

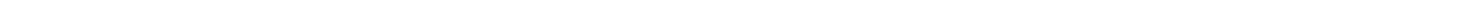


Sandwell and West Birmingham  
NHS Trust

# Skin Graft – Your Operation Explained

Information and advice for patients

**Dermatology**



## **Introduction**

This leaflet has been written to help you understand the skin graft you are about to have. We hope it will answer some of the questions that you or those who care for you may have at this time. It does not replace the discussion between you and your doctor but helps you to understand more about what is discussed.

## **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 near to 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. 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.
- Split thickness.

Skin is made up of two layers: a thin outer layer called the epidermis and a thicker inner layer called the dermis.

## **Full thickness skin graft (FTSG)**

A FTSG is where the epidermis and full dermis layers are included in the graft. This is taken from an area of the body where there is excess skin and then the edges of the donor site are stitched together. 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 are the areas in front of and behind the ears, the neck, and inner side of the upper arm, groin and the abdomen.

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

A split skin graft includes the epidermis and only part of the dermis. The deeper layer of the dermis is left at the donor site. 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, buttock or upper arm. The donor site resembles a large graze which slowly heals over 10 to 14 days.

## **Are there any alternatives to this operation?**

Your doctor has recommended a skin graft as the best treatment for you, based on your particular circumstances. If you have any questions then you should discuss this further with your doctor. He or she will explain why one sort of graft has been recommended to you instead of another and if there are any alternatives.

## **Preparing for surgery**

- **Hair removal.** We advise that you do not remove hair from the surgical site prior to your procedure. If it is required, we will perform this on the day as it may decrease the chance of post-operative wound infection.
- **Smoking** – smoking slows down the rate of wound healing and increases the risk of infection. If you can, stop smoking at least a week before your surgery.

- **Diabetes** – if you are diabetic, check with your GP that your diabetes is well controlled.
- **Other** – it is advisable to have a shower or bath before your operation. If your operation is to the head area, please wash your hair the night before or day of surgery.
- **Medication** – Please tell your doctor if you are taking any blood thinners, the doctor will advise you if the medication needs to be stopped prior to your surgery. **Bring in a list of your medications on the day of your appointment.**
- **Warfarin** – If you take Warfarin, please contact the anticoagulant clinic to get your INR checked 1-2 days prior to the procedure. You should have the result documented in your yellow book which you should bring with you on the day of the surgery.

**Your INR must be 2 or below 1-2 days before your surgery. If it is higher at that point please contact dermatology reception on 0121 507 6620 (Mon – Fri 8.30am to 4.30pm) and ask to inform the nurse in charge.**

Your surgery may have to be rescheduled!

**Inform the consultant / doctor if you have any cardiac devices.**

### **How is the graft taken?**

You may have either a general or local anaesthetic depending on the area being grafted and your general health. Most operations for skin cancer are under local anaesthetic.

The skin to be taken (donor site) will be made numb by either an anaesthetic cream or with an injection. The area requiring the skin graft will also be anaesthetised using an injection. This may feel uncomfortable. You should not feel any pain once the procedure is underway. If you do please tell the surgeon, who will stop operating and administer more anaesthetic.

- **Split skin grafts** are taken from the donor site using either an instrument called a dermatome or a scalpel blade. This leaves a raw area that will heal over 10 to 14 days. During the healing process the donor site is covered with a dressing, which is usually left in place and kept dry until the site has healed.
- **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. The surgeon or nurse will arrange for the stitches to be removed if necessary.

The skin graft is used to cover the area where the cancer has been removed. Skin grafts may be fixed in place by a variety of means including stitches, clips, medical grade glues and dressings. A firm dressing is often used to keep the graft in place while the graft heals.

The skin graft will connect with the blood supply from the area and this allows it to 'take' and survive. This usually takes 5 to 7 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 has 'taken'. Changes of dressing and assessment of the graft will take place in the outpatient clinic at the hospital, usually between five and eight days after the operation.

## **What will happen after the surgery?**

Following the procedure you will be allowed to go home.

You will be given advice before you leave the department. You should not drive for at least 24 hours following the anaesthetic.

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 heal properly. The graft is quite fragile, so it is important not to rub or knock the graft or dressing.
- 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 foot stool 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.
- If the graft is on your head avoid stooping forward for a few days as this may make the wound bleed. When in bed, avoid lying on the wound area or 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.
- If your graft was on any other area of your body, keep it dry and avoid lying on the area. Specific instructions may be given to you by your consultant.

Avoid any kind of exercise that might stretch or damage the graft for a few weeks. You might need to take some time off work, depending on where the graft is and the kind of work you do; your consultant will advise on this

## **Pain**

You will experience some discomfort after surgery, this is normal.

Wounds of split donor skin graft sites are often more uncomfortable than the graft site. If you have been given painkillers to take home with you,

Take them as instructed, otherwise painkillers such as paracetamol should be taken as required (although you should not take more than 8 tablets in a 24 hour period). Do not take aspirin unless it is prescribed by your doctor for another condition as this may encourage bleeding. If the pain is not controlled with regular paracetamol or the painkillers provided by the hospital, please contact your GP for advice.

## **Antibiotics**

You may be prescribed antibiotics to reduce the risk of infection. It is important that these tablets are taken until the course is completed.

## **Bathing**

It is important to follow the instructions you are given regarding the care of your wounds. Usually you will be asked to leave the dressing intact and keep it dry until you are seen in 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. However, if the wounds are to the head area. Nursing staff will advise you how to care for the area once the dressing has been removed.

## **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.

## **When will I be seen again?**

You will usually be asked to attend an outpatient's clinic about one week following your surgery so that your wounds can be checked. The exact date and time will be given to you before you are discharged.

## **What problems may occur?**

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. This can separate the graft from the tissue beneath it. Infection and movement can also prevent the graft from sticking to the tissue beneath. A pressure dressing is therefore applied to help prevent bleeding and a bandage is used to prevent the graft from moving. The dressing should be left intact until your next appointment this will reduce the risk of infection.

Blood appearing through the donor site dressings is common. This does not indicate a problem. A clean dressing should be applied over any blood-stained areas on the original donor site dressings. If the dressing covering the donor site slips to expose the wound then you should seek help from the hospital.

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

### **Donor site**

With a split skin graft, when the dressing is removed from the donor site the area will look like a large graze. 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 overtime, but you will be left with a patch that will eventually remain lighter and may have a different texture to the surrounding skin.

With 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**

When any graft dressings are removed after about a week, the graft will look quite red and raw. This is usually the worst it will ever look and it will improve over the next few weeks and months. There is often an obvious indentation (dip) at the graft site. This is because fat and

other parts of the skin are removed during the operation. With time this dip may become less obvious, but it will not disappear. Initially the graft site will have no sensation. At week four to five the nerves grow into the graft and some sensation may return. This may increase over the next one to two years.

Scars can take up to 18 months to two years to mature and settle down.

You may experience changes in colour or sensation in the scar during this time, especially with changes in temperature, e.g. after a hot shower. It is important to use a moisturiser and sunscreen on scars regularly.

### **What will happen next?**

Most patients will require a further dressing and a bandage to be applied to the graft site at the first visit to outpatients. You may need to visit the clinic again for wound care until healed. If the graft takes some time to settle and you find it difficult to keep coming to the hospital we may ask the district nurse or the practice nurse at your GP surgery to undertake some of the dressings. It may take between 6 to 8 weeks for the graft to completely heal.

You should take extra care of the graft site when out in the sun. The skin graft should be covered or a sunscreen of factor 50 should be applied. This is because the area will be extra sensitive to the sun's harmful effects.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your doctor, or specialist nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatient's appointments.

If you are unable to attend the theatre date given please call 0121 507 4422 option 5 and the bookings team can assist you.

Do not cancel any surgery date without speaking to the Skin Cancer Specialist Nurse (number below)

### **Contact Us**

#### **Anne Rutland & Aimee Noone**

Skin Cancer Nurse Specialist

Birmingham skin centre

City Hospital

Dudley Road

Birmingham

B18 7QH

Email: [swbh.skincns@nhs.net](mailto:swbh.skincns@nhs.net)

Telephone: 0121 507 4493

#### **Katie Fidoe-Fellows**

Cancer care Navigator

0121 507 5315

#### **Dermatology Department**

Reception 0121 507 6620

#### **Theatre Bookings Team**

0121 507 4422 option 5

## Local Sources of further information

You can visit any of the health/cancer information centres listed below:

### **Sandwell and West Birmingham Hospitals NHS Trust**

The Courtyard Centre

Sandwell General Hospital (Main Reception)

Lyndon

West Bromwich B71 4HJ

Telephone: 0121 507 3792

Fax: 0121 507 3816

### **University Hospital Birmingham NHS Foundation Trust**

The Patrick Room

Cancer Centre

Queen Elizabeth Hospital

Edgbaston

Birmingham B15 2TH

Telephone: 0121 697 8417

<https://www.macmillan.org.uk/in-your-area/choose-location.html>

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