



## Skin Grafts Skin Oncology Service

### What is a skin graft?

A skin graft is the procedure to remove an area of skin from one part of the body and use it to cover a wound in another part of the body.

### When is a skin graft performed?

A skin graft is usually performed immediately after surgical excision of a skin cancer. In certain cases a skin graft is carried out a few days following excision of a skin cancer, but this will be discussed with you in advance.

### What are the benefits of a skin graft?

A skin graft can be used to mend a wound when it is not possible to stitch the wound together - either because the wound is too big or there is not enough extra skin to allow this.

### What are the alternatives?

In certain instances, it may be possible to let a wound heal by itself naturally or to close the wound using an alternative method. Your doctor will discuss these options with you if they are applicable.

### Donor site and graft site

The donor site refers to the part of the body from where the skin graft is taken. The graft site refers to the wound that will be covered with skin taken from the donor site. The graft site can be anywhere on the body.

### What types of skin graft are there?

There are two types of skin graft:

#### Split thickness skin graft

This involves shaving a thin sheet of skin that is 0.2–0.4mm thick from the thigh, buttock or upper arm. A graze like area is left behind which will heal over 2 to 4 weeks. A split thickness skin graft contains the epidermis and part of the dermis. This type of skin graft is more suitable for covering large wounds.

#### Full thickness skin graft

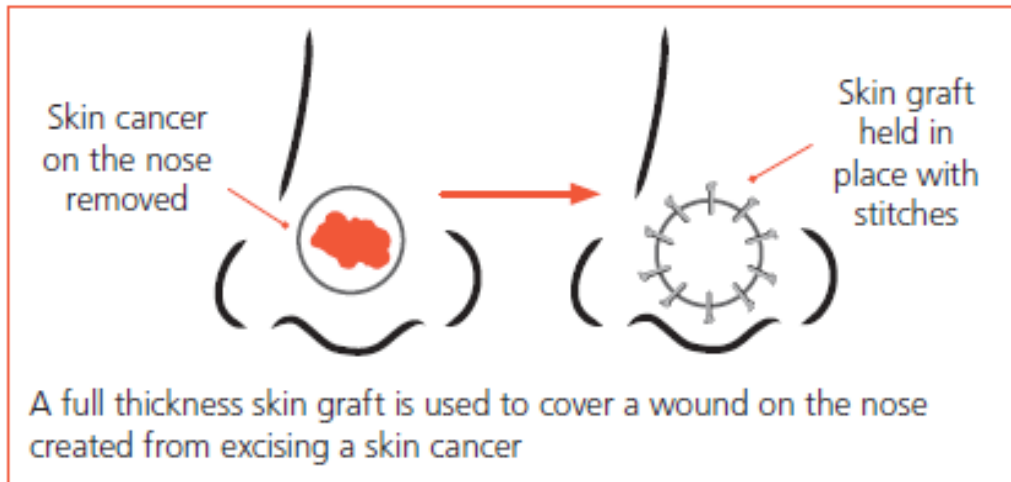
A full thickness skin graft is thicker and contains the epidermis and the full dermis. A small piece of skin is cut out from the donor site and the skin edges are stitched together to leave a straight-line scar. A full thickness skin graft is usually 2–4mm thick and can only be used for smaller wounds on the head, neck and hands. Skin may be taken from the neck, the area behind the ears, the inner side of the upper arm and the abdomen.

### What kind of anaesthetic will I require?

A skin graft is carried out under the same type of anaesthetic that is used for the wide local excision. This is usually a local anaesthetic.

### How is the skin graft held in place?

It is important that a skin graft is held in place and does not move around as it must connect with the blood supply from its new area – this allows it to ‘take’ and survive. This usually takes at least 7 days. Skin grafts may be held in place by a variety of means including stitches, medical grade glues and dressings. If stitches or clips have been used, these are usually removed after 5 to 7 days.



### What kinds of dressing are used?

Both the donor site and graft site will be dressed.

#### Donor site dressings

A split thickness donor site will be covered with a padded dressing, which should be left in place for 14 days. The dressing will become stiff and dry out as the wound heals. It is best to avoid disturbing the dressing. If there is a lot of ooze reinforce it with more gauze and tape if necessary. If the dressing is very soiled, the outer dressing can be changed but the dressing in direct contact with the skin should not be disturbed. Donor site dressings are usually removed at the hospital dressings clinic in 2–3 weeks.

A full thickness donor site will be dressed with paper strips and a simple dressing which is usually kept in place for a week.

#### Graft site dressings

It is very important that the skin graft is protected from excessive movement which may shear the graft off and cause it to fail. A firm dressing, which may be stitched into position, is used to help keep the graft in place. This is known as a ‘bolster’ dressing. Graft site dressings are normally removed 7 days following surgery at the hospital.

If the graft is on the arm or hand, a sling may be used to keep the area immobile until the graft has taken. For wounds below the knee, a bulky pressure dressing comprising three layers of bandages from the knee to toes is used. This may affect mobility and if you already suffer with poor mobility or feel you may struggle then please advise us before your admission and we may be able to organise temporary crutches, a walking frame or extra support at home.

Appointments for dressing changes and stitch removal will be arranged for you before you leave hospital.

## Information for Patients

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### After the surgery

Following the procedure you are usually able to go home after a period of observation. You may sometimes be asked to stay in hospital for a short period. On arrival at home the following points are very important:

#### Rest

You will need to take things gently for the first 2 weeks to allow the graft to heal properly. The graft is quite fragile, so it is important not to rub or knock the graft or dressing.

#### Posture

If your graft is to the leg you should be driven home from hospital with your leg elevated on the back seat of the car. When you are at home you should keep your leg raised, so that your ankle is higher than your hip, whenever possible for at least the first week after your operation. When sitting down keep your leg raised on a footstool or pillows. Raise the foot end of your bed by a couple of inches, if possible. Stand for short periods and only when absolutely necessary. You should not stand to wash the dishes, cook a meal, do the ironing etc. Getting up to the lavatory is about the limit of your activities for the first 5 days.

If the graft is on your head avoid bending or stooping forward for 5 days as this may make the wound bleed. When in bed, avoid lying on the wound area. Also avoid lying completely flat. You may experience bruising and swellings 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, avoid over use of the limb for at least the first week. Do not lift heavy objects. You may be given a sling to help keep your arm raised as much as possible. Your consultant will tell you how much movement you can do.

#### Bathing

Keep the dressings dry for at least a week.

#### Pain

The local anaesthetic will wear off in 1–2 hours. You may take regular paracetamol if there is any pain or discomfort (follow the instructions on the packet for the dose).

#### Numbness

Initially the graft site will have no sensation. Sensation will often return in the first 2–6 months. Sometimes there is a period when the graft is over sensitive especially with changes in temperature, e.g. after a hot shower.

#### Swelling and bruising

Swelling and bruising are very common, particularly when surgery is performed around the eyes or on the forehead. This usually subsides within 4–5 days after surgery.

You will be given information on the stitch removal, wound care, advice on showering and future clinic appointments before you leave.

You can usually begin gentle work within 2–6 weeks depending on the type of surgery you have had – please ask your doctor for advice on this.

It is not uncommon to feel a bit 'down' after any operation, so do ask your doctor or nurse if you feel you need more psychological support.

### What are the risks of a skin graft?

#### Graft failure

Sometimes a graft does not take. The most common reasons for this are bleeding or oozing of tissue fluid under a graft, which separates the graft from the tissue beneath it. Infection and shearing movements also prevent the graft from connecting to the tissue beneath. It may be necessary to repeat the procedure if a graft has failed, although sometimes it is possible to allow the body to heal a failed graft if only a part of the graft has failed.

#### Infection

Infection may cause increasing pain, redness and swelling around the skin graft or donor area, a smelly discharge on the dressing or fever. If any of these signs occur then please contact us without delay.

#### Bleeding

It is normal to experience minor oozing in the first 24 hours. If your wound bleeds do not dab it, but press it gently but firmly without stopping for 30 minutes with a clean tissue, towel or dressing. If your wound is on your arm or leg, lift the limb upwards as this will help to stop the bleeding. If the wound is on your head, ensure that you are sitting upright and avoid bending forwards. If the bleeding does not stop, repeat the process for another 30 minutes then contact the hospital.

### What will the donor and graft site look like?

#### Donor site

Following a split skin graft, the donor site will look like a large but healing graze when the dressings are removed. There are no stitches to be removed and, whilst you may want to cover it for comfort, the area will heal on its own. The redness will settle in 12–24 months (sometimes longer), and you will be left with a patch that is lighter or darker in colour.

Following a full thickness skin graft, when the dressing is removed from the donor site you will be able to see where the wound has been stitched. This should normally heal with a thin, flat scar. Some people may experience a widened or lumpy scar.

#### Graft site

The graft often looks red or purple when the dressings are first removed. This can sometimes cause concern but it is completely normal. The colour will fade gradually over 3 to 12 months. If there is a scab, it will lift off with the regular application of a simple emollient such as Vaseline, over a period of 2 or 3 weeks. A skin graft takes 12 to 24 months to reach its final cosmetic result, and excellent results are frequently obtained. However, the colour of the skin graft will never be exactly the same and it is usually lighter (and sometimes darker) than the surrounding skin. The skin graft will also not feel as smooth as the surrounding skin either and will benefit from applying a moisturiser regularly. There is often an obvious indentation (dip) at the graft site. With time this dip may become less obvious, but it will not always disappear.

### Long term care of the skin graft

The skin graft will be prone to dryness. Apply a moisturising cream regularly, 2–4 times daily. A split thickness skin graft will also be more prone to sunburn. You should protect the area for sunburn with clothing, a hat and a high factor sun cream (SPF 30 or higher).

### When will I be seen again?

You will usually be asked to attend a dressings clinic in the outpatient department 5–7 days following your surgery so that your wounds can be checked. The exact date and time will be given to you before you leave.

## Where can I get further information?

## National organisations

**Cancer Research UK**  
**www.cancerresearchuk.org**  
**Macmillan Cancer Support**  
**Freephone: 0808 800 1234**  
**www.macmillan.org.uk**

British Association of Dermatologists  
**www.bad.org.uk**

Patient UK  
[www.patient.co.uk](http://www.patient.co.uk)

## Contact details

**Dermatology Outpatients 0121 371 5469**  
**Skin Cancer Specialist Nurses 0121 371 5111**  
**Skin Surgery Bookings Coordinator 0121 371 5460**  
**Dermatology Secretaries 0121 371 5121 / 5122 / 5123**

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).