

Patient information

Caring For Your Wound Following Vascular Surgery Closed Surgical Wounds

Vascular Department

Introduction

This leaflet provides you with information on how to look after your surgical wound after you are discharged from hospital. The information is designed to cover the majority of wounds where the skin has been stitched closed at the time of surgery.

This document does not cover wounds where the skin surface is left open intentionally.

Stitches (sutures) and clips

Most wounds are closed with absorbable (dissolving) stitches placed under the surface of the skin. This type of stitch does not need removing.

When the stitches are visible or clips are present they will generally need removing by a nurse between seven and fourteen days following surgery.

The timing of the suture removal is dependent on a number of factors and this will be explained to you. On discharge you will be referred to a treatment room or a district nurse where the sutures will be removed.

Please note: District Nurses will only visit you if you are housebound; however, in certain circumstances it may be appropriate for them to come to your home. This will be discussed with you on discharge from the ward.

Wound dressings

Wound dressings are used to physically protect wounds, keep wounds clean and to collect any fluid discharge from the wound.

The dressings can generally be kept in place for seven days after surgery providing they do not become saturated with fluid or start to fall off.

If your wound is still leaking when you are sent home you should be referred to a district nurse or treatment room centre where it can be monitored.

If there are no problems with your wound and you are confident in replacing the dressing yourself you can be given a spare dressing to take home with you.

If you are changing the dressing yourself, remember to wash your hands thoroughly beforehand and avoid touching the wound or the inside of the clean dressing.

If possible we would recommend that you avoid getting the dressing and wound in contact with water for five days i.e. – avoiding baths or showering in direct contact with the wound.

After seven days wound dressings are usually not required. Wounds in the groin are more likely to become moist so remember to wash and dab the area dry thoroughly. The dressing may need to stay on a bit longer and some people do prefer wounds to be dressed so the wound feels protected.

Problems with your wounds:

1. Wound infection.

Most wound infections that occur following surgery will resolve with wound care and oral antibiotics. The following signs can indicate your wound may be becoming infected and you will need a medical assessment.

- Redness around the wound (redness around the edge of a wound is common; however, if it extends more than one centimetre or is spreading this may indicate an infection).
- Discharge of pus or abnormal fluid from the wound.
- Offensive smell.
- Increasing pain around the skin surface, particularly if combined with other symptoms above.

When antibiotics are prescribed for you the course must be completed.

2. Wound swelling.

All wounds will develop some inflammation and/ or swelling. This will settle with time and is not an indication for antibiotics.

It is particularly important a wound is reviewed when the swelling is associated with any of the following;

- A sudden increase in size.
- Pain.
- Wound discharge.
- Signs of infection as outlined in the previous section or opening up of the wound.



Although these problems require medical assessment they may not require a visit to the hospital. This will be discussed depending on your wound and personal circumstances.

3. Wound dehiscence.

Larger wounds (such as bypass surgery to the leg) are more prone to the wound opening up. This is called wound dehiscence. If this happens you need to be seen by a doctor or nurse so they can assess if you need to attend hospital.

Wound dehiscence can usually be managed with dressings and observation. Opening up of wounds is of particular concern where prosthetic (plastic) bypasses have been performed and you should contact the vascular nurse team if this happens.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

LiVES Contact Numbers

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

Vascular Ward

Ward 3

Aintree University Hospital

Tel: 0151 529 2028/2262

Vascular Nurses:

Aintree via switchboard

Tel: 0151 525 5980 Bleep 5609/5594 or extensions 4691/4692

Royal Liverpool Hospital via switchboard

Tel: 0151 706 2000 Bleep 4212 or extension 4675

Text phone number: 18001 0151 706 2000 Bleep 4212

Southport via switchboard

Tel: 01704 705124



Whiston Hospital
0151 290 4508/ 430 4199

Secretaries:

Aintree University Hospital
Tel: 0151 706 3691/ 3523/3524/3481/3457/11813
0151 529 4950/4953

Southport/Ormskirk Tel: 01704 704665

Whiston Hospital
St. Helens and Knowsley NHS Trust
Tel: 0151 430 1499

NHS 111
Tel: 111

Circulation Foundation:
www.circulationfoundation.org.uk/vascular-disease/

Smoking cessation:

Liverpool	Tel: 0800 061 4212/ 0151 374 2535
Sefton	Tel: 0300 100 1000
West Lancashire	Tel: 0800 328 6297

Liverpool Vascular and Endovascular Service
Aintree University Hospital
Lower Lane
Liverpool
L9 7AL
Tel: 0151 525 5980
vascsecs@liverpoolft.nhs.uk

Participating Hospitals in LiVES are:

- **Liverpool University Hospitals NHS Foundation Trust**
- **Southport District General Hospital**
- **Ormskirk District General Hospital**
- **Whiston and St Helens Hospitals**



Please **do not** come directly to the hospital without contacting one of the numbers above and speaking to a member of staff.

If you develop a problem at evenings, weekends or bank holidays;

For an **urgent** problem you feel cannot wait you must contact your local GP Out Of Hours service or call NHS 111 for advice

For problems you feel can wait until the next working day, you can contact Ward 3 AUH (Vascular ward).

The telephone number is: 0151 529 2028/2262

Please ask to speak to the nurse in charge. They will take your contact details and information about your problem. They can advise you on the best course of action or discuss with a senior doctor if necessary.

The Vascular Nurse Specialists will check any messages on the next working day and follow up any problems.

Author: Vascular Department

Review Date: September 2025

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوه‌نیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سه‌ند کراون، ئه‌گه‌ر داوا بکریت له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، ئیزی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلی موون و ئه‌لیکترۆنیک‌ی هه‌یه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.

