



Skin Grafts

Why do I need a skin graft?

A skin graft is to replace damaged skin (tissue). You may need to have a skin graft if you have suffered a burn, trauma or need plastic/reconstructive surgery.

What is a skin graft?

A skin graft is a piece of healthy skin, which is taken from one area of the body and placed over the affected area. The area where the skin is taken from is called a donor site. The graft may be held in place by staples, stitches or surgical glue.

Types of skin grafts

The two most common are split skin grafts and full thickness skin grafts.

Split skin grafts

This is the top layer of skin (epidermis) and a small part of the underneath or deep layer (dermis). For some wounds we might have to make the grafted skin larger. The skin is put through a machine that makes small diamond shaped cuts in the skin. This lets blood and fluid drain away from under the skin graft. In due course, skin cells fill the diamond shaped holes allowing for wound coverage.

Full thickness skin grafts

This is all the layers of the skin.

We will talk to you about what type of skin graft you need.

What are the benefits of having a skin graft?

- Help to heal the area quicker
- Help to reduce pain and discomfort when dressings are changed
- Help to reduce the risk of infection
- Help reduce the chance of scarring
- Help stop limited movement (contracture) if your burns/wound is on a joint
- Cover an area that has lost skin

Complications of skin grafts & donor areas

If you have any of the following symptoms, on the ward or at home, please speak to the burns /Plastics Parent Team for advice.

Infection

- Smelly discharge from dressing
- High temperature
- Increased pain
- Redness and swelling around the skin graft and donor area
- Bleeding through the dressing caused by trauma or infection
- Loss of the graft caused by trauma, friction or infection

Information for Patients

Caring for the graft

After having a skin graft it is important to keep the graft and donor area:

- Clean and free from infection
- Avoid stretching or moving around the graft area, or affected limb unless you are told otherwise by medical staff or physiotherapist
- The graft will have a firm dressing in place to stop any friction or movement
- The pressure of the dressing will stop fluid collecting under the new skin. The dressing is usually left over the skin graft for between 3-7 days. Each patient is different. and will then be looked at by a doctor or nurse

What will the graft look like?

At first the graft will look a different colour to the rest of your skin, usually dark reddish purple. This may take 18 months to 2 years to fade and become paler. Sometimes this takes longer and the graft may never be exactly the same colour as the rest of the skin. The skin graft may not feel as smooth as the rest of your skin, given time this may improve but will never be the same as the skin was before the grafting.

When the doctors are happy with the wounds you will be able to go home. You will have to come back to the hospital for the dressings to be changed and for the wound to be checked. It is important that you keep your appointments.

Donor sites/areas

The common areas used as donor sites are the buttocks, thighs and upper arms. The donor site is dressed in theatre and the dressing will sometimes be left in place for 7–10 days, depending on the type of dressing. The donor site area is usually more painful than the grafted area as the top layers of the skin are removed exposing the nerve endings. Regular pain killers will need to be given to ease the discomfort. Some dressings need to be kept dry while others should be showered, nursing staff will advise you how to look after your donor site dressing.

Aftercare of graft and donor site

The wounds will most probably itch, there is no treatment that can take away all the itching, but with time this will lessen.

- Try to avoid scratching the wound, as this may damage the new skin
- Medication can be given, called anti-histamine. Usually 'Piriton', this helps take some of the itching away, but may also make you drowsy

When the wounds have healed, you will need to apply unscented moisturising cream on to them, gently massaging them 2–3 times a day, to prevent them getting dry and flaky. The nursing/medical staff will tell you when to start putting cream on and what type to use.

The graft and donor site will need to be protected from the sun as they will burn more easily than the rest of your skin. Sun block needs to be used on these areas and cover the area with clothing. Use at least factor 50 – gold standard. As the wound heals scarring may occur. You may be given pressure garments to wear, or a dressing or gel to be put on the scar. These will help flatten the scar.

Is there any other treatment I can have?

You can let your wound heal without help of a skin graft. This is called “conservative management” If you choose this treatment it may cause:

- Increased risk of infection
- Pain and discomfort

Information for Patients

- Dressings will need to be changed more often
- Scarring
- Limited movement over a joint (contracture)

What will I be able to do at home?

When the skin graft has healed properly you should be able to carry on with your normal activities.

If you feel you need more information or you have any concerns about your wounds or dressings please speak to a member of the Burns team, they will be happy to explain further.

Burns and Plastics

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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.