



DR. JAMES LOWE'S HAND INFECTION WOUND CARE INSTRUCTIONS

Supplies: Soap (Dove or Lever 2000 unscented), Hydrogen Peroxide (H₂O₂), Tap Water, Porous 4X4s or Nu (Strip) Gauze, Telfa (non-adherent dressing), Medical Tape, Ace Bandage/Coban or Net Dressing, and Abdominal Pad (ABDs).

General: **Hand Infections**, small or large, can be quite serious and at times life threatening. Hand infections are more serious in patients with immune disorders, diabetes, or tobacco history. Most wound infections require surgical intervention one or multiple times as well as antibiotics and local wound care over an extended period. 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. Remember to keep your hand or extremity elevated the first several days and avoid exposing family members to infection by washing your own hands after wound care.

Cleaning: The wound should be cleaned with soap and water in the shower at least once or twice a day unless otherwise instructed. Cleaning the wound will significantly decrease the bacterial count and decrease time to full healing. Avoid taking baths and limit showers to approximately 20 minutes. Dial gel soap or Lever 2000 soap is good in most cases. For hand injections it is usually best to wash the hand gently under sink for added pressure.

Use a “dry” gauze and scrape or remove 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.

H₂O₂ Soaks: If instructed by your physician, you should perform 2-3 days of dilute H₂O₂ soaks. Patients can take H₂O₂ (3%) dilute it one half to one fourth in tap water in a clean basin. After the dressing is removed and the wound is cleaned the hand should be soaked for 15-20 minutes in dilute H₂O₂. Then the hand should be rinsed and a dressing applied as instructed.

Packing: If the physician instructs you to do so, perform wound “packing” or gauze changing at least once 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 tap water if the wound is dry.

The dressing should be changed at least every 24 hours and more if instructed. If the gauze is wet or the wound dirty you should increase the number of wound changes to twice a day. If the wound is damp or draining it is usually best to use only dry gauze on the wound for a while. It is best for the gauze to stick a little

bit to the open area for cleaning purposes. If it is too painful to remove the dry gauze, soak the hand or finger in water for several minutes the first several days. Packing a wound with gauze 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:

In patients with open hand infections 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. Sometimes it is best to just lay the gauze over a shallow wound. Open wounds must heal from the bottom up to the surface and then finally close. If the roof closes too quickly a pocket of infection will form.

Summary:

Hand infection wound care should be made simple so that you are not reluctant to perform the procedure. 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 soft wraps or bandages that stretch or give when dressing the hand or fingers. When the hand or finger infection decreases in redness or pain and the debris and foul odors are gone - healing will usually progress rapidly. Most hand infections are difficult to treat and slow to heal. They require careful monitoring and may require further procedures or operations. Smoking or radiation exposure will decrease the speed of healing a great deal. There is no magic to good hand infection wound care. Keep your wound clean, the extremity elevated, and move your extremity as much as possible to decrease stiffness. Wash the wound daily, pack gently as needed, and be patient.

Severe out of control pain may represent a more serious medical condition. The physician’s office should be notified immediately if your pain seems unusual or not properly controlled.

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 Vaseline or 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 scarring and pain.

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

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) 942-4300 JBL**