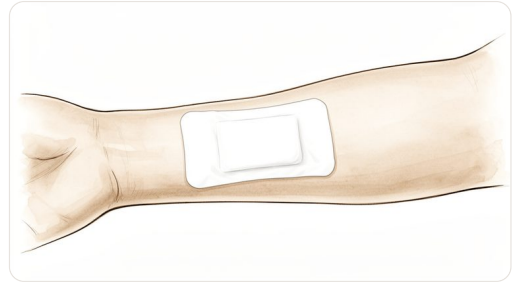


Looking after your wound



Marking the edge of redness with a pen is one of the simplest ways to monitor a wound for early infection: if the line spreads outwards over a day, get in touch with the team.

Kieran Hirpara 4.0

A clean, healing wound is the foundation of a good recovery. The first two weeks after surgery are when the wound is most vulnerable to infection and to opening up if pulled or stretched. If you have any concerns about your wound, get in touch with the rooms – it is often helpful to take a photo of the wound and email it for review.

What to expect

Swelling after upper-limb surgery often causes concern, but it is normal. After hand or arm surgery the whole arm may swell; after shoulder surgery the arm and hand swell too. Depending on the extent of the injury and the surgery, swelling can persist from several weeks to several months. If swelling is persistent, not improving, or causing stiffness, contact the rooms for advice.

Wounds may ooze or bleed for a few days – particularly hand wounds and arthroscopic (keyhole) shoulder wounds. The ooze usually settles by around 3–5 days; persistent ooze beyond that is a reason to call.

Parts of the arm or hand may be numb at first. Local anaesthetic placed in the wound usually wears off over 2–3 days; numbness from a shoulder nerve block usually recovers in 1–2 days but can take up to a week.

Dressings

You will leave hospital with a dressing already in place. As a rule, **leave it alone** – a dressing does its job best undisturbed, and most stay on until your wound review. The exception is a dressing that has become dirty or soaked through with blood: that one should be replaced (replacement waterproof dressings are available at most pharmacies). If you are not sure whether a dressing needs changing, send us a photo before disturbing it.

What you have depends on your operation:

- **Hand and arm surgery** – usually a wool-and-crepe bandage with a waterproof dressing underneath. The bandage can come off after 48–72 hours; the waterproof dressing underneath stays until about day 10.

- **Arthroscopic (keyhole) shoulder surgery** – several small waterproof dressings, which stay in place for 10 days.
- **Shoulder replacement** – a single long dressing that should last 10–14 days. If you find you have to change it – especially for persistent ooze after 2–3 days – contact the rooms to discuss. After 10–14 days it can be removed, but if it is comfortable it can stay on longer.

Showering

A waterproof dressing means you can shower from day 1 – let water run over the dressing but don't soak the area or scrub it. It can help to slip the hand or arm into a plastic bag while you shower. **No baths, swimming, or spas** until the wound has fully healed (typically 2–3 weeks), and avoid any activity where the wound will be soaked or dirty.

If your dressing is *not* waterproof, cover it with a plastic bag and tape it shut, or use a shower-cover from the chemist.

Stitches

Most wounds are closed with dissolvable stitches. Some run under the skin with a small “tail” at each end of the wound – the buried part does not need removing, and the exposed tails can simply be cut flush with the skin after about 10 days. Others use small plastic strips called Steri-Strips that fall off on their own over 1–2 weeks. Larger wounds may have stitches or staples that need removing at your wound review. If you cannot get back to our dressing clinic, your GP will usually be happy to trim or remove stitches for you.

Your follow-up

The rooms will contact you two to three days after your operation with the details of your follow-up appointments. The usual pattern:

- **Wound review at 1–2 weeks** with the practice nurse. If you live out of town it may be more convenient to see your GP for wound care instead – bring your discharge summary, which has the details of your operation.
- **Post-operative review with Dr Hirpara at 6–8 weeks** – earlier if your wound needs closer supervision.
- **Finger and tendon operations** (Dupuytren's, finger fractures, tendon repairs and similar) are usually referred to a **hand therapist**, who looks after the whole package – wound care, suture removal, scar management and rehabilitation. Hand therapy is only available in some Central Queensland locations; where there is no hand therapist nearby, a physiotherapist takes over the rehabilitation and the practice nurse (or your GP) covers the wound care.

Signs of normal healing

In the first few days you can expect:

- Mild redness around the edges of the wound
- A small amount of clear or pink fluid soaking into the dressing
- Tightness, itching, or “tingling” as the nerves reconnect
- Bruising around the wound, sometimes spreading down the arm

Over the next weeks the scar will be raised, pink, and firm – it gradually flattens and pales over 6–12 months.

Signs that something is wrong – call us

- Spreading redness past the wound edges
- The wound feels hot to touch
- Fluid that is yellow, green, or smells unpleasant
- Increasing rather than decreasing pain after the first few days
- A fever (temperature over 38°C)
- The wound opens up

These can all be early signs of infection. Don't wait for your scheduled appointment – call us straight away.

Scar care after the wound has healed

Once the stitches are out and the wound is dry and closed – usually two to four weeks after surgery – scar massage can begin:

- **5–10 minutes, twice a day.** For the first 2–4 weeks massage along the line of the incision; after that, in all directions.
- Press firmly enough to blanch the scar from pink to pale, but never so hard that it hurts. Do not massage a scar that is open or looks infected.
- Massage doubles as **desensitisation** – it is normal for a new scar to feel hypersensitive, and frequent touch settles it.
- A plain unscented moisturiser (sorbolene, vitamin E cream, aloe vera) softens the scar and makes massage easier.
- If the scar is raised, a strip of Fixomull or Hypafix tape worn over the incision line for up to 2 weeks (replaced daily – you can massage over the tape) helps flatten it. Most pharmacies stock it.
- **Sun protection matters:** a fresh scar burns easily and sun damage can permanently darken it. Cover it with SPF 30+ sunscreen or zinc, clothing, or shade for the first year.

Keep massaging daily until the scar is pale, soft and flat.