

Wound Care for HS

A Practical Guide to Managing HS Wounds

Everyday wound care, dressing recommendations, practical tips, healing guidance, and helpful solutions for living with HS.



Start Here

Unfamiliar with wound care terms

You have a hole or tunnel

A wound is draining or you're unsure which bandage to use

Your dressing hurts, sticks, or irritates your skin

You have a painful bump or open abscess

Your wound is in an armpit, groin, thigh, or skin fold

Considering surgery or recovering from a procedure

You're unsure which cleansing or skin protection products to use

You're concerned about infection or unusual wound changes

You need wound care tips for work, school, or travel



What is HS?

Hidradenitis suppurativa (HS) is a systemic chronic inflammatory condition that present as painful boil-like abscesses on our body. They can appear anywhere on the body there is a hair follicle, but most commonly appear under arms, under breasts, groin, inner thighs and buttocks. HS commonly involves wound drainage, tunnels, and extensive scarring. Wound care can help manage drainage, friction, discomfort and protect the skin around an abscess, but it does not replace medical treatment of the inflammatory nature of the disease itself.

Smoking and higher body weight can make symptoms worse for some people, but HS is not caused by either weight or smoking. **YOUR HS IS NOT YOUR FAULT.**

How Common is HS?

Approximately 1-4% of the global population report having HS (however, growing awareness and diagnosis rates suggest the disease is more prevalent than once thought). This means at least 1 in 100 people are living with HS.

- **HS is not your fault**
- **HS is not contagious**
- **HS is not caused by being “dirty”**
- **HS is not caused by being overweight or smoking**
- **HS is not caused by something you did**
- **HS can impact anyone at any age**
- **Family history is reported in approximately 1/3 of patients**
- **IT'S NOT YOU, it's the disease**

Top Priorities of HS Wound Care

Moisture balance

Moisture balance is key. You don't want your wound too wet OR too dry. Some dressings do not wick (pull) the drainage away from your skin, which leads to other issues. It's important to use a dressing that's comfortable, pulls drainage away from the skin, and works for the area you're bandaging.

Wounds don't need to "breathe". In fact, this can cause wounds to heal more slowly. There is anecdotal evidence (meaning not statistically significant) that wearing looser clothing and avoiding occlusive garments (no airflow) may reduce skin irritation, but this is not the case for everyone.

Comfort & Practicality

Choose supplies you can get, afford, *and will actually use*. Be sure to change bandages as often as necessary. The "best" dressing needs to work for your drainage, body location, and skin sensitivity.

Wound Care Vocabulary

Occlude/Occlusive: Covered completely without air flow. Can refer to bandages or clothing.

Exudate: Drainage

Contact Layer: Layer between wound and bandage, can be vaseline or an actual product such as Adaptic.

"Wound Origami": Changing the shape of your bandage each day when using tape to avoid pulling tape off of the same skin daily.

Tips for Less Painful Bandage Changes

- Spot-test a new adhesive on healthy, non-inflamed skin first. If rash, itching or blistering develops, stop using it.
- When possible, place tape beyond the border of inflamed skin so the same tender area is not covered repeatedly. Consider a nonadherent contact layer if a pad is sticking to the wound surface.
- Change the outer absorbent layer when necessary, following product instructions and your clinician's directions for any underlying dressing.
- Do not rip off a stuck dressing; consider moistening the dressing with saline to gently loosen the bandage. It may take more than 1 pass with saline, be patient.
- A little petrolatum on the bandage may help reduce friction or sticking in some situations,

Handling Different Stages of Abscesses

Closed Painful Nodules or Abscesses

Use cold or ice on closed abscesses that are not close to draining. For abscesses that are close to draining, use warm/hot compresses to encourage drainage. Silicone bordered foam dressings can offer a soft protective option. Do not squeeze or press on lesions to make them drain. A dermatologist should help manage recurring lesions with deroofing procedures.

Open or Draining HS Lesion

Focus on gently cleaning with saline or CLn BodyWash and protecting the surrounding skin with the use of Vaseline or Zinc Diaper Cream. Use an absorbent dressing suited to the amount of fluid. Some persistent openings and tunnels may not close until the underlying HS inflammation is treated.

A “Hole” After Draining or an I & D

Routine packing is generally not needed unless the clinician specifically instructs it. As a patient, you do have an option to request no packing in your wound. Packing can be painful and difficult to manage. Covering and absorbing drainage are usually central, but your treating team determines the plan.

A Deeper Wound or Wound After Deroofing/Excision

Do not treat this automatically like an ordinary draining lesion. Follow the physician or wound care team's instructions for cleaning, dressings, filling/packing, and when to change them.

What do we do with “holes”?

To pack or not to pack...

“Holes” can occur with active disease, after an abscess drains, or after a procedure. The wound-care approach depends on what caused the opening and how much it’s draining.

For active HS “holes” or draining tunnels that have not been surgically treated: The goal is to absorb drainage and manage discomfort. Non-adhesive dressings, such as ABD pads, are especially useful when frequent dressing changes are needed. Silicone dressings may also be used when appropriate and some can manage quite a bit of drainage. If tape is needed, place it outside areas of active inflammation whenever possible to reduce irritation from repeated adhesive removal.

Some HS “holes” may not completely heal if active inflammation is still present, so ongoing dermatology care is important in addition to at home wound management.

After Incision & Drainage (I&D): Packing is generally not necessary unless the treating physician specifically instructs otherwise. Packing can be painful and difficult for patients to manage. Instead, focus on keeping the area protected, maintaining moisture balance, and absorbing drainage.

Recommend: Apply Vaseline to the wound and surrounding irritated skin as needed for comfort, then cover with an absorbent dressing. For heavier drainage, consider a non-adhesive ABD pad. For moderate to heavy drainage, alginate, hydrofiber, or silicone bordered foam dressings may be appropriate.

For open surgical wounds, such as after derroofing or excision: Follow the surgeon’s postoperative instructions. These wounds may require a different dressing plan than an I&D wound. Depending on the amount of drainage, options may include Vaseline, silicone dressings, ABD pads, alginate or hydrofiber dressings, or other wound-care products recommended by the surgical or wound-care team.

Choosing a Bandage

Little or no drainage

A comfortable protective non-stick contact layer or silicone foam bordered dressing. Band-aids are not good for use in HS unless there is no drainage at all, however, they do not offer much protection, silicone bordered foam dressings are a better option.

Light-moderate drainage

Silicone-bordered foam bandages can cushion and absorb; a non-adherent contact layer may help if removal sticks.

Moderate-heavy drainage

More absorbent foam, alginate/hydrofiber when appropriate, or an ABD pad; use a secondary cover if required. Some silicone bordered foam dressings can handle a moderate to heavy drainage. Remember that the goal is to keep your wound and surrounding skin from sitting in drainage for extended periods of time.

Heavy drainage or frequent changes

Large ABD pads or superabsorbent dressings; nonadhesive securement may reduce repeated skin stripping.

Adhesive sensitivity / hair / inflammation

Silicone tape or no-tape options such as soft netting, suitable garments or tucked pads.

Bandage Options

Silicone Bordered Foam

Soft cushioning and absorption; often gentler than stronger adhesives. "Waterproof" and wear-time claims depend on the specific product and fit. *Be sure there is no lotion on your skin prior to application. You can also use an alcohol pad to clean the area the silicone will be on for better adherence.

HS CONNECT'S FAVORITE OPTION!



WOUND CARE GUIDE

Bandage Options



Superabsorbent Dressings

Designed for greater fluid-handling capacity, but may be thicker and harder to fit in a crease.

4x4 Non-Woven Gauze Sponges

Smaller and less bulky than an ABD pad. You can layer multiple of them if needed and affix with tape. Like with an ABD pad, A non-stick layer (such as vaseline or Adaptic) may be helpful beneath them.

Alginate / Hydrofiber

Absorbs drainage and commonly turns to gel as it absorbs. Needs an outer cover such as ABD or Silicone bordered Foam. Silver-containing versions are antimicrobial products and should be chosen with clinician input, rather than as a default.

ABD Pads

Large, versatile pads for high drainage or broad areas. Often held in place by clothing, mesh, or tape. A non-stick layer (such as vaseline or Adaptic) may be helpful beneath them.

Nonadherent Contact Layers

A layer between wound and absorbent pad that can reduce sticking while allowing fluid to pass through. (Adaptic or Xeroform)

Transparent Film/Tattoo Tape

Can secure dressings in challenging areas, but is not an absorbent option; removal can irritate sensitive skin.

Hydrocolloid “Blister” Bandages

Not recommended for draining HS wounds because they may trap excess moisture, have limited fluid capacity, and keep drainage sitting on the skin.



Tape Options

Choosing the right tape can help keep dressings secure while minimizing irritation, especially in sensitive or hard-to-dress areas.

Silicone Tape

- Gentle on sensitive or fragile skin
- Less painful to remove
- Ideal for frequent dressing changes
- Typically the most expensive option

Hypafix / Medipore

- Flexible, breathable, fabric-style tape
- Available in rolls that can be cut to size
- Works well for securing larger dressings
- Stronger adhesive may irritate sensitive skin

Paper Tape

- Affordable and widely available
- Lightweight and easy to tear
- Best for securing smaller or lightweight dressings
- May not hold as well in sweaty or high-movement areas



PATIENT TIP: Apply tape to healthy, dry skin whenever possible. Avoid placing adhesive directly over open wounds or inflamed areas. If tape causes irritation, consider silicone tape or non-adhesive dressing options.

No-tape methods worth knowing about:

Tubular elastic mesh/net dressings, tucked-in pads, and HydraWear, an HS-designed garment system.

Clean absorbent menstrual pads attached to clothing (like shirt sleeves for armpits) can be a practical workaround. This is not a replacement for medical dressings when wound contact or sterility matters.

Bandaging Difficult Locations

Armpits and Skin Folds

- Try a soft absorbent pad, like an ABD pad, that can be shaped or folded (“wound origami”).
- Use the smallest amount of adhesive that holds the dressing; be sure to put it outside painful or inflamed areas.
- A light protective barrier cream (like Desitin) on surrounding skin may help when drainage causes irritation.
- If friction or tape is a constant problem, consider appropriate netting, Coban, or HS-specific garment systems (HidraWear).

Inner Thighs and Groin

- Movement and sweat can loosen dressings. Consider a more flexible silicone option or a nonadhesive dressing secured by suitable underwear/garments.
- Avoid placing adhesive on mucosal tissue or directly on active lesions.
- Transparent film can help secure some dressings, but can be uncomfortable to remove and should not be used for heavily draining wounds.

Under Breasts, Abdomen and Larger Areas

- An ABD pad can cover a wider surface without requiring numerous small bandages.
- Soft mesh, clothing or a supportive garment can hold a dressing in position without extensive tape.
- Check for moisture-related irritation and change a wet pad promptly.

Wound Care Red Flags

When to Seek Urgent Care

- **Skin & Pain**
 - Rapidly spreading redness
 - Stretch mark like marks on skin
 - New swelling
 - Warmth
 - Pain beyond what is typical for your usual HS flare
 - Dark, gray, black or unhealthy-looking tissue; a wound that changes appearance unexpectedly
 - Dark, gray, black or otherwise unhealthy-looking tissue; a wound that changes appearance unexpectedly
 - A non-healing wound that is getting larger, or looks different from your typical HS

WOUND CARE GUIDE

- **Drainage**
 - Suddenly increased, strongly foul-smelling or otherwise concerning drainage, especially with other symptoms.
- **Systemic**
 - Fever
 - Chills
 - Feeling unusually unwell
 - Rapidly worsening symptoms

Concerned about redness? Draw a circle

If you're concerned about rapidly spreading redness, draw a circle around the redness on your skin, and if the redness continues beyond that circle, **you should seek medical attention.**

Hypertrophic Scarring

Hypertrophic scars are thick, raised areas of scar tissue that form when the body produces too much collagen during the healing process. They remain within the boundaries of the original wound and may be firm, raised, itchy, or uncomfortable.

- The underlying inflammation/disease should be under control to help reduce ongoing inflammation and additional scarring.
- Silicone scar sheets or silicone scar creams may be considered and can be helpful, particularly for newer scars.
- Vitamin E, orally or topically, may be considered. Do not exceed the recommended dose on the product label.
- Over-the-counter hydrocortisone cream or ointment may help reduce inflammation and hypertrophic scar formation, particularly with newer scars.
- For older, extensive, painful, or bothersome hypertrophic scars, consult a dermatologist or plastic surgeon to discuss additional treatment options, including possible procedural or surgical management.

Skin Barrier Suggestions

Salves and Ointments

Product	Use / Notes
Vaseline (Petrolatum Jelly) / A&D	Helps protect irritated skin, reduce sticking, and maintain moisture balance. A&D or other lanolin-based products may also be used; check ingredient lists if you have sensitive skin or allergies.
Zinc/Desitin/Diaper Cream	Useful around draining abscesses or wounds to protect surrounding skin from moisture and drainage. Zinc is drying and may help with overly moist or irritated skin. A small amount getting into the wound is generally not a concern. Tip: Mix zinc with Vaseline to create a protective paste that combines zinc's drying effect with Vaseline's moisturizing effect.
Medical Honey	Anti-inflammatory and antimicrobial. May be applied directly to the wound or to a dressing. Creams/salves are generally more affordable than honey-impregnated dressings. Disadvantages: impregnated dressings can be costly and honey may increase moisture/drainage.

***Topical antibiotic ointments like Neosporin are generally unnecessary unless specifically recommended by a healthcare provider and may cause skin irritation or contact dermatitis.**

Cleansing Products

Product	Use / Notes
Saline	Gentle option for cleansing or irrigating open areas.
CLn BodyWash	A brand our community has personally tested and shared real feedback on. Use code: use code: CLnHS for a buy 2 Get 1 free deal or use code: CLnHSFirst for \$10.50 off your first CLn purchase. Also available on Amazon. <i>*coupon codes not valid on Amazon.</i>
Chlorhexidine 4% (Hibiclens)	Recommended to use only 2–3 times per week. Leave on 3–5 minutes, then rinse thoroughly. Can be drying. Avoid mucous membranes and internal genital areas. A foaming pump may make application easier.
Zinc Pyrithione	Antimicrobial and antifungal; may also help reduce inflammation.
Benzoyl Peroxide	Not recommended in this guide because it may cause excessive drying and irritation.

Surgical Options for HS

While wound care helps manage drainage, discomfort, and healing, some HS lesions and tunnels may require surgical treatment.

Incision & Drainage (I&D): May provide temporary relief from a painful abscess but is not recommended as a long-term HS treatment because recurrence is common.

Deroofing: Removes the roof of an affected tunnel or lesion, allowing the area to heal from the inside out.

Wide Excision: Removes larger areas of affected tissue and may be recommended for more extensive HS.

Already had surgery? Postoperative wounds may require specialized dressings and care. Always follow your surgeon or wound care team's instructions.

Want to Learn More?

Explore our comprehensive [HS Surgery Guide](#) to learn about surgical options, what to expect, recovery, and questions to ask your healthcare provider.

How We Heal & Healing Time

Healing after an HS procedure happens gradually. Your body first controls inflammation, then builds new tissue to fill and close the wound, and finally strengthens and remodels the scar. Healing time varies depending on the size and location of the wound, the type of procedure, your overall health, and whether complications such as infection occur.

Average healing times:

- **Incision & Drainage (I&D):** Usually heals within days, but the lesion is more likely to recur because the underlying HS tunnel or diseased tissue may remain. I&D is generally reserved for situations where it is medically necessary.
- **Deroofing:** Healing usually takes several weeks. Recurrence in the treated area is less common than after I&D.
- **Wide Excision:** Healing may take several weeks to months depending on the size and location of the surgical area and how the wound is closed.

Wound Care on the Go

- Saline and gentle fragrance-free cleanser
- Nonadherent contact layers
- A few silicone foam dressings in useful sizes and ABD pads (especially if your drainage is heavy)
- Soft silicone tape or an alternative no-tape securing method Barrier product if recommended for surrounding skin
- Clean spare underwear or garment, small disposal bags, and an on-the-go pouch

Start with a few products rather than buying every type. Compare cost per change—not just price per package. Product wear time and needed absorbency matter more than brand names.

For work, school, travel or a long day away:

Carry a clean absorbent pad, a gentle wipe/saline, a spare securing option, and a small sealable disposal bag. If your dressings often leak, keep a backup clothing layer available. Gently pat, replace and protect rather than repeatedly wiping skin raw.

Shop Our Wound Care Products

Finding the right wound care supplies shouldn't be complicated! We've put together a collection of products to help make managing HS wounds a little easier. From absorbent dressings and gentle tapes to cleansers and skin protectants, explore options that can help manage drainage, protect your skin, and make everyday wound care more comfortable.

Shop our recommended wound care products on the HS Connect Amazon Storefront!




**SHOP OUR
RECOMMENDED
PRODUCTS!**

