

# AMERIGEL®

## INSTRUCTIONS Following Nail Surgery



### AMERIGEL® POST-OP SURGICAL KIT 1" FLEX TAPE



#### GENERAL INFORMATION

Stay off your feet as much as possible today. You may wear any shoe, sandal or open toe footwear that does not squeeze, constrict or put pressure on your toe(s). Your toe(s) may remain numb for up to 6-10 hours after the procedure. Please contact our office if you have any questions or concerns.

#### BLEEDING

Slight bleeding, discoloration and drainage are normal.

#### DISCOMFORT

You can elevate your foot to help alleviate minor swelling, bleeding and discomfort. You may also take Aspirin, Tylenol® or other over-the-counter pain relievers as directed. If pain or discomfort is not controlled adequately, then contact our office.

#### REMOVING THE SURGICAL BANDAGE

The day after surgery, carefully remove the dressing and shower or bathe as normal. If the gauze or bandage sticks to the area, dampen it with Amerigel® Wound Wash, water or shower/bathe with the bandage in place to minimize discomfort during removal.

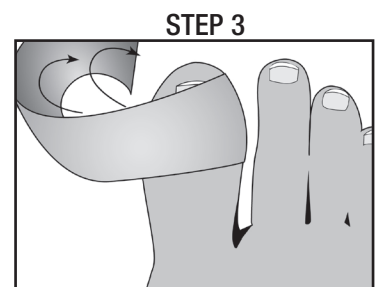
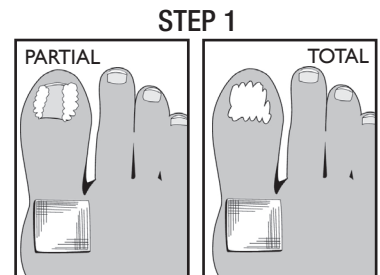
#### CHANGE YOUR DRESSING ONCE DAILY

#### APPLYING ANOTHER BANDAGE

**STEP 1:** After showering or bathing, cleanse the surgical site with Amerigel® Wound Wash. The pressurized action in the Wound Wash requires only a small amount of spray to cleanse the wound. To control the flow, press the nozzle down and release quickly. Blot the area dry and apply AmeriGel® Hydrogel Wound Dressing as shown in Step 1 image.

**STEP 2:** Cut a suitable size piece of gauze to fit directly over the nail bed as shown in Step 2 image. Place 1-2 pieces of gauze directly over the surgical site.

**STEP 3:** Secure gauze in place with a fabric flex tape. **IMPORTANT: The flex tape should be applied around the toe resembling a ring.** (Step 3 image). Avoid applying excess pressure when securing the gauze in place with the flex tape.



**Attention:**  
Please place business card  
here before making copies.

FOR ANY QUESTIONS OR CONCERNS,  
PLEASE CONTACT YOUR PHYSICIAN.

**Your next scheduled visit:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **AM/PM**