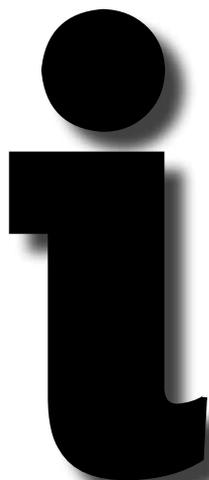


## **Skin Grafts** (1 of 8)



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customercare@salisbury.nhs.uk](mailto:customercare@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

We hope that you will find this leaflet helpful. Please ask the nurses and doctors if you have any questions about your skin graft.

There are many reasons for having a skin graft. There are alternatives which must be discussed with your surgeon, as every patient will have individual needs.

Some consultants prefer patients to not take aspirin for one week before surgery. This will only happen if this is safe for you to do this.

### **What is a skin graft?**

Skin is taken from one part of the body (donor area) and placed on to the unhealed skin or area of skin loss. It can be done under a general or local anaesthetic (this depends on the size and location of the area needing the graft). There are two types; split skin graft and full thickness graft.

### **Split skin graft (SSG)**

This is usually used for large areas of skin loss.

A piece of skin is shaved from the upper arm, upper leg or buttock but most commonly from the upper leg. These are the usual areas but sometimes the graft needs to be taken from another part of the body. The surgeon will discuss this with you.

The SSG is then placed on to the area that needs new skin. It is kept in place in different ways:

- glue
- stitches
- surgical staples
- nothing at all.

A dressing is put over the top of the area that has had the graft and this is left in place for five to seven days. Sometimes a VAC dressing (negative pressure pump) may be used to keep the graft in place.

### **Donor area**

A two-layer dressing covers the donor area. The outer layer is very thick padding which will be removed by a nurse either before you leave the hospital or at your first appointment in the Plastic Outpatients Department.

The dressing that is next to the skin **MUST be left in place** for ten to twelve days. If it is removed too soon there is a risk of removing the new skin and causing infection. This will slow down the healing process.

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## Full thickness skin graft (FTSG)

This is most commonly used to replace skin on the hand or face.

The skin is made up of a number of layers. For FTSG, all the layers are used, down to the fat layer. It is usually taken from:

- behind or in front of the ear
- upper inner arm
- above the collar bone (clavicle)
- groin

The area that it is taken from depends on several things, for example:

- colour of skin
- previous surgery
- amount of skin required
- the area needing new skin

There are other areas which can be used which your surgeon will discuss this with you.

The FTSG is then placed on to the area that needs new skin. It is usually kept in place by a bright yellow dressing. Stitches are used to keep everything from slipping. The ends of the stitches are kept long and then 'tied over' the yellow dressing. This dressing **MUST** not be touched for five to seven days.

The donor area is stitched together. A little dressing will be put over the area. Keep the wound and dressing clean. If this dressing falls off, don't worry.

## Special instructions

After any operation there is always some swelling in the affected part of your body. To help prevent this, try to rest the affected part during the day in the following way:

- head – sit upright
- arm – hold your hand higher than your heart
- leg - keep it higher than your hip.

At night sleep with your:

- head on an extra pillow
- arm above your heart, ie on 2 or 3 pillows
- leg higher than your hip.

If you don't do this, you may experience more pain than you should, swelling may be increased and healing might take longer.

## Pain

For many people the donor area is more uncomfortable than the grafted area.

- If you experience discomfort or pain from either the donor or graft area, painkillers can be taken.
- Take the pain killers as instructed. However you should contact Plastic Outpatients or your GP for advice if you feel that pain has become a problem.
- Most people find taking painkillers regularly, before the pain or discomfort becomes too

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bad, keeps it under control.

- Most painkillers have side effects which are listed on the information leaflet that comes with them. Please read this carefully.

## Movement

Depending on where the graft is, a splint or thick dressing will be used to prevent movement. The surgeon will decide what is to be used during your operation.

Splints and thick dressings are only used if there is a risk of movement preventing healing.

If there is no thick dressing or splint in place, you will be encouraged to move the affected area.

## Dressings

These must be kept clean and dry. It is important that only a specialist nurse removes your first dressing.

A nurse will see you in the Plastic Outpatients, 5 to 7 days after your operation. Dressings will be removed and your graft will be checked.

- If the graft has healed (taken), it will be left uncovered.
- If the graft has not healed completely, another dressing will be applied.
- The practice nurse at your GP's surgery can do any further dressings.
- You will be given a letter and new dressings to take with you.
- You will be given a suggested date to make an appointment with the practice nurse.
- The nursing staff in Plastics Outpatients will advise you about bathing, showering and when to start applying moisturising cream to your newly healed skin.

## Things to look for:

- Fluid oozing through the dressing
- The dressing becoming accidentally wet
- You experience worsening pain or discomfort
- An unpleasant smell.

If any of these happen you should contact Plastic Outpatients Department Mon - Fri 8am - 5pm, or Plastics and Burns Unit at all other times (see below for contact numbers).

## Recovery period

Everyone is different and recovers in different ways. You will be able to discuss what you might expect to happen with the doctor or nurses. They will suggest how long you will need to be off work, when you can start driving and when you can return to your normal activities.

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## Risks and Complications

### Infection

There is a possibility of infection occurring for a number of reasons:

- Smoking
- Health problems
- Scratching the area
- Not following the advice from the specialist team
- Poor standards of personal hygiene
- Poor diet
- Popping any blisters

Signs to look for are:

- Redness
- Swelling
- Pus
- Pain
- Different smell
- Feeling unwell

If you do get an infection, you may be given antibiotics. A swab may be taken from your graft or donor area to find out what antibiotics are right for treating the infection.

If you have any concerns about your wound, please contact the Plastics and Burns Unit out-of-hours or the Plastics Dressing Clinic in hours.

### Smoking

This will increase the risk of infection and graft failure. You should stop or try to cut down. Try the NHS stop smoking [website at nhs.uk/smokefree.co.uk](https://www.nhs.uk/smokefree.co.uk) or call Smokefree on 0300 123 1044 for helpful advice on how to stop smoking

## What if I don't follow the advice given to me?

Grafts are very fragile in the early stages. It is very important that you follow all the advice you have been given.

### Graft Failure (partial or complete)

This means that the graft hasn't healed properly or 'taken'.

Infection or a collection of blood under the graft could cause this. This collection of blood is called a haematoma. If the haematoma is large, it might be necessary for you to go back to theatre and have it removed.

Sometimes it is not advisable to do anything. It will then be closely monitored to see if it improves without treatment. The nurses will advise you.

If the graft has not taken completely, the dressing changes will continue. The plan will be to monitor the graft and leave it to heal on its own, if possible. This may take several weeks.

### Blisters

Your newly healed skin on both your donor site and split skin grafted area will be quite delicate for several months. They will have a tendency to develop little blisters, which may seem to appear for no specific reason. At other times blisters may occur as a result of rubbing from

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clothes, or after you have knocked the area.

It is important not to pop the blisters as this may cause infection:

- keep the area clean
- you can expect the blisters to pop or reduce on their own
- the tendency for blisters to form gradually reduces over time.

If you are worried about blisters, contact the Plastic Outpatients Department or your GP for advice.

### **Donor Site (full thickness skin graft)**

Sometimes a haematoma can form in the donor area. You may need to go back to theatre to have the haematoma removed. Alternatively it may be left for the body to reabsorb.

Sometimes the wound opens due to infection or pressure. It may be left to heal by itself. The nurse will discuss what your options are for treatment. Each case is assessed according to the position of the donor site.

### **Donor site (split skin graft)**

Normally these grafts heal within twelve to fourteen days but they can be very itchy – do not scratch it as this could lead to infection and prevent healing.

The donor site can fail to heal. This can be caused by:

- Infection
- Dressing slippage
- Health problems
- Poor nutrition (diet)

## **Should I bathe or shower?**

Once your graft and donor areas have healed it is important for you to have a bath or shower every day. This helps to prevent a build up of moisturising cream on your skin that can cause white heads to develop.

If you do not feel confident to have a bath or shower alone, make sure that you have someone with you.

To help prevent infection, the bath must be cleaned and rinsed before you use it. This should be done with a clear liquid or foam cleaner. A more abrasive cleaner may leave bits in the bath, which you may find irritates your skin.

## **How do I look after my body after skin graft**

### **Hygiene**

When you wash use a mild or pure non-perfumed soap, such as 'baby' soap. This helps to reduce the chance of your skin being irritated, which can happen with more perfumed soaps.

Follow the advice given to you when cleaning your skin.

Gently pat yourself dry with a clean soft towel.

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## Washing your hair

If your head or face has had a skin graft, wash your hair with a gentle shampoo such as a 'baby' shampoo. This will reduce the likelihood of irritating newly healed areas.

## How do I look after my grafted skin and donor area?

It is important to moisturise your skin after you have had a wash. The oil and sweat glands are often damaged after a skin graft, making the scar area drier than normal skin.

New skin will benefit from massage with a moisturising cream to improve its quality, ideally 2-3 times a day. You need to use a non-perfumed cream. This hospital uses sunflower oil cream. Massage will help to keep the scarred areas supple and moist and help to reduce itchiness.

Ideally your skin should be massaged when warm. The best time is after a bath or shower.

Do not use too much cream, it will not be absorbed. It is important that you make sure that it is massaged well into the skin.

## What kind of clothes would be best?

If you have a large area of skin graft or donor site you will find that your skin is more sensitive to hot and cold temperatures.

If your graft or donor site lies in an area of your body which would normally be covered by clothes you will probably feel more comfortable if you wear loose clothing made of natural fibres such as cotton, linen or silk rather than man made fibres such as polyester.

You may be more sensitive to extremes of temperature and should dress so that you are comfortable.

## Shoes

If your feet have had a skin graft, it is important that your shoes are comfortable and do not rub the newly healed skin.

You may need to change from your normal shoes. You may find that you need a larger size than usual and you will need to make sure that the style of shoe does not cause problems to your skin.

## Eating and drinking

When you are recovering from an operation it is important to eat a well-balanced and healthy diet to help the wound to heal.

It is important to remember to drink plenty of fluids, particularly water. Having been in hospital, where drinking is encouraged, it is easy to forget to drink once you are home.

## Will I have scars?

With skin grafting there will be some scarring. The degree depends on the depth of the graft, the length of time it takes to heal, plus your own skin's response.

It is impossible to predict the severity of the scarring that will occur. It depends on:

- the size of the graft
- depth of the graft
- area on the body
- your skin type

To help control scarring and joint tightness it is advisable to:

- massage and cream your scars as you have been advised
- keep active
- wear any splints or support garments that you have been given
- exercise and stretch as you have been taught
- follow any special advice
- make sure that the splints stay well fitting

## Why do my scars change colour?

Scar or donor areas may appear dark pink, deep red or purple. Eventually the scar will become pale, soft and supple.

Discolouration of areas is normal because of changes in the blood circulation and the make up of the newly healed skin.

The change in colour may be more noticeable at different times of the year, when your body temperature changes or when you are doing activities which increase heart rate.

After several months the skin's natural colour may return to areas that have had split skin grafting.

- FTSG may have some permanent discolouration and skin may always be a different colour and texture compared to the surrounding skin.
- FTSG keep the colour of the area from where they have been removed so are used more for head and neck areas.
- SSG look thin and less supple and have variable colourings.

## Skin camouflage

Skin camouflage is the application of specialist cover creams to improve the appearance of scarring and other disfiguring skin conditions.

The creams are used to conceal blemishes and they provide effective, long lasting, waterproof cover on any area of the body. They are appropriate for everyone.

The British Red Cross offers a free skin camouflage service provided by volunteer practitioners. To access the service a doctor's referral is required and, subject to the GP's approval, the creams are available on prescription.

## Can I go out in the sun?

We do not recommend exposing your grafted area or donor site to the sun for about two years following surgery. **It is essential you protect your skin from the sun.**

Follow these directions carefully: -

- avoid direct sunlight on the affected areas for at least two years after healing has occurred.

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- wear cotton, silk or linen clothing
- always use total sunblock (for sensitive skin) on areas you are unable to protect with clothing, even on a cloudy day. Sunblock must be re-applied according to the manufacturer's instructions and particularly after swimming.

<b>Possible problems and treatment</b>			
<b>Problem</b>	<b>Why might this happen?</b>	<b>Treatment</b>	<b>How could it be prevented?</b>
Blisters may occur on split skin grafted areas as well as donor sites. They are common for the first few months	Rubbing from clothing or accidental knocks to the skin	<ul style="list-style-type: none"> <li>• Leave the blister alone</li> <li>• Do not pop it</li> <li>• Use a dressing to protect the blister</li> <li>• If the blister becomes larger or infected contact your practice nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Follow your skin care instructions carefully</li> <li>• Avoid tight fitting clothing</li> </ul>
Skin breakdown which can happen over a long period of time	Small knocks, rubbing, scratching or infection	<ul style="list-style-type: none"> <li>• Contact your GP for advice</li> </ul>	<ul style="list-style-type: none"> <li>• Follow all the information you have been given</li> <li>• Try not to knock the vulnerable area</li> <li>• Do not scratch</li> </ul>
Whiteheads and blackheads are a common problem which decrease over time	They can be caused by such things as cream, dirt or soap collecting in the uneven scar tissue	<ul style="list-style-type: none"> <li>• Gently wash area with a soft sponge and warm soapy water</li> </ul>	<ul style="list-style-type: none"> <li>• Keep the skin clean</li> <li>• Wash the skin to remove old cream before applying fresh</li> </ul>
Cysts usually occur in the first 6 months and can be very uncomfortable. They may appear as red, black or yellow lumps under the skin	Cysts can occur as a result of skin cells or dirt becoming trapped under the graft leading to a localised infection	<ul style="list-style-type: none"> <li>• Soak in warm water and then gently wash the area with a soft sponge in soft motion</li> </ul>	<ul style="list-style-type: none"> <li>• Keep the skin clean</li> </ul>