

Helping your wounds to heal

Reduce or stop smoking for at least 2 weeks before and 2 weeks after surgery. Smoking reduces the amount of oxygen carried by the blood and causes narrowing of the blood vessels. It also weakens the immune system, increasing the risk of infection.

Time off work after surgery

This will depend on where on your body you have had surgery and what your job entails. Your consultant can advise you of this.

Driving

Your ability to drive following surgery will depend on the location of the wound(s) and the advice given by your surgeon. Consider speaking to your insurance company before resuming driving.

Things to watch out for

If your wound becomes red, swollen or more painful, this could be a sign that there is a problem. Please contact us or your GP for advice.

Further information

Visit the British Association of Plastic Reconstructive and Aesthetic Surgeons website www.bapras.org.uk/public/patient-information

Contact us

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To find out more about our Trust visit
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**Please ask if you need this
information in another language
or format.**

RBFT Plastic & Reconstructive Surgery,
Reviewed: September 2026
Next review due: September 2028



Advice following a full thickness skin graft

Information for patients
who have had plastic and
reconstructive surgery

This leaflet gives advice following your plastic / reconstructive surgery. If you have any questions or concerns, please contact the Plastic and Reconstructive Surgery Clinical Admin Team (CAT 1).

A full thickness skin graft, as the name suggests, includes all the layers of skin. The graft is harvested from a 'donor site', the area of which is closed in a straight line. The skin graft is then secured to the recipient wound site with 'stitches'.

Pain / discomfort

If you have had a local anaesthetic then both the donor area (where the graft has been harvested from) and recipient site (where it has been placed) will be numb for 4-6 hours. Feeling will gradually return. If you find your wounds are becoming uncomfortable, taking simple pain relief is recommended to prevent the pain becoming too intense. If you are able, take simple Paracetamol regularly for the first 48 hours and then reduce the dose to whenever required. It is best to avoid aspirin and ibuprofen as they can cause bleeding. If you regularly take aspirin for medical reasons, you should continue this unless your

consultant has advised you otherwise. If you have had a general anaesthetic feeling tired afterwards is normal. You will also have had local anaesthetic injected into the two graft sites so they may be numb for 4-6 hours.

Bleeding

You might notice a little bit of blood staining the dressings. This is normal. However if the dressing becomes very wet or the blood is coming out from under the dressing, then place another dressing on top of the original one and apply firm pressure for 10 minutes. If the bleeding continues contact us or your GP surgery for advice as soon as possible.

Appearance

The area around your wounds will be slightly swollen and red. This is normal and will slowly reduce. To aid with this we advise you keep the surgical sites elevated (raised up). This will also help reduce the chance of bleeding and any pain you might have.

Head, neck and upper body: Sit upright and sleep at least 45 degrees if possible (use pillows to achieve this). Do not bend or stoop. Surgery to the upper face / forehead

may cause some swelling around the eyes. This should reduce in a few days.

Arms: Keep your operated arm higher than the level of your heart. Sit with your arm on the arm rest of your chair or on a pillow during the day. At night, rest the arm on two pillows if you are able.

Legs: Continue to gently mobilise (move around) but do not stand for long periods. When sitting, raise your leg on a foot stool or on a couch with 1-2 pillows. At night, rest your leg on 1-2 pillows.

Dressings

Your full thickness skin graft will usually be secured with a tie-over dressing. This needs to be kept dry until you come back to the dressing clinic for your first graft check 1-2 weeks following surgery.

Your donor site will have been closed with stitches and some skin tape. Unless your surgeon has told you otherwise these are dissolvable and will not need to be removed. The brown tape should be allowed to come off in its own time.

The brown tape can get damp/wet and patted dry. Allow the tape to fall off.

If you do have stitches that need to be removed, your surgeon may ask you to make an appointment with your GP practice nurse.