



Mohs/Excision Post-Operative Care

- Keep the initial dressing dry and intact for 24 hours after the procedure.
- Apply ice for 20 minutes every 1-2 hours for the first day.
- Postoperative pain is typically minimal and can be managed with Extra Strength Tylenol and/or ibuprofen; and by icing the area.
- Keep the surgical site elevated to minimize swelling.
- 24 hours after surgery, change the dressing once daily using the following steps:
 - Shower with bandage in place, allowing the water to help loosen the adhesive.
 - Gently remove the bandage.
 - Wash the area with a cotton ball, gauze, or Q-tip using a mixture of ½ water and ½ hydrogen peroxide or soap and water.
 - If you have Steri-Strips, clean over them as previously instructed. No need to remove them – they will fall off on their own over the next few days.
 - Pat dry, and with a Q-tip, apply a thin layer of Aquaphor or Vaseline.
 - Cover the area with a non-stick gauze pad and tape or Band-Aid.
 - Repeat for _____ days.
- Spotting on the bandage is normal. If the bandage becomes saturated or oozing occurs, apply firm pressure directly to the wound for at least 20 minutes. Keep the pressure constant without letting go. If bleeding continues, reapply pressure for another 20 minutes. If not resolved, please contact the office.
- Do not let the wound dry and “air out” to form a scab. This will result in a slower healing process, with a more noticeable scar.
- Please contact our office, regardless of the time of day, should the following symptoms occur: redness spreading away from the wound, tenderness, if the surgical site is warm to the touch, drainage with a foul odor, and/or a fever.
- Sometimes, an absorbable suture can be “spit out” instead of being broken down by the body. Spitting sutures can feel like a sharp spot, may have a pimple or red bump appearance, or be a non-healing area. If you notice this happening, please let us know.

Please call our office with any questions or concerns.

Suture Removal ☐

Follow Up ☐

Skin Exam ☐

Mohs ☐

DATE: _____

TIME: _____

PROVIDER: _____

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