



Quality Report Card

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SURGERY CARE

Incision Care

Proper incision care is crucial for optimal healing and to prevent infection after surgery. During surgery, the surgeon creates a surgical cut in the skin to access the area inside the body that requires repair. Following the procedure, the surgeon will close the opening with stitches, staples, or adhesive strips, and an additional dressing may be placed on top. Individuals are given precise post-operative instructions on how to care for the wound. It is important to adhere to these instructions to reduce the risk of infection and ensure a smooth recovery.

Stitches, or sutures, are a common method used to close wounds and promote healing. A physician threads a needle through the edge of the wound and pulls the thread tight to close the incision as the stitches hold the edges together. Sutures are made of sterile, thread-like materials that may be natural or synthetic. Some are absorbable and break down over time in the body, requiring no removal. Other sutures are non-absorbable and will need to be removed. The type of suture used depends on the wound, healing needs, and surgeon preference.

Surgical staples are small, metallic clips used to provide a secure and efficient closure of wounds. Staples help prevent bleeding and infection and can minimize scarring. The most common type of surgical staple used for external wounds is stainless steel. Titanium staples are less likely to cause allergic reactions. Surgical staples are typically removed 7 to 14 days after surgery. There are also absorbable staples that are made from biodegradable

materials and dissolve over time. Staples are faster and easier to apply than sutures and are often less painful.

Adhesive strips are a non-invasive alternative used to close minor injuries without stitches and support wounds after sutures or staples are removed. Adhesive strips contain a sticky glue that helps to hold the skin together and can lead to better cosmetic results with less scarring than stitches or staples. The strips are sterile and hypoallergenic and are available for purchase at most major pharmacies, retail stores with a health section, and online marketplaces.

A dressing is a sterile bandage that keeps the surgical wound clean and dry during the healing process. The bandage protects the incision and creates an environment that promotes new cell growth for faster healing.

Patients receive specific instructions from their surgeon on how to care for their incision. The following incision care guidelines can help to prevent infection and ensure that the incision site heals properly and quickly:

- Individuals and caregivers should always wash their hands before and after touching the incision.
- Inspect the incision site daily for signs of infection such as swelling, pus (yellow, green, or brown drainage), redness or discoloration, bleeding, or the wound appears to be opening.
- Keep the dressing on top of the incision clean and dry, and change

the dressing as directed by the surgeon.

- Avoid wearing tight clothing that may rub or cause irritation on the incision.
- Incisions may feel itchy as they heal, and this is normal. Avoid scratching the wound.
- Do not get the incision wet until the physician says it is ok to do so. Carefully wash around the wound with soap and water, then rinse with clean water and pat dry.
- Do not use creams, lotions, or ointments on or around the incision unless instructed by a physician.
- If prescribed antibiotics, follow all instructions and finish the entire prescription.

Adding extra protein to a well-balanced diet can help promote wound healing. Foods that contain protein include lean meat, cheese, milk, eggs, and peanut butter. Getting plenty of rest, staying hydrated, and avoiding smoking also aid in the healing process.

Individuals should call their healthcare provider if they experience any of the following symptoms:

- Severe pain
- Bleeding that does not stop with pressure
- Color changes, swelling, or bruising surrounding the wound
- Foul odor from the wound
- Opening of the incision
- A fever of 100.5 degrees Fahrenheit or higher
- Persistent vomiting



Patient Story – Helen Halblaub

A lifelong resident of Licking County, Helen Halblaub has been a patient of Andrew Seipel, M.D., of Licking Memorial Family Practice – Licking Valley for many years. As part of her regular preventive care, Helen received a screening mammogram to detect signs of breast cancer. After the exam, Helen left town on a camping trip and had little cell service. Dr. Seipel received the results of the mammogram and saw that there was an abnormality. He began trying to contact Helen with no success. While Helen made a trip to a local store to obtain supplies for the camping trip, Dr. Seipel was finally able to make contact with her. He informed Helen of the results and ordered a biopsy as soon as possible.

With the biopsy completed, Helen was then referred to Licking Memorial Hematology/Oncology and met with Aruna C. Gowda, M.D. Dr. Gowda recommended that Helen undergo lumpectomy surgery. A lumpectomy is surgery that removes a breast cancer tumor and the tissue surrounding the tumor. The procedure is considered the least invasive breast cancer surgery and is also referred to as breast-conserving surgery or a partial mastectomy. The surgery is typically an outpatient procedure, which means the patient is sent home the same day, although some cases may require a short Hospital stay.

“I met with Victor F. Ferrini, M.D., of Licking Memorial Surgical Services, before the surgery. He explained that there was a mass of cells that had to be removed as well as some healthy tissue,

but that he would leave as much healthy breast tissue as possible,” Helen shared. “He was very knowledgeable and thorough. I felt confident that the surgery would be successful.”

Helen also shared that she was grateful for the staff members who assisted before, during, and after the surgery. She felt well cared for and was impressed with the attention she received. Everyone was willing to answer questions and showed her and her family much kindness. Helen’s husband, Charles, was in the Hospital at the same time, having had a medical issue himself. Staff members kept her children informed of Helen’s progress as they traveled back and forth through the Hospital to check on both parents.

While Helen continues to heal, she was pleased with the results of the surgery. “When I met with Dr. Ferrini for my follow-up appointment, he informed me that there were no residual signs of cancer. It had been successfully removed, and he was confident I would not require radiation treatments. I was a little sore for a few weeks and had some remaining fluid in the area, but Dr. Ferrini reassured me that those symptoms were normal for the procedure and that I would make a full recovery.”

Helen will have to follow up with Dr. Gowda to determine if other treatments will be necessary. Since the lump was detected early, the cancer had not spread, making it easier to treat successfully. Obtaining regular screening tests is the most reliable way to find breast cancer early. The American Cancer Society has screening guidelines for women at average risk for breast cancer and for those at high risk for breast cancer. A woman is considered to be at average risk if she has no personal history of breast cancer, no strong family history of breast

cancer, nor a genetic mutation known to increase risk of breast cancer. For women at average risk between the ages of 40 and 44, screening with a mammogram every year is an option. Women, ages 45 to 54, are highly recommended to have mammograms every year. Women at high risk should begin receiving mammograms every year starting at age 30. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

“I highly recommend receiving the screening mammogram as suggested by a physician,” Helen said. “I had no idea there was a lump in my breast. The screening mammogram detected the mass. I may not have discovered it in time to receive the quick treatment needed to remove the cancer successfully.”

As soon as Helen was diagnosed, her family and friends quickly jumped in to assist her in any way possible. Her four grown children, Rick, Robin, Rod, and Rene, have been working to care for Helen and Charles by performing household chores and attending to the lawn care needs. Helen says the four children are more than willing and happy to be able to return the care they were given in the past by their parents.

Helen is also grateful for her church family, the members of Rocky Fork Church of Christ. They too have been assisting the couple during the healing process. “We are a family that believes strongly in the power of prayer, and the prayer chains have been so important for us. We thank God for hearing those prayers. Me and my husband are doing so much better and feeling well thanks to our physicians and those who have prayed for us.”

Surgery Care – *How do we compare?*

At Licking Memorial Health Systems (LMHS), we take pride in the care that we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- 1.** Risk of serious complications exist during and after surgery, and some deaths may be unavoidable. However, LMH has trained, well-organized, and efficient staff members who work to find and treat complications quickly and aggressively. In 2024, 8,746 surgeries were performed at LMH.

	LMH 2022	LMH 2023	LMH 2024	National ⁽¹⁾
Deaths among patients with serious treatable complications after surgery	4.17%	12.82%	9.37%	15.11%

- 2.** Postoperative patients are at risk for developing other potentially deadly complications such as sepsis, a serious condition in which the body responds improperly to an infection. The infection-fighting process turns on the body, causing the organs to function poorly which can cause damage to the lungs, kidneys, liver, and other organs. LMH works to prevent sepsis by following best practices for patient safety and closely monitoring a patient's condition.

	LMH 2022	LMH 2023	LMH 2024	National ⁽¹⁾
Postoperative sepsis	0.00%	0.43%	0.44%	0.41%

- 3.** Postoperative patients who lie in bed for long periods are at increased risk of developing a blood clot in their lungs (pulmonary embolism) or legs (deep vein thrombosis). To prevent the formation of these dangerous conditions, LMH uses multiple methods to reduce the risk of blood clots, including the use of blood-thinning medications and mechanical compression devices. In some cases, despite using these interventions, these blood clots may still occur. In addition, LMH staff must also be wary of the formation of a postoperative hematoma – a collection of clotted blood, or hemorrhage – active ongoing bleeding.

	LMH 2022	LMH 2023	LMH 2024	National ⁽¹⁾
Postoperative patients who developed a pulmonary embolism or deep vein thrombosis	0.00%	0.19%	0.09%	0.31%
Postoperative hemorrhage or hematoma rate	0.12%	0.10%	0.20%	0.23%

- 4.** An unplanned return to the operating room refers to a situation where a patient returns to the Hospital after an initial surgery due to complications or unforeseen issues arising from the original procedure, essentially requiring a second surgery that was not planned beforehand. The return rate is a key indicator of surgical quality that impacts patient outcomes.

	LMH 2022	LMH 2023	LMH 2024	LMH Goal
Unplanned returns to the OR	0.09%	0.10%	0.50%	<1.4%

- 5.** Delays in surgical procedures are an inconvenience to patients who may have fasted for hours and often are nervous. The LMH Surgery staff makes every effort to timely begin procedures for the comfort of patients and their families.

	LMH 2022	LMH 2023	LMH 2024	LMH Goal
Surgeries that started on time	85%	96%	89%	Greater than 90%

Surgery Care – How do we compare? (continued on back page)

Check out our Quality Report Cards online at **LMHealth.org**.

6. Retained surgical items such as a surgical sponge or instrument part, or unretrieved device fragments, may cause emotional and severe physical harm such as infection, pain, or loss of function. LMH monitors the rate of retained surgical items through a retained surgical item or unretrieved device fragment count to identify trends and implement preventive measures.

	LMH 2022	LMH 2023	LMH 2024	LMH Goal
Retained surgical item or unretrieved device fragment count	0	0	0	0

Data Footnotes: (1) Population Rate from AHRQ WinQI Annual Quick Report

Preparing for Surgery

Preparing for surgery can feel overwhelming for some individuals. Taking proactive steps can help ensure a smoother experience and better recovery. Whether it is a minor outpatient

procedure or a major operation, being well prepared physically, mentally, and logistically can make a significant difference. The following tips can help people prepare for surgery so they can focus their energy on healing.

Follow pre-operative instructions

- Maintain a healthy diet
- Stay hydrated by drinking at least six 8-ounce glasses of water each day
- Stop smoking and avoid alcohol for at least two weeks before surgery
- Exercise regularly
- Get plenty of rest
- Complete required pre-operative tests such as bloodwork, imaging, and anesthesia screening
- Provide medical history, current medications, and any allergies
- Make sure insurance cards, pharmacy and drug benefit cards, and driver's license or other photo identification are up to date

Plan for post-operative care

- Arrange for a trusted family member or friend to provide transportation to and from the Hospital and assist during recovery for the first couple of days
- Prepare the home with a comfortable recovery area that includes pain relievers, water, snacks, entertainment, and any assistive devices
- Plan for time off work and delegate responsibilities
- Take medications as prescribed
- Practice relaxation techniques

Individuals should contact their physician or Hospital staff if they have any questions or concerns regarding their surgery.

