

# Skin Grafts Donor Site Care

## Patient information - Plastic Surgery Department

### What is a Skin Graft?

A skin graft is a paper thin shaving of skin taken from one part of your body to put on an area of injury or ulceration. It is named a 'Split Skin Graft' because the skin to be transferred consists mainly of the top layer of skin. Alternatively, a 'Full Thickness Skin Graft (FTSG)' may be used, which consists entirely of dermis (skin) for areas such as face, hands or over joints.

This procedure is done in an operating theatre under a general or local anaesthetic, usually as an inpatient but sometimes as an outpatient.

The graft is transferred to its new site and laid over it so the edges overlap. It is stitched, stapled or glued into position, and covered with a dressing which is held in position with bandages, tape or 2 negative pressure dressings.

Sometimes the surgeon will pack a foam dressing over the graft and stitch this into place to provide stability. (This is done especially on the facial region.)

Body fluid from the wound nourishes the graft to keep it alive while new blood vessels grow into it. The blood brings fibrin (a thread-like material) that attaches the graft to the wound base and aids its healing.

Some grafts have a "fish net" appearance. This is because the graft has been meshed, i.e. lots of little slits have been made in the graft to increase the size of the graft.

The dressing is left in place for 5 days. At this stage, the graft is inspected, stitches or staples are removed and the overlapping graft is trimmed away.

The dressing change can be a slightly uncomfortable procedure, but is not usually painful. Paracetamol or other mild pain relief can be taken about an hour before the procedure.

### Reasons for Redressing Grafts Sooner than 5 Days

- Dressing slips, or leakage through the dressing.
- Suspected infection in wounds.
- Bleeding

### Donor Sites

A donor site is the raw area that is left when a piece of skin is removed to use as a graft.

The surgeon uses a special instrument to shave off a thin layer of skin. The donor site is like a graze and usually takes up to two weeks to heal. The most common donor site is the thigh or arm, but skin can be taken from other areas. There are two types of donor site dressings; Mefix or Algisite. Your nurse will advise you which one your surgeon has used.

A Mefix dressing is applied directly onto the donor site and then a thick gauze pad is

bandaged on. This dressing provides a protective environment to prevent entry of bacteria and to apply pressure on the fresh donor wound to slow and contain the bleeding.

- Remove the bandage and the gauze pad, two to three days after the operation but **leave** the Mefix tape on.
- You can then wash or shower the donor site each day and pat it dry with a clean towel.
- Some bleeding may continue. Apply a pad, as necessary, until the donor site is dry.
- If the Mefix becomes loose or lifts off the donor site and the wound is still raw, replace the lifted piece with a new piece of Mefix. You should have received a packet of Mefix (or Hypafix) on discharge.
- Leave the Mefix dressing on until it falls off (you can trim edges as they loosen) - this may take three or more weeks.
- If there is still fluid under the Mefix, leakage or bad smell from the donor site, seek advice from your District Nurse or General Practitioner.
- Once the donor site is healed, wash and dry it gently, apply moisturiser regularly and protect it from the sun.

For an Algisite donor site dressing, your nurse will give you a pamphlet containing specific instructions for care of this dressing.

## **After the Operation**

In order to ensure optimal healing with a good “take” to the graft on your leg, bedrest is usually required. This is dependent on various factors:

- Your previous health history, e.g. leg ulcers, arthritis.
- Severity of the wound, position and size of the skin graft.
- Surgeon’s instructions.

The time spent on bedrest is governed by these factors and may vary from one to five days. Bedrest can mean total rest or you may be allowed up on a chair with a leg extension to use the toilet and shower. Your nurse will discuss this with you and give you full assistance.

Your limb should be elevated (raised) to further enhance the “take” of your graft. This prevents your limb from swelling and assists with your blood circulation and healing.

**Physiotherapist**—may visit and explain bed exercises to you such as deep breathing and coughing (to reduce the chance of infections), moving around in bed and exercising the unaffected limb (to reduce the chance of blood clots forming in your legs).

## **Medications**

Please ensure you have notified medical staff of any medications you are taking or allergies you may have. You may require a course of antibiotics after the surgery. Some surgeons also treat patients with a small daily injection into the abdomen to prevent blood clots forming.

Some discomfort may be felt in both the grafted site and donor site. This can be readily controlled by medications such as a mild pain relief (e.g.. paracetamol taken as directed).

## **Bedrest**

It is very important while on bedrest not to spend a lot of time lying on your back and bottom (sacrum). Your elbows, heels and sacrum are very vulnerable to pressure and can easily become red and sore if you lie in the same position for too long. Your nurse will discuss this with you and give you assistance in changing your body position while on bedrest if you cannot manage to turn yourself. Alternatively you may be nursed on a special mattress if you are at risk of developing pressure injury.

It is recommended that you drink plenty of fluids and eat plenty of fruit to keep your bowels regular. Please talk to your nurse if you need any advice.

## **Mobilisation**

Long periods of bed rest can weaken some muscles, therefore your balance and mobility can be affected. You may also feel a little weak if you have been on your bed for a number of days. The nurses and physiotherapist will assist you to walk; if required, a walking aid will be provided. It is a good idea to get a relative to bring in your own walking aids, if you have any.

## **Support Stockings (Tubigrips)**

You will be given tubigrips to wear which your nurse will assist you with once you begin to walk. They need to be a firm fit from your toes to below your knee. These can be left off at night, but if you need to get up in the night, you need to have the stockings on to support your graft. Remember, before you put your leg down from your bed, you need to have your tubigrips on first.

Do not fold over, roll or shorten your tubigrips – this can restrict circulation and cause swelling.

You may handwash the tubigrip stockings.

## **Help on Discharge**

You may require additional assistance with your personal care, housework, meal preparation and shopping. This can be arranged before you leave the hospital. A multidisciplinary team member is available to discuss funded support services that are available to help you at home.

## **Social Worker**

The Ward Social Worker can also provide information for you and /or your family on a range of issues relating to hospital stay and discharge, e.g. financial assistance, accommodation and community supports available.

If you would like to speak to a social worker, please request a referral through ward staff.

## **Occupational Therapist**

The Ward Occupational Therapist will discuss the protocols you need to follow once home and looking at how you can achieve daily activities while mobility is restricted. They can also assess for appropriate equipment to assist you, such as a shower stool, etc. Please let your nurse know if you wish to see an occupational therapist.

## **ACC**

If your injury is the result of an accident, your home help and other funded services may be covered by ACC. Please discuss this with your occupational therapist, who can put these supports in place prior to your discharge home.

## **Nutrition**

Nutrition is an important factor in the healing of your wound. You need to consume adequate food and fluids to ensure your body gets enough calories, protein, vitamins and minerals for your wound to heal. If you or your nurse is concerned about your food or fluid intake, a referral to the Dietitian can be made.

## **On Discharge from Hospital**

Please remember to:

- 1) Collect a prescription, discharge letter and outpatient's appointment card if they have been arranged for you.
- 2) Take home your own medications if you brought these in with you.
- 3) Ask for any valuables that the ward may have kept for you in the ward safe.

You may go home with the dressings still in place on your graft and donor sites. You will either be given a Plastic Surgery Outpatients Department appointment or a District Nurse referral for change of dressings. If your bandages/dressings become wet or slip off/down, or become blood stained or smell

offensive, please ring the Plastic Surgery Outpatients Department, Telephone 364 0471. A follow up appointment may be sent to you for approximately one to two weeks post operatively, unless otherwise advised. Sometimes your GP or District Nurse will provide your follow up care if your wound was caused by trauma.

## **Problems**

If any of the following problems occur, please seek medical advice or phone the Plastic Surgery Outpatient Department, Christchurch Hospital, Telephone 364 0471:

- The bandages/dressings become wet
- The bandages / dressings slip off / down
- For graft dressings only: if there is leakage or fresh blood coming through the dressing
- The dressing smells bad
- Your wound appears swollen, red or painful
- You feel hot and unwell

## **Hygiene - for arm/hand or leg grafts**

When showering, wear a large plastic bag secured with tape and a crepe bandage to prevent dressings getting wet.

A shower stool or bath board is available for loan from the ward Occupational Therapist.

A non-slip mat is also advisable to avoid slipping in the shower or bath.

## **When you are up and about - for leg grafts**

You must not stand still for the first two weeks as the new blood vessels in your graft cannot cope with the pressure from pooling of blood in your lower leg. The graft may lift off if the pressure is too great. If having to stand, 'mark time' i.e. keep your legs moving by walking on the spot. Limit your walking to short distances only.

Sit down at the bench or the kitchen table with your leg supported on a stool when cooking or doing dishes.

Increase your walking distances gradually. When sitting down, put your leg on a stool in front of you. When your graft is healed, continue to wear your tubi grips until your doctor or nurse tells you to stop doing so.

Check the colour of your graft often. If it turns purple, rest for a while with your legs up and it should return to a normal colour. If it does not, you are doing too much!

## **Skin Care**

Once grafted and donor areas are fully healed, gently massage a moisturising cream into them, 1-2 times a day, for 2-3 months to keep them soft and supple. If your graft or donor site skin breaks down, contact the Plastic Surgery Outpatient Department.

Protect grafted areas and donor sites from the sun for a couple of years. Cover with cotton clothing and/or 15+ sunscreen. Avoid synthetic fabrics, e.g. nylon, as these often aggravate newly healed skin. If you are concerned about scarring, contact the Plastic Surgery Outpatient Department.

**Plastic Surgery Outpatients Department  
Third Floor Parkside Block  
Christchurch Hospital  
Telephone: 364 0471**

For more information about:

- your health and medication, go to [www.healthinfo.org.nz](http://www.healthinfo.org.nz)
- hospital and specialist services, go to [www.cdhb.health.nz](http://www.cdhb.health.nz)