



Lowe Plastic Surgery (LPS) GLUTEAL OR BUTTOCK INFECTION CARE INSTRUCTIONS

1. **Supplies Needed:** Soap (Dove or Lever 2000), Baby Shampoo (Aveeno), Tap Water, Antibiotic Ointment, Xeroform or Telfa (non-adherent dressing), Medical Tape, Garment or Net Dressing, and Abdominal Pad (ABDs) or Gauze Dressing, and Non-sterile Gloves, Hydrogen Peroxide 3%, SITZ bath.

2. **Sitz Bath Technique:** Sitz baths are often used to treat disorders located in the groin regions such as hemorrhoids, episiotomies, buttock abscess, etc. There are a couple of different ways to take a Sitz bath but most patients use a clean bathtub. Patients can make their own Sitz bath or buy an over-the-counter Sitz bath formula at a local pharmacy. Dr. Lowe recommends a salt and soap water Sitz bath for most of his patients. Run warm water in a clean bath tub or large basin until the tub is 3-6 inches deep (deep enough to fully soak wound). Apply ¼ cup of salt, bar soap or several squirts of liquid soap, and then mix gently to create soapy warm salt water. Patients are asked to soak in the bath two times per day and after bowel movements (BMs) for 3 days for 10-15 minutes.

3. **Wound care:** Infections of the bottom or gluteal area can be quite serious. Wounds that are open and near the bottom are not sterile. It is important to avoid stool exposure to the wound when possible and always clean well after bowel movements. When cleaning a gluteal or bottom wound it is important to use good hygiene by washing your hands first and using non-sterile gloves when the patient or others are dressing the wound. The wound care sequence:
 - Follow sequence as verbally instructed by Dr. Lowe, and modify as needed
 - Clean wound with dilute H₂O₂ soaked gauze or towel two times per day for 3 days
 - Sitz Bath two times per day and after BMs when instructed for 3 days or while open.
 - Once a day clean wound in shower with soap and water, Dove or baby shampoo, and gently pat dry. Shower after Sitz bath when possible, and until healed. Shower when possible once a day and twice a day if wound appears dirty
 - Gently remove old creams or ointments and debris during cleaning.
 - Use quarter percent Hydrogen Peroxide to remove old blood or clot
 - Avoid using non-diluted Hydrogen Peroxide and discontinue when old blood gone.
 - Keep the hair out of the wound and remove debris if necessary to clean
 - Nutritional status must be maximized & nicotine products are strictly avoided
 - Drains if present should be measured daily and secured
 - Pack or cover wound with porous dry gauze at least once a day, and twice a day if the wound is draining or the dressing soils through.

- Dressings such as Kerlix rolls, Ace or elastic bands, burn netting, or gauze can be used to cover wound to collect drainage
 - Apply antibiotic ointment or cream to the wound prior to dressing when instructed.
4. **Re-evaluation:** After the wound has been properly cared for or surgically treated it may need to be re-assessed to see if other procedures are required. Gluteal or groin wounds are often the result of severe infections and the soft tissue may need to recover or be cleaned for a period of time prior reconstruction. If the wound is to heal it must be cleaned first and debris should be removed slowly over time. Not everyone is a candidate for primary or secondary wound closure and some require staged reconstruction. If the wound remains infected or dirty patients may require more surgical debridement again before closure is attempted. Second opinions are always recommended prior to initiating a treatment regimen. If the wound does not improve after proper wound care recommendations may include:
- Local debridement, and change in wound care or medications
 - Wound clinic referral
 - VAC Application – suction wound device
 - Skin grafting & Surgical Reconstruction with flap
5. **Individualized care:** Infection care for the gluteal, groin, or buttock should be individualized. Each patient has different issues that impact care such as age, health, nutrition, location, and complexity. There are times when surgery is not appropriate. Please notify your physician:
- Significant bleeding that does not stop after 15 minutes of continuous pressure
 - Wound becomes significantly more red, swollen, hot, or is significantly oozing
 - You develop a persistent fever over 101.5 F°
 - Severe pain not controlled by medications

PSDA PHONE NUMBER: (405) 942-4300

- Please call for all lab work if you have not heard from us within several days.
- Please feel free to call us at any time if you have questions, change in condition, or problems.