Caring For Healing Skin: Are We Missing A Step In Post-Procedure Wound Care?



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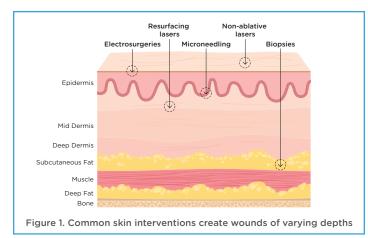
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Every time we perform an intervention on the skin, whether medical or cosmetic, we disrupt its natural barrier and create a wound. These interventions range from major surgeries like mastectomies and C-sections to biopsies, electrosurgery, cryotherapy, mole excisions, and cosmetic procedures, such as laser therapy, microneedling, injections, and peels. The resulting wound disrupts the skin barrier leading to skin sensitivity, inflammation, and irritation—making comprehensive skin care an essential part of post-procedure routines across healthcare settings.

Types of Skin Barrier Disruptions

Skin interventions vary in the extent to which they compromise the skin barrier:

- **Invasive procedures** such as biopsies, electrosurgeries, and cryotherapy break the skin barrier and create either deep or superficial wounds.
- Moderately invasive procedures, such as skin resurfacing, can result in more extensive skin injury.
- Minimally to non-invasive procedures, such as laser therapy and energy-based device treatments, may not break the skin barrier but often cause irritation and inflammation. Neuromodulator and other cosmetic injections, which cause focal skin breaches, also fall into this category.



Standard Post-Procedure Wound Care

Our goal in post-procedure care is not only to close the wound and prevent infection, but also to support the natural healing process triggered by skin barrier damage, which leads to local irritation manifested as itching, erythema, dryness, flakiness, and scabbing.

We typically recommend cleansers, petrolatum-based occlusive ointments, and sunscreens for the affected areas, to prevent infection, increase hydration, protect the skin from UV damage, and support healing. Given post-procedure skin sensitivity, perfume- and dye-free options are generally recommended.

Additionally, it's important to advise our patients to avoid known irritants such as retinoids, physical scrubs, and chemical exfoliating products during recovery.

But, as we focus on creating an environment to promote healing, are we accounting for all potential sources of irritation?

What's Missing?

We could be overlooking common environmental irritants that may aggravate healing skin: the perfumes and dyes found in some laundry detergents.

Do we consider the pillows and sheets our patients are exposed to after a procedure? What about clothing, such as the scarf a patient wears to cover their neck after a thyroidectomy or neck laser resurfacing? Bedding and garments, along with the detergent residues they carry, stay in prolonged contact with the skin, potentially acting as irritants.¹

Beyond The Basics: A 360-Degree Approach to Post-Procedure Wound Care

Much like other skin care products, laundry detergents can impact the recovery of sensitive and irritated skin. Therefore, it is crucial to consider gentle laundry products in postprocedure care.

Integrating hypoallergenic, pH-balanced laundry detergents that are free from dyes and perfumes aligns with our postprocedure wound care goals. Many dermatologists already recommend them for people with sensitive skin.¹ Why not apply the same proactive and preventative approach when caring for healing skin?

Tide Free & Gentle

Expanding post-procedure care to a more holistic approach can be as simple as adding hypoallergenic detergent recommendations to patient instructions. I often recommend Tide Free & Gentle. Its hypoallergenic properties are supported by scientific evidence, recognized by the Eczema Society of Canada and National Psoriasis Foundation, and approved by the Dermatology Review Panel. It's easily accessible in mainstream retailers.¹



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To learn more about the science behind Tide Free & Gentle and how it can benefit your patients, visit pgsciencebehind.com/ en-ca/free-gentle

Reference:

 Johnson MB, Cella CE, Pessler A et al. Enhancing Patient Compliance for Usage of Laundry Detergents Free of Dyes and Perfumes: Potential Impact of Better Cleaning Performance. The National Society for Cutaneous Medicine 2020; 4(3):238-247.