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Full Thickness Skin Graft

This operation involves moving skin from a healthy area to an area with a skin defect. The types of defect which are suitable for closing in this way includes ulcers, burns, abrasions and surgical wounds formed when tissue needs to be removed.

The graft **heals** by taking up a blood supply from the base of the wound thereby allowing the grafted skin to survive. This takes about 5 days. The area from where the skin comes is called the donor area. The donor defect caused by taking skin is stitches together. This wound heals up like any other stitched wound.

Grafts sometimes **fail**. Taking up a blood supply involves the growth of microscopic little blood vessels. If this process is inhibited for some reason, the grafted skin will not survive. During the first 2 weeks it is very important to take great care of your graft to reduce the chance of it failing. Avoid shearing forces across the graft – do not rub or brush against your graft or dressing. You may walk if you have a graft on your leg but make sure you are wearing a firm dressing or double tibigrrip to protect your graft. Sit with your leg elevated to reduce any swelling. Do not smoke. Smoking inhibits the microscopic growth of blood vessels retarding the process of taking up a blood supply.

If the graft does fail it is possible to have a second attempt but this involves another operation. Sometimes just small patches are lost. If this happens we usually allow the area to heal on its own. The result is it taking considerably longer to heal the wound.

Infections or bleeding can cause problems with grafts. Either may cause the graft to be lost. If infections are caught early and treated they are less likely to be troublesome. If you notice increasing redness of our wound and it is painful make sure one of the doctors checks on it as soon as possible. If blood collects under a graft it is not possible for the microvascular linking of blood vessels to take place and the graft will be lost. If there is bleeding under a graft the clot has to be removed. This sometimes involves a return trip to theatre. Do not use aspirin or anti-inflammatory type pain killers as they may cause bleeding. If you need them take paracetamol based pain killers.

Both your grafted area and your donor area will have scars. The donor area scar will be on a line which may stretch and widen, or become thickened. The grafted areas will have a different colour and texture from the surrounding skin. Scars improve with time but they do not vanish. Once your graft has healed use an oily cream to keep it supple and prevent any scaling.

Grafts are done under **general or local anaesthetic** depending on the size of the area to be grafted. Check with your surgeon whether the graft needs to be done under general or local anaesthetic. If you are having a general anaesthetic the anaesthetist will see you before your operation. Discuss any queries you have about the anaesthetic with your anaesthetist. If you have had any difficulties during a second anaesthetic in the past, make sure that both the anaesthetist and the ward doctor know about it.

Any operation can give problems with **infection or bleeding**. Simple infections settle on a course of antibiotics. Some infections require treatment in theatre. If you notice increasing redness of your wound and it is painful make sure one of the doctors checks on it as soon as possible - infections caught early are easier to settle. Bleeding after your operation can result in a collection called a haematoma. Haematomas must be drained in theatre otherwise they cause problems with the wound later on.

What to expect when you come back from Theatre

- **dressings** - your grafted area will have a firm dressing. It may have a tie over dressing which is a special dressing anchored with threads to keep it very secure. The graft dressing remains undisturbed for 3-7 days. Your donor area will have a lighter dressing.
- **elevation** – if your graft is on a limb, the limb will be elevated overnight – in a sling for an arm and pillows for a leg. It is important that elevation is maintained.
- **Immobilisation** – the grafted area will be immobilised overnight. The nurse will tell you what you may or may not do.

WHAT TO EXPECT AFTER YOU GO HOME

Take it easy for 2 weeks. Do not over-exert your grafted area. Depending where you graft is, how big it is and what type of job you do, you may need to take time off work – 2 weeks or more. You should ask your general practitioner for a 'sick line'.

Arrangements will be made to see you in the **dressing clinic** to change your dressings and to remove any sutures. You will also be seen in the **out patient clinic**.