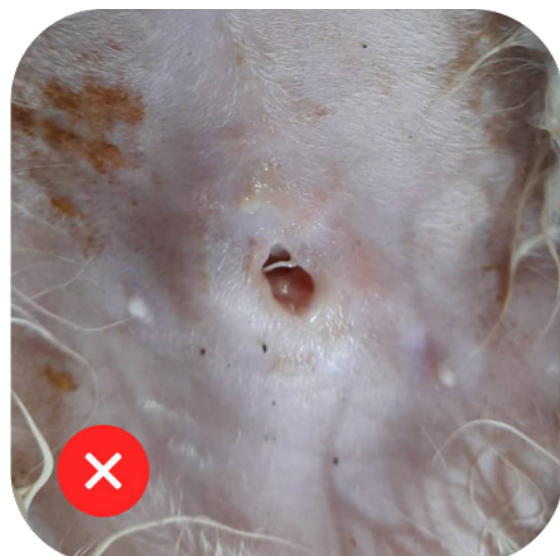




Post-operative Wound Assessment

- Patient recovery is dependent on effective wound healing.
- Assess wound healing and pain levels daily at the same time; patients in pain will lick and damage the wound.
- Use the following protocol; aim for a score 0 or 1.
- Scores of 2 and above require further monitoring and potential treatment.

Wound score	Wound description
0	Perfectly healing wounds, edges in apposition
1	Mild redness on the skin around the wound
2	Swelling or discharge or exposed subcutis
3	Partial opening of the wound
4	Complete opening of the wound





Why is the wound score high?

THE FOLLOWING ARE COMMON REASONS FOR FINDING A WOUND SCORE OF 2 OR MORE:

- **Inflammation of the skin adjacent to surgical site** - Due to holding the skin too tightly with rat tooth forceps or thumb forceps.
- **Gaping of the wound** - Due to inadequate tightening of the intradermal sutures or poor suturing technique.
- **Discharge from the wound** - Due to a break in asepsis or introduction of infection post-operatively.
- **Bleeding from wound** - Ligatures not tight or correctly placed; diffuse bleeding from subcutaneous tissues.
- **Knot not buried** - Due to improper placement of bites near the end of the incision. (To prevent this, deep in-out and out-in bites must be taken before the knot is tied.)
- **Raised suture site or puckering of skin** - Due to bites not taken close enough to the skin or not of equal thickness from both sides of the wound.
- **Wound dehiscence** - Due to bites taken for the subcutaneous/intradermal layers less than 2mm thickness; ideally it should be 2-3mm thickness.
- **Inflammation of scrotum in males** - If the incision is extended caudally up to the margin of the scrotum.

