

# Skin Graft

Information for patients and parents/carers

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## Why a skin graft?

Your child may have a wound from an injury or burn that is very large or deep. A skin graft will result in quicker healing which will help reduce the risk of infection and produce a better cosmetic result.

## Type of skin grafts

There are two types of skin graft. A full thickness skin graft and a split thickness skin graft. The size and the site of the injury will determine which type of skin graft will be used.

In general, full thickness skin grafts are used to cover small, deep areas of skin loss on the hands and face, while split thickness skin grafts are used to cover larger areas elsewhere on the body.

Full thickness skin grafts involve taking a small area of full thickness skin and transplanting it onto a wound.

A split skin graft is when a thin layer of skin is removed from one part of the body i.e. thigh, buttocks, called the donor site and placed over a new bed of healthy tissue under a burn/wound (the graft site.) If a large area of skin loss has occurred, and the choice of donor sites is limited, it may be necessary to 'mesh' the skin graft. Once the skin has been removed, small slits are made in the skin graft so that it can be stretched.

A skin graft will be carried out under a general anaesthetic. The steps are as follows:

## Preparing for the operation

Before the operation you will meet with a plastic surgeon who will discuss the operation with you and ask you to sign a consent form. You will also see an anaesthetist who will discuss how your child will go to sleep for the operation. It may also be necessary for a small blood sample to be taken in case during the operation your child required a blood transfusion.

The procedure may be carried out as a day surgery or you may be required to stay as an inpatient on a ward, your surgeon will discuss this with you before surgery. We would advise bringing some overnight clothes, any toys or comforters your child likes and any medications they are usually on in case you are required to stay overnight.

We will ask you to fast your child before coming in to hospital, the nursing staff will discuss these times with you. When your child goes into the anaesthetic room one parent/carer may go in with them until they go to sleep.

The operation can take approximately 1-2½ hours.

## **The operation**

The dead skin from the burn/wound will be removed to expose the healthy tissue underneath. Then healthy skin will be taken from the donor site and attached over the wound. The skin graft will be secured with stitches, staples, glue or a combination.

## **Donor Site**

The area that the skin graft is taken from is known as the donor site and is most likely to be a thigh, buttocks or in full thickness grafts the groin or behind the ear. The donor site will feel and look like a graze and can be quite painful. It will be quite pink initially however will fade over time. The donor site usually stays dressed for 10-14 days initially to promote healing.

## **Can I donate my own skin?**

Unfortunately skin donated from a parent/carer cannot establish a blood supply with your child's wound. If donated skin is used although it appears to survive initially, it will eventually be rejected. The skin would be used as a temporary dressing to cover the wound but a skin graft would still be required for permanent cover.

## **After the operation**

### **Dressings**

The surgeons will apply dressings to both the graft and donor site in theatre; these should be kept clean and dry. If the graft is over a joint, your child may also have a splint or cast in place. Try to ensure your child avoids sand and water play, and they should not shower or bathe until your nurse or doctor discusses this with you. If the dressing gets wet please attend A&E as a wet dressing can increase the risk of infection.

### **Pain Relief**

After surgery it is important to keep your child comfortable with regular paracetamol and ibuprofen for 2-3 days after discharge from hospital, you should be given information about this before discharge by the nurse(s) looking after you.

### **Itching**

You may find your child is itchy as the wound heals, if this is the case you may find giving anti-histamines helpful, you can discuss this with your nurse or the pharmacist.

## **Infection**

Infection can slow down the wound healing process as the body concentrates on fighting off the infection instead of healing the graft. It is therefore important to keep the dressing clean and dry. Also you should observe for any signs and symptoms of infection such as:

- Fever (37.5 °c and above)
- Loose stools and vomiting
- Ooze through to the outer dressing
- An unpleasant smell
- Redness or rash
- Increased pain.

If your child has any of these symptoms, please attend A&E as soon as possible.

## **Physiotherapy**

You will be seen by a physiotherapist after surgery. This may be initially after the procedure if there are any concerns about contractures or any need for splints or exercises or for assistance with mobility. Otherwise, this will be when the wounds have healed for scar management with your child.

## **Nutrition**

It is important that your child continues to have a balanced diet including protein (e.g. yoghurts, chicken, eggs, milk, and beans) for good wound healing. Sometimes your child may be given some multivitamins or supplements which a dietician will discuss with you.

## **Movement**

We suggest reducing movement initially to allow better healing of the skin graft, also this reduces the risk of your child knocking or bumping the wound or donor site which can be painful and cause bleeding.

## **Follow up**

You will be seen in the plastic dressing's clinic (OPD 12, 1<sup>st</sup> floor outpatients by therapies) following your child's skin graft; the ward will give you your appointment letter before you are discharged.

We request you give your child paracetamol and ibuprofen 1 hour before coming to this appointment as it can be uncomfortable for them.

At this appointment we will check the graft site and assess how well it has worked, we will then redress the graft. The donor site dressing is usually left in place for 10 days after surgery, at which point we will remove the dressing, assess the wound and redress it if required.

Once the skin graft and donor site have healed we can discuss scar management with you.

## **Further Information**

If you have any questions about your child's care, please contact:

**Nurse Specialist** – Plastic Dressings clinic on **0131 312 0107**

Available Monday, Tuesday, Thursday and Friday's 08:00–15:00 (24hr answering machine).