



Department of Plastic Surgery

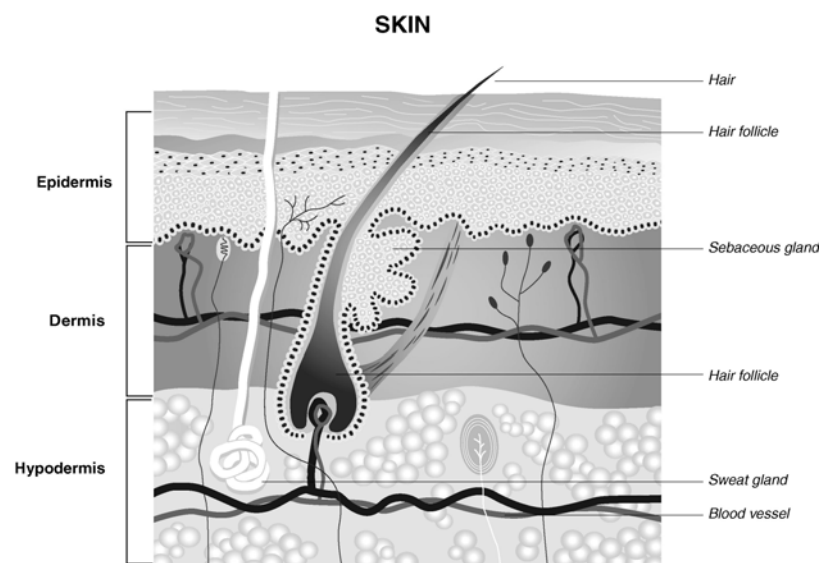
Skin graft

What is a skin graft?

You may have a wound as a result of surgery to remove a lesion as in skin cancer, a severe skin infection, or from an injury or burn. If the area is small and the skin nearby is loose, the wound can be closed by bringing the edges together (*direct closure*). If this is not possible, then the wound can be repaired with a skin graft. Skin grafting is a surgical procedure in which a patch of skin is completely removed from another part of the body (*called donor site*) and used to cover the wound (*called recipient site*).

Types of skin grafts

Skin is made up of two layers: a thin outer layer called the **epidermis** and a thicker inner layer called the **dermis**.



- **a full thickness skin graft** is when the epidermis and all the dermis are included in the graft. No dermis is left at this donor site and the skin will not grow back. The edges of the donor site have to be stitched together to heal. For this reason, only a small patch of full thickness skin is removed. Healing usually takes seven to ten days.

A full thickness skin graft gives a better cosmetic result, and is used mainly for small defects on the face and hands. Common donor sites are the areas behind the ears, the neck, inner side of the upper arm and groin.

- **a partial thickness skin graft or split thickness skin** is when the epidermis and only part of the dermis is included. The deeper layer of dermis is left at the donor site. This layer contains the hair follicles and other skin glands which are capable of regenerating the skin. The donor site usually heals in ten to fourteen days. A partial thickness skin graft can be taken from any part of the body, but most commonly it is taken from the thigh or the upper arm.

Complications and side effects

The grafted area looks a bit like a patchwork, which may be depressed. It is never exactly similar to the surrounding normal skin, though the appearance improves with time. Sometimes you can have complications such as bleeding, infection, partial or complete loss of skin graft, raised scars and poor cosmetic appearance. The depressed appearance is usually permanent.

Benefits of a skin graft

The main advantage of a skin graft is that it is a relatively simple procedure and can easily provide cover for larger wounds.

Are there any alternatives to a skin graft?

In some cases, a skin flap may be more appropriate than a skin graft. However, this decision is based on clinical and patient factors.

Before the surgery

The surgeon will discuss with you in detail the type of skin graft you will need and the areas of the body from where it can be taken. You can suggest a donor site. He/she will explain about the scar and common complications. The surgeon will also explain whether the surgery will be done under local or general anaesthesia, and whether you will need to stay in the hospital.

After the surgery

Dressing: If you are having surgery on the face, a dressing (usually plastic foam) is put directly on the recipient site. Sometimes a small dressing may be put on top. On other parts of the body you may have a larger dressing. If the graft is near a joint on the upper or lower limbs we may put on a plaster splint.

Do not remove the dressing yourself. The surgeon will arrange for the dressing to be removed at the plastic surgery clinic in five to ten days' time.

The dressing on the donor site for partial thickness skin graft is not usually changed for two weeks.

The donor site for full thickness graft is stitched and the surgeon will arrange for the stitches to be removed if necessary.

Please keep the dressings dry as far as possible.

Pain control

You may need to take painkillers such as paracetamol. If the pain is persistent, the surgeon may need to check the wound.

Rest and elevation

If you have a skin graft on your hand, we will give you a sling to wear to keep the hand raised for the first 5 to 7 days. When the graft is on your lower leg or foot, you should keep the legs raised as

much as possible, and walking should be restricted. These measures will help to prevent swelling in the area, reduce pain and improve the chances that the graft will take.

Contact your doctor or The Christie if there is severe or throbbing pain, bleeding or unpleasant smelling discharge in either the grafted area or the donor site.

Long term care

- Use a moisturising cream such as E45, Nivea or Vaseline two or three times a day on both the grafted area and the donor sites for three months or longer if the areas remain dry.
- Protect the grafted area and the donor site from direct exposure to sunlight.
- Ask your doctor about camouflage make-up if you are concerned about the appearance of the graft.
- If you have had an operation on your leg and have still not regained your mobility after 6 weeks, you should mention this to your surgeon when you attend clinic. He may wish to make arrangements for you to see the physiotherapist.

Contacting the hospital:

If you have any further questions, you can contact:

Hilary Elsworth, Surgical Practitioner	0161 446 3000	bleep 12604
Caroline Orchard, Clinical Nurse Specialist	0161 446 3000	bleep 12109
Laura Potter, Clinical Nurse Specialist	0161 446 3000	bleep 12339
Ruth Simpson, Clinical Nurse Specialist	0161 446 3000	bleep 12109

Consultant plastic surgeons (secretaries)

Mr D Mowatt	0161 446 3368
Mr D Oudit	0161 446 3375
Mr G L Ross	0161 918 7054

After 5pm and at weekends: Phone 0161 446 3000 and ask the switchboard to bleep the on-call surgical SHO.

Further information:

- Your doctor
- **Macmillan Cancer Support** has information on all aspects of cancer
Freephone 0808 808 00 00, open Mon-Fri 9am to 8pm.
Lines answered by specialist nurses.
www.macmillan.org.uk
- British Association of Plastic, Reconstructive and Aesthetic Surgeons
www.bapras.org.uk

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Details of the sources used are available, please contact Patient.Information@christie.nhs.uk