

After surgery, your care team takes care of the wound while you are in the hospital. Your team also gives you instructions to care for the wound at home so it heals.

Sometimes, even with the best care, problems with the wound can happen. This factsheet tells about some of these side effects, what you can do to prevent them, and how your team can treat them.

Hematoma and Seroma

Hematoma. Sometimes blood collects under a wound. This is called a hematoma. A hematoma can clot into a solid lump.

Seroma. Your body makes a clear, yellow liquid called serous fluid. This is normal. Serous fluid can build up in the space where tissue was removed during surgery. Sometimes the fluid can become infected.

A hematoma or seroma can form a few days after your surgery or up to 2 weeks later. Here are some signs:

- Swelling around the wound
- Pain in the wound
- Lump under the skin near or under the wound
- Clear or slightly bloody drainage from the wound

You may have a hematoma or seroma without any of these signs.

If the hematoma or seroma is small, your body will absorb it on its own. No medicine can make it go away faster. Your care team may give you medicines to help with pain.

Check each day for signs of infection:

- Fever of 100.3°F or higher
- Warm skin around wound
- Pain that gets worse
- Redness or swelling that gets worse
- Milky, thick, or dark drainage from the wound

If any of these signs happen, tell your care team right away.

Your care team may use a needle and syringe to drain the fluid from a large hematoma or seroma. The blood or fluid can return. You may need to have it drained more than once. In rare cases, you may need a minor procedure to place a drain while your wound heals.

After You Go Home

If you have questions or concerns about the way your wound is healing:

Monday–Friday, 8 a.m.–5 p.m.

Call your surgeon's clinic.

**Monday–Friday after 5 p.m., weekends,
and holidays**

Call 801-587-7000. Ask for the surgeon on call.

Wound Splitting Open

Sometimes a surgical wound can split open before it is fully healed. Your doctor may call this **dehiscence**, pronounced *dee-hiss-sense*.

After your surgery, your care team sets limits on the amount of weight you can lift. Follow these limits to help keep your wound from opening. If your wound is in the belly, you may also get instructions about ways to stand, sit, and get out of bed. If the wound is in your leg, your care team may tell you to keep it elevated to lessen swelling. Swelling can put pressure on the wound that may split it.

Walking does not usually pull on the wound. It is important that you start walking within a day or two of your surgery. Talk with your care team if you have concerns about walking.

It is important that you follow the weight limits and instructions for the length of time your doctors tell you.

One week after surgery, your wound is only beginning to heal. One or two months after surgery, the wound is about halfway healed. Even months later, the skin in the wound area may not be as strong as it was before surgery.

If your wound opens, contact your care team right away. If your surgical wound is deep, you may need to have another surgery to repair the split. If a split happens, your care team will talk with you about the treatment you need.

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Scars

Any time your skin has a cut, it forms a scar as it heals. Usually, the scar from a surgical wound is thin and flexible.

The way your body's immune system responds to the wound can cause more scarring. The scar can be raised and firm or larger than the wound. These scars can be

itchy and painful while they heal. They may make it hard to move the part of your body where the wound is.

If you have had scarring problems with past wounds, talk with your surgeon about it before surgery. Your doctors have many ways to help reduce scarring.