



DR. JAMES LOWE'S WET TO DRY WOUND CARE INSTRUCTIONS

General: “Wet to dry” wound care is performed for open dirty or contaminated wounds that require cleaning. There are several principles that must be understood when performing this kind of wound care.

It is important that you learn to care for your wound yourself so that you can take care of it on your own or make sure those who are helping you are doing it right.

Cleaning: The wound should be cleaned with soap and water in the shower at least once a day unless otherwise instructed. Cleaning the wound will significantly decrease the bacterial count on the wound and decrease time to full healing.

Avoid taking baths and limit showers to approximately 20 minutes. Dial gel soap is nice or Lever 2000.

Use a “dry” gauze and scrape the debris of the superficial aspects of the wound with every dressing change. The nurse or physician should be responsible for any significant sharp wound cleaning.

If the wound turns red or demonstrates signs of yellow discharge notify your physician as soon as possible.

Packing: Perform wound “packing” or the gauze changing at least twice a day. Increase the frequency of changes if the wound is significantly dirty or remains very damp.

There is no magic to the type of gauze or water used. We usually use “4X4” gauze with a touch of Sterile Saline. Tap water is also OK.

You must squeeze all the water out of the gauze prior to packing the wound so that it is only slightly damp.

The dressing should be changed at least every 12 hours. If the gauze is wet at the dressing change you should increase the number of wound changes to three times a day or use a dry gauze in the wound for a while.

The gauze needs to stick and dry so that as you pull off the gauze out the wound is cleaned. Packing a wound with a gauze in the wound that is “too damp” is the number one mistake.

A general rule should be “**wet wounds should be dried and dry wounds should be made wet.**”

Depth:

The wound should be gently packed. Do not over pack the wound by pushing the gauze in too hard. It is not a contest to see how much gauze can be placed in the hole.

Over-packing the wound decreases wound healing and slows recovery.

The wound should be packed gently to its base. The opening to the wound should not be allowed to narrow too much. The gauze can be tight at the neck of the wound to avoid pre-mature closing of the top before the bottom heals completely.

Open wounds must heal form the bottom up to the surface and then finally close. If the roof closes too quickly a pocket of infection will form.

Summary:

“Wet to dry” dressings should be made simple so that you are not reluctant to perform the procedure as instructed.

Often times a family member is required to assist in the care, particularly when the wounds are in difficult positions.

Limit excess tape and try to use binders or straps to hold dressings in place to avoid skin irritation over time.

When the wound begins to turn “beefy red” like a steak, and the debris, scabs, and foul odors are gone - healing will usually progress rapidly.

Most open wound take approximately 4-8 weeks to heal. Smoking or radiation exposure will decrease the speed of healing a great deal.

There is no magic to wet to dry dressings. Keep your wound clean, wash the wound daily, pack gently, and be patient. It will heal!

Once Healed: Once the wound has healed and fully closed it must be allowed to mature for at least 8-12 months before a scar revision is considered.

Apply Nivea moisturizer (or other over-the-counter lotions or creams) to wound site and massage the area two or three times a day to decrease scaring.

Silicone sheeting, Silicone gel, and Mederma are just a few products that can be used to decrease long-term scaring.

STRENUOUS ACTIVITY AND HEAVY LIFTING IS TO BE AVOIDED FOR AT LEAST 6-8 WEEKS. DIRECT SUN CONTACT ON THE SURGICAL SITE IS TO BE AVOIDED FOR 6-12 MONTHS. PLEASE USE A SUN SCREEN – SPF 25 OR GREATER WHEN IN THE SUN.

***Call the office you have any questions or if any problem should arise, or if you are having any signs or symptoms of infection (redness, fever, or drainage). (405) 749-4227 JBL**