

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,
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Advice following a split 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 split thickness skin graft is a thin layer of skin that is harvested from a 'donor site'. It is then secured to the recipient wound with 'stitches' and a dressing is applied.

Pain / discomfort

If you have had a local anaesthetic then both the area where the graft has been harvested from (donor) and where it has been placed (recipient) 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 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). Please 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 skin graft will usually be secured to the recipient site with a tie-over dressing. This needs to be kept dry until you come back to the dressing clinic for your first graft check 7-14 days after surgery.

Your donor site (usually the thigh) will have been dressed with Mefix directly to the wound, often with further layers of gauze and Mefix on top. The upper layers of the dressing will be removed when you return to clinic for your graft check, leaving only the one, simple Mefix layer adherent to your donor skin.

This Mefix layer will slowly come off as the skin beneath it heals over 3-4 weeks. This dressing can get wet in the shower after your dressing appointment – pat or leave to dry in the air but do not soak in the bath.

Once the Mefix comes off the donor site skin, apply moisturiser for 2 months. The red/pink skin will fade to normal over 1 year.