



Skin Grafts

Why do I need a skin graft?

Your surgeon has recommended a skin graft because they feel it is the fastest and most appropriate way to reconstruct your wound. A split skin graft is a type of surgical procedure where a thin layer of healthy skin is removed from one part of the body (called the donor site) and transplanted onto an area that has lost its skin due to injury, surgery, or disease.

The procedure helps close wounds faster, minimise scarring, and improve the cosmetic appearance of affected areas.

Types of skin graft

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

What is a skin graft?

The skin is made of two main layers. The top layer is the epidermis, and the bottom layer is the dermis.

A split thickness skin graft (SSG) involves removing the epidermis and part of the dermis, leaving a portion of the dermis behind. As a result, the part left behind can heal on its own without needing additional skin coverage. The area from where the skin is removed is called the donor site.

A full thickness skin graft (FTSG) involves removing the entire epidermis and dermis. These grafts are usually small in size. The donor site for these grafts is directly closed with stitches.

Skin grafts do not take their own blood supply with them; they need a healthy wound bed that can grow into them and give them a healthy blood supply. Bare bone and/or tendon is unable to offer this healthy wound bed and cannot keep a skin graft alive.

How is the Procedure Done?

Preparation: The surgeon selects a healthy area of skin (often from the thigh, buttocks, or back) to serve as the donor site.

This procedure may be performed under a local, regional or general anaesthetic.

Skin Removal: A thin layer of skin is removed using a special dermatome (a surgical tool). This layer is typically only about 0.1–0.2 mm thick, making it flexible and able to stretch over a larger area. Occasionally the skin graft is meshed to increase the surface area of the skin, allowing for greater coverage of the wound.

Graft Placement: The skin graft is then carefully placed on the damaged area, where it will begin to grow and heal. The graft is secured with stitches, staples or skin glue. It is then covered with a dressing.

Healing Process: The graft will typically take a few days to weeks to fully integrate with the new skin area. Over time, it will begin to function like regular skin, and the area will become less noticeable.

Recovery and Aftercare

Donor Site Care: After the graft is taken, the donor site will require care to prevent infection whilst allowing the wound bed to heal. Donor site dressings can initially be wet post surgery. It may also be painful but should heal in 1-2 weeks.

Graft Care: The grafted area will be covered with a dressing to protect the graft and to allow the new skin to integrate with the wound bed below. First review of the graft is performed between days 4 and days 7 post operatively, depending on your surgeons instructions.

Follow-Up: Regular check-ups may be required to monitor the healing of both the donor and recipient sites. If the graft fails to take, additional treatment may be necessary.

Pain Management: Pain medications are often prescribed to ease discomfort during the recovery process.

Complications of skin grafts & donor areas

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

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
- 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

Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston
Birmingham, B15 2GW
Telephone: 0121 371 2000

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