

Frequently Asked Questions:

- Q. Should I let my wound be open to air?
A. No. Wound healing best occurs when the wound bed is kept moist and the healing cells can travel across the wound to close it. The purpose of dressings prescribed for you is to maintain just the right amount of moisture, not too much and not too little. It will also protect the wound from contamination from the environment.
- Q. Can I get my wound wet in the shower?
A. Yes, unless you have sutures (stitches), staples, exposed bone, or your doctor has advised against it. Make sure you ask before you shower or bathe. If you need to keep your wound dry, use a garbage bag or some sort of plastic cover to keep it dry when you shower. Typically, you should not be “soaking” your wound.
- Q. What if I forget to change my dressing?
A. As soon as you remember, change your dressing. Be careful in removing it, just in case it is stuck to the wound. Use enough water to soak it off if it is stuck, so that it comes off without causing you any pain. Then redress your wound as the doctor has directed.
- Q. How do I cleanse my wound?
A. You can cleanse your wound using normal saline (saltwater) or a special wound cleanser prescribed by your doctor.
- Q. Can I use a whirlpool to clean my wound?
A. No, water under pressure may drive bacteria (germs) into the wound tissue. We do not typically recommend a whirlpool on a regular basis.
- Q. If I get dry skin, can I use lotion?
A. Yes, skin that is kept moist is less likely to breakdown. But do not put skin lotion in the wound. If you have skin that is broken open, please ask the doctor for a recommended product.
- Q. What kind of skin lotion does the Fort HealthCare Wound & Edema Center suggest?
A. Any kind of lotion that is an emollient, which puts moisture back into the skin instead of covering the skin as another layer. Do not use petroleum jelly, because it forms a separate layer. Examples of emollients that may be used are: Currel Moisturizing, Nivea, Neutrogena, A&D ointment, Vitamin A&D, Eucerin Moisturizing, Keri Lotion and Lubriderm.
- Q. Will the sun’s rays or a sun lamp help my skin?
A. No. These will dry out the wound bed and the goal is to keep the wound bed moist. In addition, skin may be burned and cause other problems.
- Q. What does it mean if an area of my skin changes color?
A. Some skin changes are not harmful, but others, like redness, can be a sign of problems. Inspect the skin around the wound daily for any changes. Show any changes, especially redness, promptly to your health care provider.

Frequently Asked Questions, continued:

- Q. Can I use betadine or hydrogen peroxide on my wound?
A. No. The Fort HealthCare Wound & Edema Center does not recommend these solutions because they can kill healthy cells.
- Q. If I am a diabetic, is it important to keep my blood sugar in control?
A. Yes, it is very important. High blood sugar can slow down or prevent wound healing. Discuss with your wound care doctor what would be a good goal for your blood sugar level to be.
- Q. What other things should I be reporting to my wound care doctor?
A. Please inform your doctor of any of the following:
- Pain from your wound
 - Increase in drainage from your wound
 - High blood sugar if you are diabetic
 - Redness in the skin around your wound
 - Bleeding from your wound
 - Changes in your body temperature, blood pressure, or mental orientation
 - Need for dressing supplies
 - Any new wounds you find on your body
 - Any changes in your medications
 - Difficulty in completing the prescribed dressing changes
 - Any questions or concerns you have about your wound care

Any wound that has not started to heal in two weeks or completely healed in six weeks may benefit from a specialized wound care center. Ask your regular physician if a referral to a center for wound care might be the right option for you.