Caring for Skin Grafts

Skin grafts heal over many weeks. They leave a scar that will fade over time but there will always be a scar, it will not look like your normal skin.

General postoperative care recommendations include:

- **Skin grafts placed on your arm or leg**: Raise the arm or leg above the level of your heart for much of the day and night. It is important to avoid swelling of the arm or leg as it will effect how the graft heals.

- **Skin grafts placed on your leg**: You will need to use crutches or a walker until directed by your surgeon or nurse practitioner. These will be ordered for you at the time of your pre-operative visit.

- **Skin grafts placed on your trunk or upper arm**: You may not lift more than 5-10 pounds until directed by your surgeon or nurse practitioner.

- **All skin grafts**: No shower or soaking in a bath until you have heard from surgeon or nurse practitioner.

- No driving until your doctor or nurse practitioner says it’s okay to do so.

**Skin Graft Dressings**

Do not change any dressings until instructed by your doctor or nurse practitioner. Dressing changes to the surgery site will be done once a day after your first postoperative visit as instructed by your doctor or nurse practitioner.
Once the bolster dressing (which was placed in the operating room) has been removed by your doctor or nurse practitioner, you will need to change the dressing every day. The procedure is:

- Wash your hands.
- Remove the outer dressing.
- Carefully remove the inner dressing, taking care not to pull off the skin graft.
- Look at the surgical area for signs of infection: redness, drainage (pus), odor.
- Place either a Xeroform® or Vaseline® gauze directly on the graft, folding the edges of the dressing over so they do not lay on your normal skin (your doctor or nurse practitioner will tell you which type to use).
- Fluff one or two 4x4 gauze dressing pieces and place on top.
- Cover with plain 4x4 gauze or an ‘ABD’ (abdominal) pad.
- Wrap with either Kerlix or an ace bandage as directed.
- Replace the splint or sling as shown.

You will be given a prescription for the supplies you will need. You can get these supplies at your local medical supply company or pharmacy. Many of these supplies can be purchased online. Please note, many insurance companies do not cover dressing supplies.

You will return to the clinic five to seven days after the bolster dressing is removed to have the remaining sutures/staples removed and the graft looked at. You will continue your dressing changes as instructed at this visit.
Care of the Donor Site

Once the skin graft is removed from the donor site a dressing is placed over the donor site. The care of the donor site will depend on the type of graft you have; split or full thickness, and the dressing that was placed in the operating room.

Full thickness grafts: This type of donor site is closed like an incision with sutures which may or may not need to be removed.

Split thickness grafts: Several types of dressings can be used to heal donor sites for a split thickness skin graft. Your surgeon will decide which type is used. It is common to have some drainage – clear yellow or red in color from a split thickness skin graft site.

This is type of dressing is primarily used for split thickness grafts:

- **Tegaderm®**
  1. A clear plastic film.
  2. This dressing is left in place. It commonly leaks, so reinforce with more dressings. Do not remove the film.
  3. Contact your clinic nurse practitioner if you have drainage or the dressing becomes loose. Put a dry dressing over the Tegaderm® and contact the clinic.
  4. It is common to have some drainage clear yellow to red in color from a split thickness skin graft site.
When to call your doctor

Contact your surgeon or nurse practitioner for these reasons:

- Oral temperature of 101 degrees Fahrenheit or higher.
- Persistent, severe or increasing pain.
- Bleeding from the incision that is hard to control with light pressure.
- Persistent nausea or vomiting.
- Excessive fluid or drainage from the incision area.
- One (1) inch of redness or more around the incision area.
- Incision becomes warm or hot to the touch.
- Foul odor from the incision area.
- Swelling of the entire surgical area.
- Leakage around your drainage tube and the gauze dressing is wet.
- Any significant change that causes you concern.

How to call your doctor

Monday through Friday; 8:00 am to 5:00 pm: Contact the surgical nurse practitioners at (734) 936-6000.

Daily after 5:00 pm, all weekends and holidays: Contact the UM paging operator at (734) 936-6267, ask to have the Maize Surgical Resident on-call paged.