

## **Dermatology Department Day Treatment Clinic**

### **Wound care advice following an excision with a skin graft Information for patients and carers**

This leaflet gives you information and advice on caring for your surgical wound when you are at home. You have had an excision to remove a skin lesion with a graft repair. This has involved taking out the original blemish (graft site) and repairing the wound with skin tissue which has been taken from another area on your body (donor site). You will have two wounds both of which need to be cared for.

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

**Donor site** (the area where the skin was borrowed from)

A *Split Thickness Skin Graft* looks like a graze. It will be red and raw and it is common for this area to be more painful than the graft site. It does not have any stitches (sutures) in it. The area will need to be covered with a dressing until it has healed which usually takes 10-14 days. Once healed the area may appear lighter than the surrounding skin.

A *Full Thickness Skin Graft* is an area of skin which is cut out and the wound is then stitched up. The stitches (sutures) may be dissolvable which means they do not need to be removed but will usually disappear by themselves.

The area will heal with a flat, thin scar, although sometimes the scar can become a little wider or a bit lumpy.

**Graft site** (the area where the original blemish was removed)

The area may look pink, red or bruised but will gradually improve and change over the next few weeks and months to become more of a natural colour. It may have an obvious indentation (dip) this will improve but may not disappear completely. Initially, the area may feel quite numb, as the nerves will have been damaged during the operation. The nerves begin to grow into the area after about 4 or 5 weeks but the sensation may take one to two years to return.

#### **What problems may occur? Failing graft**

The main problem you may experience is with the skin graft not 'taking'. The most common reason for this is bleeding. Bleeding can cause the graft to lift and separate from the tissue underneath it. If the graft fails it becomes very hard, blackened, dry and leathery in appearance. If you experience bleeding apply firm pressure over the area for 10 minutes. If the bleeding does not stop or you notice any of the changes in appearance you will need to contact Day Treatment for advice and a wound check.

#### **Wound infection**

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The most common complication following surgery is a wound infection. An infection occurs when germs grow in the wound; this also slows down the healing process.

You should contact your GP or Day Treatment for advice if you notice any of the following:

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- An increase in pain, even with pain killers.
- Redness to the wound or surrounding area.
- Swelling to the wound area.
- Weeping or oozing of blood-like liquid or pus.
- Unpleasant smell.
- You develop a temperature or begin to feel generally unwell.

Wound infections can be treated successfully if they are caught early. An infected wound may require more frequent dressing changes, a course of antibiotic tablets or the use of an antibiotic cream.

### How do I look after my wounds?

**Changing a dressing** – a dressing can be left in place for up to 7 days (or as advised by your nurse) provided the wound is not oozing. If the dressing becomes wet from blood or any other liquid it must be changed. We will give you replacement dressings

Before you remove and change the dressing:

- Wash your hands with soap and water.
- Carefully take the old dressing off.
- Try to avoid touching the wound with your fingers.
- Do not apply any antiseptic/antibiotic creams unless advised to do so by the nurse.
- Try not to touch the inside of the new dressing when covering the wound so that it remains clean.

**Looking after stitches** - most stitches will be removed by the nurse. If the wound has dissolvable stitches these usually disappear in 7 – 10 days. You may see fine threads poking out from the wound, **DO NOT PULL** on them but you may trim them carefully with a clean pair of scissors.

### Bathing and Showering

- Showering is preferable to bathing
- Bathing or soaking the wound may cause the skin to soften and the scar tissue may re-open
- Dressings can be showerproof. This usually means they can stand the spray from a shower but should not be submerged in water. If a dressing becomes very wet it should be changed.
- Do not put any soap, shower gel, body lotion, talcum powder, or other products on the healing wound.
- If the wound is not covered with a dressing, do not worry if you splash the wound with water but do not rub it as this will cause pain and delay the healing.
- Do not apply make-up over the scar until it has completely healed.

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### General Advice-

- Avoid knocking or rubbing the graft area. The graft remains very fragile for at least 6 to 8 weeks.
- Avoid excessive pressure over the wound areas e.g. lying on them.
- If the area is on the head avoid stooping and lying flat to minimise swelling and bleeding.
- If the area is on the arms or hands avoid heavy lifting and stretching.
- If the area is on the lower leg, you should rest the affected leg on a stool or on pillows and avoid standing still for long periods.
- Avoid extremes of temperatures. In cold weather protect the area with a light dressing or appropriate clothing. In the sun, protect the area with a light dressing, appropriate clothing and/or a suitable sunscreen of factor 30 or higher.

### Will I have a scar?

It is impossible to cut the skin without causing a scar. At first the new scars will appear quite red but over time this will fade to become a more natural colour. Sometimes scars can become raised, red or lumpy. Once the scar has completely healed it can be gently massaged using a non-perfumed moisturiser such as petroleum jelly for approximately two minutes 2 – 3 times a day.

### How to contact us

Monday to Friday (0830 – 1800) Day Treatment 01603 288386

Saturday and Sunday (0830 – 1630) Dermatology Inpatient Co-ordinator

01603 286286 Bleep number 1247

