

Your child's skin grafts and donor sites after a burn (page 1 of 4)

Skin Grafts

What is a skin graft?

A skin graft is the transfer of healthy skin from one part of the body to cover a burn wound. The skin graft must be taken from your child. Skin donated from friends or family will be rejected by your child's body.

The skin is very important and provides a protective barrier to the organs in the body; it prevents infection and water loss. When the skin is damaged by a burn or scald the protection is lost. If the burn is deeper than the top layer of the skin a skin graft might be needed. This will be discussed with you and your child. A skin graft is necessary when the cells needed to repair the skin have been lost or damaged and new cells are needed. (This is because the burn extends into the deeper layers of the dermis and has destroyed the cells that can heal the wound). Without the skin graft the risk of infection is high and the wound could take a long time to heal or may not heal at all.

How is the skin graft taken?

This is a surgical procedure, which will require a general anaesthetic. When your child is asleep the surgeon will take a thin shaving of healthy skin and put it on the cleaned burn wound. This new wound is called the donor site and will have a dressing on it.

How does the skin graft stay in place?

The skin graft may be stapled, stitched or glued, depending on the size and depth of the graft and site of the wound. The graft will then have a dressing over it for protection. If the graft is on or near a joint, a splint may be used to reduce movement to protect the graft.

How long do these wounds take to heal?

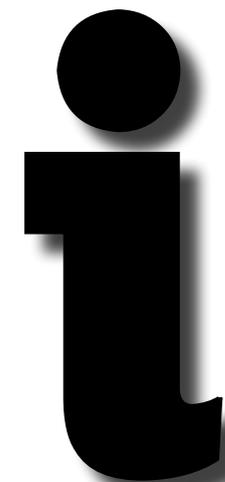
The healing time will depend on the size and depth of the wound. The aim is to get the wound healed in about 7 days, but healing may take longer. Infection can slow down healing.

Are there any risks?

The risks will be explained by the surgeon when they ask you to sign the consent form for the operation. The risks include bleeding (in some cases a blood transfusion may be required, this will be discussed with you), infection and partial or complete loss of graft. Re-grafting may be

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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 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 if you would like a reference list.

required if the wounds are over large area or some or all of the graft is lost. Please ask your doctor or nurse if you would like further information about any of these points.

What dressings will be used?

Both the donor site and skin grafts will be covered by dressings (unless they are on the face). The dressings might be different each time they are changed and your nurse will explain this to you. Please ask the nurse if you have any questions about the dressings.

When can my child start walking/moving around after a skin graft?

This will depend on where the graft is. If the graft is not on the legs, your child can walk as soon as they feel able; if the graft is on the legs the doctor may want your child to be on bed rest for a few days. Protecting the skin graft in the first few days is important to allow the new cells to develop and secure the graft. Please ask your nurse if you have any questions.

What can help the wounds heal?

To give the graft a good chance of healing it is important that the care instructions given by the surgeons and nurses are followed. A healthy balanced diet that includes plenty of protein is important. Protein foods include: milk, cheese, yoghurts, eggs, meat and fish. Smoking and passive smoking slow down the healing by reducing the amount of oxygen reaching the skin.

Will there be dressings on the wounds when my child goes home?

Yes. These will require changing once you have returned home. Arrangements for this will be made before discharge; you may be able to have dressings changed locally by the practice nurse, paediatric community nurses or the burns outreach nurse. Your child will have to return to the hospital to see the doctors for some appointments.

What will the skin graft look like?

With any skin graft there will be scarring. The appearance of the graft will change over the weeks and months and will take up to 2 years to fully mature. Please ask the nurse if you have any questions. Once the graft is healed your child will be referred to the scar management team.

Small areas of the wound may breakdown and blisters are common on the newly healed skin as it is thinner and more sensitive. This may occur due to irritation from clothing or accidental bumps and bruises. If this happens these can be protected with small dressings to prevent further damage and help healing. If your child has any problems with the wound after discharge please contact the burns unit or outreach nurse. The telephone numbers are at the end of this leaflet.

How do I care for my child's skin graft?

Once the graft is healed and the dressings are removed your child will be able to wash and bathe the area gently. Make sure the water is not too hot. Avoid using highly perfumed soaps and bubbles. After bathing, gently pat the grafts dry and then massage the area with

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non-perfumed moisturising cream. It is important to cream and massage the new skin at least twice a day to moisturise the graft and help flatten the scars. The skin graft tends to become dry and flakey due to the lack of sweat and oil glands. You will be given advice on this before going home by the scar management team.

Donor Sites

What is a donor site?

This is the area where the skin graft has been taken to cover a wound. The skin can be taken from various sites around the body. The area to be used will be discussed with you and your child, before surgery.

How long does it take to heal?

Usually 10 to 14 days. A dressing will be put on in theatre, and this should stay in place until healed. Sometimes the dressings need changing because they have slipped, leaked or are soiled.

Will the donor site be painful?

Donor sites can be painful and taking pain relief will help. After the operation strong pain killers such as morphine may be needed, but afterwards pain killers such as paracetamol (Calpol) and ibuprofen (Nurofen) are usually enough. Your nurse will ensure that pain killers are given as needed.

Who will remove the dressing?

Younger children and those with a larger grafts may need the first dressing to be changed under general anaesthetic. After this the dressings can usually be changed using simple pain killers. The dressings will be changed at an appointment, usually at the hospital, but it may be possible to arrange it nearer to home.

What will the wound look like?

The donor site looks like a big graze. It will be red when first healed but this will fade over the weeks and months, and should result in a pale, soft scar.

How do I look after the healed donor site?

Once healed you will need to moisturise the area like the skin graft.

Sun Screen advice

It is very important that the graft and donor sites are protected from the sun as it is new thinner skin without the normal skin protection. It is very important that your child uses a high factor sun protection cream (for both UVA and UVB) and wears protective clothing over the areas, as the new skin will burn very quickly and blister. If it becomes tanned this can be permanent and blotchy. It is important to protect all newly healed areas from sun damage for at least 2 years.

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Pain and itching

Your child may still require medicines after discharge from the hospital to help with pain and itching. Medication will be discussed and you will be given what your child needs to take home.

Itching can be a major problem for some children. Regular creaming and massage help. Wearing loose clothes made from natural materials can also help. If your child will not settle and itching becomes a problem, please speak to the doctor or nurse at the hospital. There are medicines that can help.

Scar management

Following skin grafts there will be scarring. Once the wounds have healed your child will be referred to the scar management team who will treat the scars to produce the best outcome.

Treatments may include creaming and massage, silicone creams or gels and pressure garments. These will be discussed with you and your child when the wounds are healed. If you or your child are worried about the scarring and you have not been seen by the scar management team, please contact the burns unit.

Help from the clinical psychologist

If you and/or your child are finding it difficult to come to terms with the treatment plan or with the scars, help is available. Please speak to your nurse or surgeon at the hospital. It may be that you and your child would benefit from seeing a clinical psychologist.

Useful telephone numbers

Sarum ward:	01722 336262 ext. 2560 or 2561
The Paediatric Burns Outreach Nurse:	07713083239
Clinical Psychology:	01722 425105
Physiotherapy:	01722 336262 bleep 1284
Occupational Therapy:	01722 336262 ext 1432
Scar Management Team (through the Burns Unit):	01722 345530
BUGS (Burns Unit Group Support)	01722 345507

This leaflet based on one written by North Bristol NHS Trust.

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