

Long-term care

- Use a moisturising cream such as E45, Nivea or Vaseline two or three times a day on the flap area and the donor sites for three months.
- Protect the flap and the donor site from direct exposure to sunlight.
- Ask your doctor if you are concerned about the appearance of the flap. At first the flap seems very thick and lumpy, it takes at least six months before it settles.
- Further surgery may be needed to improve the appearance or you may use camouflage make-up.

Contacting the hospital

- During the day: Surgical secretaries on 0161-446 3375 or 3368. Nurse Specialist via the hospital switchboard on 0845-226 3000
Surgical Practitioner: Hilary Elsworth
- After 5pm and at weekends:
Phone 0845-226 3000 and ask the switchboard to bleep the on-call surgical SHO.

Further Information

- From your doctor
- American Society for Plastics and Reconstructive Surgery
www.plasticsurgery.org

Pan Manchester
Plastic Surgery Services

Christie Hospital 
NHS Foundation Trust

Department of Plastic Surgery



Skin Flap

Acknowledgement:

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What is a skin flap?

When skin is removed by surgery, a skin wound can sometimes result. If the surrounding skin is loose, the wound can be closed by bringing the edges together (*direct closure*). If this is not possible, skin has to be brought from another part of the body, either as a *graft* or a *flap*. The area from where the skin is borrowed is called the *donor site*. A skin graft is when the skin is completely removed from the donor site.

A **skin flap** is when one end of the skin is still attached to the donor site and the other end is moved to cover the wound. The site where the flap is taken is called a *secondary defect*. Flaps are usually taken from an area where the skin is loose. Sometimes you may also need a skin graft to close the donor site.

Types of skin flaps

Local flap

When the skin flap is from an area close to the wound, for example, a wound on the lip may be repaired by a flap from the adjacent cheek.

Regional flap

When the skin flap is not from the adjacent area, but is from the same region of the body, for example, a wound on the tip of nose might be repaired with a flap from the forehead.

Distant flap

When a flap is from a different part of the body, for example, a wound on the hand might be repaired with a flap raised in the groin. A local flap repair is usually done in one operation, whereas regional and distant flaps need two or more operations. The second operation is needed to detach one end of the flap at the donor site, when the blood vessels have developed at the other end.

Free flap

This is a distant flap, but the whole procedure is done in one stage by repairing the donor and blood vessels by microsurgery.

Before surgery

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

After surgery

Dressings

If you have surgery to the face, the operated site may be left uncovered or you may have a small dressing. On other parts of the body, you may have a larger dressing. Sometimes part of the skin flap is left exposed, so that its colour and temperature can be monitored if needed. Do not remove the dressings yourself. The surgeon will arrange for the stitches (sutures) to be removed at the plastic surgery clinic 5 to 10 days after the operation.

Please keep the dressings dry as far as possible.

Benefits of a skin flap

A skin flap usually works better and gives a better appearance, but it is a relatively bigger procedure and may involve more than one operation.

Complications and side effects

Sometimes complications may occur. These include bleeding, infection, partial or complete loss of skin flap, uneven outline and prominent scars.

Pain control

You may need to take pain-relieving medicine such as paracetamol. If the pain is not relieved by usual medication, the surgeon may need to check the wound.

Contact your doctor or the hospital if you have severe or throbbing pain, bleeding, unpleasant smelling discharge or significant change in the colour of the flap.