

Caring for Your Incision

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Caring for Your Incision

How to look after your surgical incision while it heals — and how to tell normal healing from a problem.

Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

How to use this guide

This is general guidance for patients recovering from spine or brain surgery. It is not individualized medical advice. The specific instructions you were given at discharge — for your specific operation and your specific incision — always come first.

If anything here conflicts with what your surgical team told you, **follow their instructions**.

Your dressing and closure

Surgeons close incisions in different ways, and your team will tell you which applies to you:

- **Skin glue (Dermabond)** — a clear sealant over the incision. It flakes off on its own as the incision heals. Do not pick at it or peel it off.
- **Steri-Strips** — thin adhesive strips across the incision. Leave them in place; they curl and fall off on their own, or your team removes them at your follow-up.
- **Staples or sutures (stitches)** — removed at a follow-up visit. Your team will tell you when.
- **A gauze dressing** — if you have one, follow the specific instructions you were given for when and how to change it.

Do not pull, pick, scrub, or apply ointments, creams, or peroxide to the incision unless your team specifically told you to.

Showering versus bathing

- **Follow the timing your team gave you** for when you may first shower. When you are cleared, let water run over the incision, **do not scrub**, and **pat it dry** — do not rub.
- **No soaking until your surgeon clears you.** No tub baths, hot tubs, pools, lakes, or swimming — submerging a healing incision invites infection.

- Keep the area **clean and dry** between showers.

What normal healing looks like

In the first couple of weeks, it is normal to see:

- A **thin line of redness** right at the incision edges
- **Mild firmness or a ridge** you can feel under the skin
- **Some bruising** around the area
- **Itching** as it heals
- **Numbness** in the skin around the incision, which usually improves slowly over months

What is NOT normal — call us

Contact our office if you notice:

- **Redness that spreads** outward from the incision, or the area feels **warm**
- **Increasing pain, swelling, or firmness** rather than gradual improvement
- **Drainage** — especially thick, cloudy, or foul-smelling — or **pus**
- The incision edges **separating or opening**
- **Fever** above 101.5°F

When in doubt, it is always reasonable to call. We would rather look at it early.

If you are not sure

If you are unsure whether something looks normal, **call the office and describe what you are seeing** — the redness, any drainage, whether it is spreading, and whether you have a fever. Our team will tell you whether you need to be seen. It is always reasonable to call.

When to call our office

Call **(785) 368-0767** within business hours for:

- **Fever** above 101.5°F
- **Drainage, pus, or foul smell** from the incision
- **Spreading redness, warmth, or increasing swelling**
- The incision **opening** at any point
- Incision pain that is **worsening** rather than improving

When to call 911

Do not wait. Call 911 if:

- **Clear, watery fluid draining** from the incision (a possible spinal-fluid leak)

- **Sudden, severe headache or neck stiffness**
 - **Chest pain or shortness of breath**
 - **New or worsening weakness, numbness, or loss of bowel or bladder control**
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This handout provides general guidance for patients of Dr. Chad Tucheck at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**

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