foul-smelling drainage, fever, chills, a new gap between the wound edges, or a dressing that repeatedly becomes soaked.

Seek urgent medical advice if bleeding continues despite firm, steady pressure, the wound opens significantly, deeper tissue is visible, or a drain comes out unexpectedly.

Call emergency services for severe bleeding that will not stop, fainting, severe breathing difficulty, chest pain, or another rapidly worsening symptom. These are not routine follow-up concerns.

For routine questions about dressing supplies, showering, scar care, or returning to activities, contact the team during normal office hours or discuss them at your scheduled appointment.

## Common questions

Will I be asleep for incision care?

No. Routine incision care does not require anaesthesia or sedation. If a complex wound needs treatment in an operating room, the team will discuss pain control separately.

Can I drive home afterward?

A dressing change alone does not usually restrict driving. Restrictions may still apply because of your operation, anaesthesia, pain, movement limits, or pain medicine.

How painful is a dressing change?

You may feel mild pulling, stinging, or tenderness. Tell your team if dressing changes cause severe pain or if material appears stuck to the wound. Do not force it off.

When will I know the incision is healing properly?

Healing is assessed over days to weeks. Pain, swelling, and drainage should generally lessen, while the edges stay closed unless the wound was intentionally left open.

When can I shower?

Follow your facility's instructions. Some closed incisions can get briefly wet, while others must stay dry. Showering is often allowed before soaking in a bath or swimming.

Should I put antibiotic ointment on it?

Only if your surgical team recommends it. Ointments are not needed for every incision and may irritate skin, affect adhesive materials, or trap moisture.

## Sources

- American College of Surgeons. Surgical Wound Care
- MedlinePlus Medical Encyclopedia. Surgical wound care-closed
- MedlinePlus Medical Encyclopedia. Surgical wound care-open
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- World Health Organization. Global guidelines for the prevention of surgical site infection , second edition