

Postoperative Instructions: Full Thickness Skin Graft

What is a Skin Graft?

Surgery for skin cancer involves removing the affected area and some of the surrounding healthy skin. If the wound is small and the skin surrounding it is loose, the wound edges can be brought together and closed using stitches. If this is not possible, the wound may be repaired using a skin graft, which allows closure without tension to the surrounding skin. A skin graft is a piece of skin taken from another part of the body (donor site) and used to cover the wound (graft site).

Types of skin graft

Skin grafts can be either:

- Full thickness (where the full thickness of skin is taken)
- Split thickness (where a shaving of skin is taken)

Full thickness skin graft (FTSG)

A FTSG is where the full thickness or all layers of the skin are included in the graft. This is taken from an area of the body where there is excess skin (donor site), the edges of the donated site are then stitched together forming a straight line scar. This type of skin graft is limited by the availability of suitable donor sites and is generally used to cover smaller wounds. Common donor sites options are the areas in front of and behind the ears, the neck, inner side of the upper arm, groin and the abdomen. The donor site is chosen mainly for their colour match to the graft site.

How does the graft survive?

You may have either a general or local anaesthetic depending on the size and region being grafted; it also depends on your general health and fitness. Most operations for skin cancers are performed under local anaesthetic, or IV sedation ('twilight anaesthetic').

If the surgery is performed under local anaesthetic, the skin where skin is taken (donor site) will be made numb with an injection. The area requiring the skin graft (graft site) will also be anaesthetised using an injection. The injections may feel uncomfortable, however, once it starts to work, you should not feel any pain during the procedure. If you do, the surgeon will stop operating and administer more anaesthetic.

Full thickness skin grafts are cut out of the donor site and the wound that is left behind is stitched closed. The donor wound usually takes 5 to 10 days to heal.

Full thickness skin grafts are often stitched into place with sutures. A dressing is often used as a bolster to cinch the graft to the wound bed. This dressing is sutured into the wound to keep the graft in place for 5-7 days while it heals. The skin graft will connect with blood supply from the edges of the wound and this facilitates survival of the skin (this is known as 'graft take'). This usually takes 7-10 days. If the graft is near a joint on the upper or lower limbs a plaster splint may be used to keep the area immobile until the graft is stable.

What will happen after the surgery?

Full thickness skin grafts can be performed as a day surgery procedure or you may have to stay in hospital. There are many factors that influence this, such as the site of the graft (grafts below the mid shin) and the size of the graft. This decision will be made during your consultation at your surgeon's recommendations.

It is important to be compliant with postoperative instructions to maximise your graft 'take':

- You will need to take things gently for the first TWO WEEKS to allow the graft to 'stick'. The graft is quite fragile, so it is important not to rub or knock the graft or dressing.
- Keep your graft sites dry for 2 weeks. Avoid any exercise or heavy activities for 2 weeks. You might need to take some time off work, depending on where the graft is and the kind of work you do; we will advise you on this.
- If the graft is on your head:
 - You should avoid bending over with your head down below your chest for a few days as this may make the wound bleed.
 - Keep cool and avoid sweating. Perspiration in/under the graft can cause infection and graft detachment.
 - Sleep on 2-3x extra pillows in the first week to avoid swelling of the area by keeping your head elevated.
 - You may experience bruising and swelling around the area, particularly if the wound is near the eye. This usually settles within the first week, though it may be quite alarming at first.
- If your graft is on your hand or arm:
 - It is likely you will have a plaster on.
 - It is important to avoid over use of the limb for at least the first week.
 - Do not lift heavy objects or use excessive grasping motions.

Dressings

Your first dressing change and wound assessment would be done by our experienced nurses in the dressing clinic. You will have weekly dressings with us until your wound is healed. You will be able to wet the wound and have a shower after 2 weeks.

Most skin grafts will heal within 3-4 weeks. If the skin doesn't 'take', then grafts can take up to 2 months to heal, depending on their size.

Bathing

It is important that you keep both your donor site and graft site dry for 2 weeks. The dressings should be left intact until you are reviewed in our dressing clinic. This is usually about 5-7 days after your operation. This means you will not be able to take a shower during this time.

If the graft site gets wet within the first two weeks, the water will seep under the graft and lift it off so that the graft doesn't survive.

Smoking

Smoking has detrimental effects on grafts. Smokers have a much higher rate of partial or complete graft loss. This results in delayed or slow healing which may result in increased scarring, the need for ongoing dressings, or more complex reconstructive surgery.

Smoking also increases the risk of infection to the graft which can result in an increase in the size of the wound and sometimes readmission into hospital for antibiotics.

What problems may occur?

Graft Site

The main problem that you may experience is the skin graft not 'taking'. The most common reason for the graft not to 'take' is bleeding, infection, fluid swelling of the area, and too much movement; all of which can prevent the graft from adhering to the tissue beneath. A pressure dressing is therefore applied at the time of procedure to help prevent bleeding or movement. The graft may also suffer with accumulation of fluid, sweat and moisture under or around the graft, resulting in separation of the graft from its base. Infection can also occur resulting in complete loss of the graft.

If a graft is lost partially or completely, we rarely re-graft the wound. This is because the reasons for the graft not to 'take' is most likely still present, thus re-grafting is unlikely to be successful. These wounds are often managed with various dressings. It is important that you follow the instructions for wound care, even if it does not look like it is improving. Wounds heal with time and often at its own pace. The main aim of the dressings is to facilitate healing but also to minimise the risk of infection whilst the wound is open.

If you experience increasing pain, redness or swelling, a discharge on the dressing and/or a nasty smell, you need to contact the rooms immediately.

Donor Site

Blood appearing through the donor site dressings is common. This does not indicate a problem. If it is not oozing, then do not try and change the dressing. If there is some active oozing, put an absorbent pad over the dressing and press firmly for 10 minutes. DO NOT remove the original dressings as this will only increase bleeding.

- If your donor site is in front of your ear, keep it dry and clean, and apply Vaseline over the stitches 3 times a day.
- If your donor site is behind your ear, there will be a brown tape over your wound. Leave this in place and keep it dry.
- If your donor site is on your body (chest, arm or groin), there will be a waterproof dressing over it. You are able to wash this area as normal. Remove the outer waterproof dressing at 3 days, but leave the white tape underneath intact. DO NOT remove the white tape. This white tape can be washed over and pat dry from day 3 onwards, you do not have to replace the waterproof dressing.

Please contact us if:

- You develop a fever or become unwell.
- You develop spreading redness/rash over the operative area or suture lines.
- You notice an offensive smell from your wound
- You have pain which is not relieved or controlled by your pain-killers.
- You have sudden copious discharge of fluid or oozing from your wound.

Your Medications:

- For Pain: Take two Panadol or Panadeine or Panadeine Forte every 6 hours or as required. In addition, you may also take:

- Antibiotics: Please start your antibiotics as soon as possible after your procedure. Follow the instruction on the box as dispensed by the pharmacist. You will need to take them until the whole course is completed (the box is finished).
- If you have any vomiting or diarrhoea associated with either the antibiotics or pain-killers, please cease them immediately.
- Blood Thinners: If you have stopped your blood thinners before surgery, you can restart it the day after your procedure. Please take your usual dose at your usual times, unless otherwise instructed.
- Diabetic Medication: If you have stopped or adjusted your diabetic medications prior to surgery because you were fasting, you can restart it as soon as you have started eating and drinking normally again. Please take your usual dose at your usual times. Please do not restart it if you are vomiting.

Your Postoperative Appointment: (Please follow the instruction ticked for you)

- Your follow-up appointment will be with
- our practice nurse in the dressing clinic
 - your surgeon

Date _____ Time _____ at

- Sunnybank Australis Specialist Centre Clinic
- Everton Park Clinic

Contacts Us

Our office is open Mon-Fri (excluding public holidays) 9am to 4pm. Please ring the office if:

- You have any problems or concerns during these working hours
- You need a medical certificate or prescription
- You need to book/change an appointment

For any after-hour emergencies, please present to your nearest emergency department.

Please note, our emails are not monitored outside office hours. Please do not contact us via social media or website for any medical advice.