

Useful contact numbers:

Plastics Surgical Nurse Practitioner: **07901943767**
Plastic Trauma Co-ordinator: **01296 315000 (Bleep 774)**
Or email: **Plastic.SurgeryElective@buckshealthcare.nhs.uk**

Out of hours: Plastics On-Call Doctor: **01296 315000 (Bleep 524)**
Ward 15 (SMH): **01296 416500**
Ward 16B (SMH): **01296 418110**
Ward 12A (WGH): **01494 426401**
Plastic Consultant Secretary: **01296 316639, 315117, 315119**

Plastic Surgery Department

Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital, Mandeville Road, Aylesbury
Buckinghamshire, HP21 8AL

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

Follow us on Twitter @buckshealthcare

Author: Zoë-Louise Avent
Issue date: July 2017
Review date: July 2019

Leaflet code: PLA-007
Version: 1.0

Buckinghamshire Healthcare



NHS Trust

Skin grafts

Patient Information Leaflet

If you require a translation or an alternative format of this leaflet please call PALS on 01296 316042

Safe & compassionate care,

every time

What is a skin graft?

A skin graft is the procedure to remove an area of skin from one part of the body and use it to cover a wound in another part of the body.

When is a skin graft performed?

A skin graft is usually performed immediately after surgical excision of a skin cancer, burn or part of reconstructive surgery.

What are the benefits of a skin graft?

A skin graft can be used to mend a wound when it is not possible to stitch the wound together – either because the wound is too big or there is not enough extra skin to allow this.

What are the alternatives?

In certain instances, it may be possible to let a wound heal by itself naturally or to close the wound using an alternative method. Your doctor will discuss these options with you if they are applicable.

Donor site and graft site

The donor site refers to the part of the body from where the skin graft is taken. The donor site usually oozes a lot after the procedure. The graft site refers to the wound that will be covered with skin taken from the donor site. The graft site can be anywhere on the body.

What types of skin graft are there?

Split thickness skin graft (SSG)

This is a thin sheet of skin (around 0.2-0.4mm) thick taken from your thigh, buttock or upper arm. An SSG contains the epidermis and part of the dermis. This graft can be used for small or large wounds.

The donor site leaves behind a graze like area which will heal over in 2 to 4 weeks.

Follow Up Appointments

Date/Time	Clinic	Location

Please use this space to write down any questions you have

What will the donor and graft site look like?

Donor site

Following a SSG the donor site will look like a healing graze when the dressings are removed. There are no stitches and will heal on its own. Once the donor site has dried up we encourage you to regularly moisturise the area to improve healing. There will be some redness but this will settle in 12-24 months and you will be left with a patch that is lighter or darker in colour.

A full thickness donor site will usually have dissolvable stitches that do not need removing. It should heal with a thin, flat scar.

Graft Site

The graft often looks red or purple when the dressings are first removed. This can sometimes cause concern but is completely normal. The colour will fade gradually over 3 to 12 months. Once healed we again encourage regular moisturising and massaging of the skin. It is normal for the skin not to feel as smooth as the surrounding skin and there may be an obvious indentation (dip) at the graft site. With time this dip may become less obvious, but will not always disappear.

Long term care of the skin graft

The skin graft will be prone to dryness. To help apply a simple moisturising cream regularly 2-4 times daily.

A split thickness skin graft will also be more prone to sunburn. You should protect the area with clothing, a hat and a high factor sun cream (SPF 30 or higher)

When will I be seen again?

An appointment will be made for our plastics dressings clinic (PDC) in 5-7 days following surgery. Follow up appointment with your Consultant will be made individually depending on your surgery.

Full thickness skin graft

A full thickness skin graft is thicker and contains the epidermis and the full dermis. This type of graft is usually 2-4mm thick, used for smaller wounds on the head, neck and hands. Skin may be taken from the neck, the area behind the ears, the inner side of the upper arm and the abdomen.

What kind of anaesthetic will I require?

A skin graft may be taken under local anaesthetic or general anaesthetic. It depends on the wound size, length of procedure and individual risks. Your Consultant will discuss this with you.

How is the skin graft held in place?

It is important that a skin graft is held in place and does not move around as it must connect to the blood supply from its new area – this allows it to ‘take’ and survive. This usually takes up to 7 days.

Skin grafts may be held in place by a variety of means including stitches, clips, medical grade glues and dressings. If stitches and clips have been used these are usually removed after 5-7 days.

What kind of dressings are used?

Donor site dressings

Donor site dressings are left in place for 14 days after the procedure. They are usually padded and may use an extra absorbent dressing. These are usually reviewed in the Plastic Dressings Clinic (PDC) in 1-2 weeks. If there is a lot of ooze from the dressing, do not remove but apply extra padding over the current dressing and contact the Plastic Trauma Co-ordinator for an PDC appointment.

Graft site dressings

It is important that the skin graft is protected from excessive movement which may shear the graft off and cause it to fail. A dressing may be stitched into place after the procedure. This is called a 'bolster' dressing. Otherwise there will be a non-adherent silicone based dressing on top of the graft site with a padding dressing on top. Graft site dressings are normally removed 7 days following surgery in the PDC.

After Surgery

Following the procedure you are usually able to go home after a period of observation. You may sometimes be asked to stay in hospital for a short period. On arrival at home the following points are important:

Rest

You will need to take things gently for the first 2 weeks to allow the graft to heal properly. The graft is fragile so it is important not to rub or knock the graft dressing.

Posture

When you are at home for the first week you need to keep your legs elevated so that your ankle is higher than your hip. When sitting down keep your leg raised on a footstool or pillows. Stand for short periods only and when absolutely necessary. Limit your activities such as housework, cooking meals etc. for the first 5 days.

Bathing

Keep the dressings dry for at least a week.

Pain

Take regular Paracetamol if there is any pain or discomfort.

Numbness

Initially the graft site will have no sensation. Sensation will often return in the first 2-6 months. Sometimes there is a period when the graft is over sensitive especially with changes in temperature, e.g. after a hot shower.

Swelling and bruising

Swelling and bruising are very common, particularly when surgery is performed around the eyes or on the forehead. This improves within 4-5 days after surgery.

Returning to work

You can begin gentle work within 2-6 weeks depending on the type of surgery you have had – please discuss with your Consultant.

What are the risks of a skin graft?

Graft failure

Sometimes a graft does not take. The most common reasons for this are; bleeding or oozing of tissue fluid under a graft, infection and shearing movements which prevent the graft from connecting to the tissue beneath. It may be necessary to repeat the procedure if a graft has failed.

Infection

Infection may cause increased pain, redness and swelling around the skin graft or donor area, smelly discharge on the dressing or fever. If these signs occur then please contact the Plastics Team using the numbers at the back of this leaflet without delay.

Bleeding

It is normal to experience minor oozing in the first 24 hours. If your wound bleeds press gently but firmly for 30 minutes. Sit upright and if it is a limb elevate. If the bleeding does not stop repeat this process and then contact our team.