

AMERIGEL®



INSTRUCTIONS Following Nail Surgery



AMERIGEL® POST-OP SURGICAL KIT - 1.5" x 3" Knuckle Bandage

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 Saline Wound Wash, water, or shower/bathe with the bandage in place to minimize discomfort during removal.

STEP 1: CLEANSING THE WOUND

After showering or bathing, cleanse the surgical site with AMERIGEL Saline 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.

STEP 2: APPLYING AMERIGEL HYDROGEL WOUND DRESSING

Apply a coat of AMERIGEL Hydrogel Wound Dressing as shown in the Step 2 image.

STEP 3: APPLY GAUZE

Place 1-2 pieces of gauze directly over the surgical site as shown in the Step 3 image.

STEP 4: APPLY THE BANDAGE

Secure gauze in place with a fabric knuckle bandage. **IMPORTANT:** The knuckle bandage should be applied around the toe resembling a ring. (Step 4 image). Avoid applying excess pressure when securing the gauze in place with the knuckle bandage.

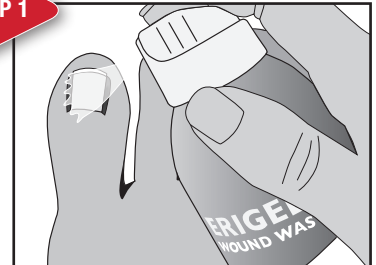
CHANGE YOUR DRESSING ONCE DAILY

GENERAL INFORMATION

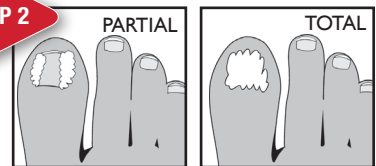
Stay off your feet as much as possible today. You may wear any shoe, sandal, or open toe footwear that does not squeeze, constrict or put pressure on your toe(s). Your toe(s) may remain numb for up to 6-10 hours after the procedure. Please contact our office if you have any questions or concerns.

- **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.

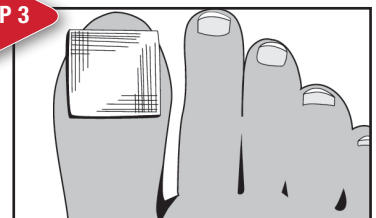
STEP 1



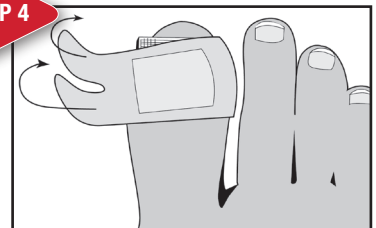
STEP 2



STEP 3



STEP 4



**FOR ANY QUESTIONS OR CONCERNS,
PLEASE CONTACT YOUR PHYSICIAN**

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

Your next scheduled visit:

Date: _____

Time: _____ **AM / PM**