

Department of plastic surgery

# Skin graft

## What is 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).

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. If this is not possible, then the wound can be repaired with a skin graft.

## 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 7 - 10 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 graft 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 10 - 14 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.

- **a skin flap** In some cases, a skin flap may be more appropriate than a skin graft. However, this decision is based on clinical and patient factors. Your doctor will discuss this with you.

## Complications and side effects

The grafted area can look a bit uneven. 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.



## Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

## 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.

## 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 graft-site dressing to be removed at the plastic surgery clinic in 5 - 10 days' time.

The dressing on the donor site for partial thickness skin graft is not usually changed for 2 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.

## Coping with common problems

### 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 - 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.

### Graft dressings

After your graft the wound can leak around the edges of the dressing. If it is on your face or head, it helps to sleep propped up with pillows to reduce the swelling and oozing. If the oozing continues, apply light pressure with a gauze swab until it stops. Gently wipe away any excess fluid from around the dressing.

### **Donor site dressings**

These often ooze bloody fluid (pale red or yellow) especially in the first 48 hours after surgery. If this happens, please re-pad with the dressings in the bag provided for you on discharge. These areas also tend to be painful as they are superficial (shallow) wounds and many nerve endings are affected. Please take painkillers if needed.

Donor sites often develop an unpleasant smell which is normally due to the dried blood in the dressing. Although unpleasant, it is not harmful and does not mean you have an infection. However, if it is accompanied by heat, redness, swelling or pus and/or increased pain, you may then have an infection. Please contact your GP who will probably prescribe antibiotics.

**Contact your GP or The Christie if there is severe or throbbing pain, bleeding that won't stop from either the grafted area or the donor site or you feel unwell shortly after the surgery.**

### **Long term care**

- Use a non-perfumed moisturising cream 2 or 3 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:

Skin cancer clinical nurse specialist - **0161 918 7587**

Sarcoma clinical nurse specialist - **0161 918 2196**

Consultant plastic surgeons (secretaries):

Mr D Mowatt **0161 446 3368**

Mr D Oudit **0161 446 3375**

Mr G Lambe **0161 918 7455**

Mr D Kosutic **0161 918 7054**

After 5:00pm and at weekends: please phone the surgical oncology unit on **0161 446 3860** or **3862** or phone **0161 446 3000** and ask the switchboard to bleep the on-call plastic surgeon.

### **Further information:**

- Contact your GP
- Macmillan Cancer Support has information on all aspects of cancer  
Freephone **0808 808 0000**, open Monday to Friday, 9:00am - 8:00pm.  
[www.macmillan.org.uk](http://www.macmillan.org.uk)
- British Association of Plastic, Reconstructive and Aesthetic Surgeons  
[www.bapras.org.uk](http://www.bapras.org.uk)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **[the-christie.patient.information@nhs.net](mailto:the-christie.patient.information@nhs.net)**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for  
urgent support and specialist advice  
**The Christie Hotline: 0161 446 3658**  
Open 24 hours a day, 7 days a week