# Handover to community nursing — post-operative wound care

| PATIENT | BORN | FROM | TO |
|---|---|---|---|
| **Ava Cruz** | **17 October 1958** | **Stonebridge day surgery** | **Harborview community team** |

## What the receiving team is asked to do

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| 1 | **First visit** | Within **48 hours** of discharge, which is by Thursday 12 March. Dressing change and wound check. |
| 2 | **Then** | Every third day for two weeks, then review. Sutures out at day 12 if the wound is dry. |
| 3 | **Escalate to us** | Spreading redness, discharge, fever, or wound edges separating. **Do not wait for the next visit.** |
| 4 | **Tell us when** | Sutures are out, or the wound is healed, whichever is first. One line by email is enough. |

**Situation.** Discharged today after an elective excision of a lipoma from the left upper back under local anaesthetic. Wound is 60mm, closed with eight interrupted non-absorbable sutures, dressed with a simple island dressing.

She lives alone, is fully independent, and cannot reach the wound herself. That is the reason for the referral rather than any concern about the wound.

**Background.** Type 2 diabetes, diet-controlled, HbA1c 44 at the last check. No steroids, no anticoagulants, no known allergies. Non-smoker.

One previous wound infection after a dental procedure in 2019, treated with oral antibiotics and resolved without complication. She raised this herself and is understandably watchful.

**Assessment.** Wound is clean, dry and well apposed at the time of writing. Haemostasis was straightforward and no drain was needed. **No antibiotics were given and none are indicated.**

Diabetes puts her at modestly raised risk of a wound complication, which is why the visit interval is three days rather than five.

**Recommendation.** Continue the plan in the panel above. The dressing can be simplified to a plaster once the wound is dry, usually around day seven, at the visiting nurse's discretion.

She has the surgical site information leaflet and has been told to keep the wound dry for 48 hours. She was able to repeat that back.

**Medicines.** No change at discharge. She takes metformin 500mg twice daily and atorvastatin 20mg at night, both long-standing and both continued. Paracetamol as required for wound discomfort, which she already has at home.

**Social and access.** Lives alone in a first-floor flat with stair access and no lift. A neighbour holds a key and is expecting the first visit; the number is on the referral form rather than here.

**What she has been told.** That the lump was almost certainly benign, that it has gone to the laboratory, and that she will hear the result in about two weeks whatever it shows. She understood that the result comes from us, not from the visiting nurse.

She was also told to expect bruising and some tightness for a fortnight, and that neither is a reason to call. **Please do not re-open the question of the histology result** — it is ours to give and she is expecting it from us.

**Who to contact.** Day surgery is staffed 08:00 to 18:00 on weekdays, on 0000 000 0000 quoting the reference above. Out of those hours, the on-call surgical registrar is contactable through the switchboard.

For anything that is not about this wound, her registered practice remains Harborview and this handover does not change that.

This note has been copied to her registered practice and to the patient herself. If anything in it is wrong, tell us rather than correcting it locally — the version we hold is the one the histology result will be written against.