

# *Postoperative Instructions: Split 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)

## **Split thickness skin graft (STSG)**

A split skin graft includes on the superficial part of the skin. The deeper layer is left at the donor site and this regenerates a new layer of skin. This type of skin graft is generally used to cover a larger wound. The skin is shaved from another part of the body, usually the thigh or upper arm. The donor site resembles a large graze (or gravel rash) which slowly heals to new skin growth over 10 to 14 days.

## **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 it is done 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.

Split skin grafts are taken from the donor site using an instrument called a dermatome. This leaves a raw area that will heal over once the new skin has grown from the base. During the healing process the donor site is covered with a dressing, which is left in place and kept dry until the site has healed (10-14 days). If this dressing is removed too early, the new skin which is growing may be pulled off.

Split skin grafts may be fixed in place by various means, such as stitches, clips, medical grade glues or dressings. Once the graft is secured, a firm dressing is often used to keep the graft in place for 5-7 days while it heals. The skin graft will connect with blood supply from the base 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?**

Split 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), size of the graft. This decision will be made during your consultation at your surgeon's recommendations.

Once home the following points are very important:

- 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 and donor 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 your graft is on the leg:
  - you should be driven home from hospital with your leg elevated on the back seat of the car.
  - In the first week, when you are at home, you should keep your leg elevated, so that your ankle is at least level with your hip, as much as possible. When sitting down keep your leg raised on a foot stool or another chair.
  - In the first week, you should only stand for short periods and only when absolutely necessary. Walking should be minimised, and limited to toileting and short distances around the house.
- 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. This can cause infection and graft loss.
  - 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 may 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

If you stayed in hospital after the procedure, your first dressing change and wound assessment will be done in hospital. If the graft looks reasonable and there is no sign of infection, you will be discharged from hospital. If available, the hospital will organise twice weekly dressings for you at home by community nurses such as Blue Care or Anglicare. You are only likely to require this for 2-3 weeks, after which, you will be changed over to simple daily dressings (because you will be allowed to shower), which you should be able to do for yourself. Our nurses will see you fortnightly to make sure that your wound is progressing, until the wound has healed.

If you were treated as a day surgery patient, your first dressing change and wound assessment would be done by our nurses in our dressing clinic. You will have weekly dressings with us until your wound is healed.

Most skin grafts will heal within 3-4 weeks. If the skin doesn't 'take', then grafts can take up to 3-6 months to heal, depending on their size.

## Pain

You will experience some discomfort after surgery, this is normal. The donor site (where the skin came from) are often more uncomfortable than the graft site. If you have been given pain-killers to take home with you, take them as instructed, otherwise painkillers such as paracetamol should be taken as required (up to 1g four times a day).

## **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 a week after your operation. This will mean that you will not be able to take a shower during this time.

If the graft site gets the wet within the first two weeks, the water will seep under the graft and lift it off so that the graft doesn't survive. If the donor site gets the wet, the wound will get infected and the new skin will not grow or heal.

## **Caring for yourself**

You may require a lot of help during the first week after your operation. If you live alone you should either make arrangements for someone to stay with you or stay with a friend or relative. If there is no one who can help or no one with whom you can stay, please let us know before your date of surgery and we may be able to arrange inpatient stay if it is appropriate.

## **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 facilitating the 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 a towel over the dressing and press firmly for 10 minutes. Do not remove the original dressing as this will remove any healing skin growth that has started under the dressing. Removing the original dressing will also increase bleeding. Apply an absorbent pad on top of the original dressing and secure with micropore tape or Fixomull/Hypafix - change this outer layer as often as required.

If the dressing covering the donor site slips to expose the wound, then you should apply a layer of Vaseline on your wound and then a temporary dry, clean dressing. Contact the office for a dressing review as soon as practical.

### Please contact us if:

- You develop a fever or become unwell.
- You develop spreading redness/rash over the operative area or suture lines.
- You have offensive smell from your graft and/or donor site
- 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.