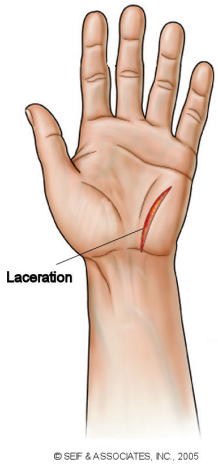
Laceration Care

A laceration is a cut or lesion that goes through all layers of the skin and into the tissue just beneath the skin.

BEFORE THE PROCEDURE

The laceration will be inspected by your caregiver for amount and extent of tissue damage, for bleeding, for evidence of foreign bodies (pieces of dirt, glass, etc.), and for cleanliness. Pain medications can be used if necessary. The wound will then be cleansed to help prevent infection. Sutures, staples or skin adhesive strips will be used to close the wound, stop bleeding and speed healing. Sometimes this will decrease the likelihood of infection and bleeding.



LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

RISKS AND COMPLICATIONS

Most lacerations heal fully. The healing time required varies depending on location. Complications of a laceration can include pain, bleeding, infection, *dehiscence* (splitting open or separation of the wound edges) and scar formation. The likelihood of complication depends on wound complexity, location, and on how the laceration occurred.

HOME CARE INSTRUCTIONS

- If you were given a dressing, you should change it at least once a day, or as instructed by your caregiver. If the bandage sticks, soak it off with water.
- Twice a day, wash the area with soap and water and rinse with plain water to remove all soap. Pat (do not rub) dry with a clean towel. Look for signs of infection (see below).
- Re-apply prescribed creams or ointments as instructed. This will help prevent infection. This also helps keep the bandage from sticking.
- If the bandage becomes wet, dirty, or develops a foul smell, change it as soon as possible.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your doctor.
- Have your sutures, staples or skin adhesive strips removed as instructed. Skin adhesive strips will peel off from the outer edges toward the center and will eventually fall off. Report to your caregiver if the strips are falling off and the wound does not appear fully healed.

SEEK MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound.
- There is a red line that goes up your arm or leg.
- Pus is coming from wound.
- You develop an unexplained oral temperature above 102° F (38.9° C), or as your caregiver suggests.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of the wound (edges not staying together) before or after sutures have been removed.
- You notice something coming out of the wound such as wood or glass.
- The wound is on your hand or foot and you find that you are unable to properly move a finger or toe.

- There is severe swelling around the wound causing pain and numbness or a change in color in your arm, hand, leg, or foot.

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain is not controlled with prescribed medication or with acetaminophen or ibuprofen.
- There is severe swelling around the wound site.
- The wound splits open and bleeding recurs.
- You experience worsening numbness, weakness, or loss of function of any joint around or beyond the wound.
- You develop painful lumps near the wound or on the skin anywhere on your body.

If you did not receive a tetanus shot today because you did not recall when your last one was given, make sure to check with your caregiver when you have your sutures removed to determine if you need one.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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