

Table 3**Management of clinical problems**

Superficial wound infection – cellulitis and infected fat necrosis, possibly limited to being superficial to the fascia lata	● Urgent referral ● Antibiotics to be withheld ● Aspiration or early surgical debridement with deep tissue samples for culture
Inflammation around surgical staples	Depending upon the age of the wound, remove all or every second clip, using steristrips to reinforce the wound.
Stitch abscess	A stitch abscess is indicated by a localised collection of pus around a suture, with the remainder of the wound dry with no soft tissue induration. The recommended treatment is incision and drainage, with the removal of the suture under antibiotic cover
Seroma	A sterile collection of plasma, usually superficial to the fascia lata. Providing that the CRP is low and the wound is dry then they should be left to resorb. If persistent leakage is interfering with wound healing, the patient should be referred for drainage and a pressure dressing
Haematoma	A haematoma is a potent bacterial culture medium and it should be drained under aseptic technique and sent for culture if fluctuant. It occurs most commonly in patients on warfarin. It can mimic the erythema of a deeper infection before it is resorbed
Blisters	Blisters are usually caused by stretching the dressings and shearing the epidermal layer. If sterile they should be left intact, but if they are infected they should be de-roofed and dressed
Chronic sinuses	Sinuses should be kept open to allow drainage