

*The* ROYAL MARSDEN

NHS Foundation Trust

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# Recovering after a skin graft operation

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**Oncoplastics Unit**

**Patient Information**



**NHS**



## Introduction

This booklet describes your skin graft and how to care for both your skin graft and the donor site, following discharge from hospital.

A skin graft may be required to reconstruct an area of skin loss or wound on the body if it is too large to be directly closed, or when the normal healing processes are unable to heal the wound. A skin graft may also be used to improve the physical function or improve the appearance of an area of skin.

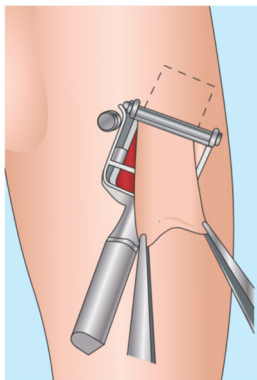
The surgery may be performed under a local or general anaesthetic.

Types of skin graft:

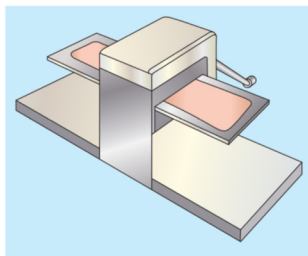
- **Split skin graft (SSG)** – this graft uses the top layer of skin (epidermis and upper layer of dermis) and is the most common type of graft.
- **Full thickness graft (FTG)** – this graft uses the full thickness of the top two layers of skin (epidermis and dermis) and is usually used for smaller areas such as the face.

The surgeon will take the piece of skin and place it onto the wound and this may be stitched in place or secured with a pressure dressing. This will stay in place for 5–7 days to allow the new blood vessels to grow into the graft and the graft to attach itself to the new area.

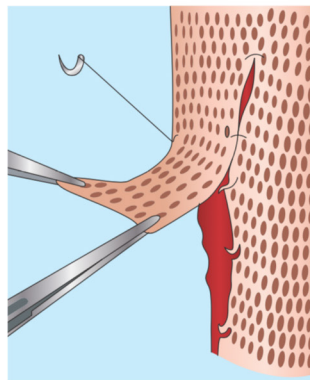
The donor site for split skin grafts is most commonly the thigh, back or buttocks.



Graft is taken from patient's healthy skin at the donor site



The graft can be meshed or fenestrated



Graft is stitched in place to cover the wound

Image courtesy of Adigbli, G., Alshomer, F., Maksimcuka, J. and Ghali, S. 2016. *'Principles of Plastic Surgery, Wound Healing, Skin Grafts and Flaps.'* In *Textbook of Plastic and Reconstructive Surgery* edited by D.M. Kalaskar, P.E. Butler and S. Ghali, 20. London: UCL Press

## Looking after your donor site

The dressing on your donor site will stay intact and will not be changed for 7–14 days after your operation. The nurse at your outpatient appointment will remove the dressing and assess your wound, unless you have received different instructions from the ward staff. The donor site will look like a large graze and will look red to start with but will lessen over time.

The donor site can be painful so taking regular pain relief will help.

When the donor site no longer has a dressing, you will need to keep your skin clean and dry. After showering, apply a non-perfumed moisturising cream, such as E45, twice a day to moisturise the skin. Your nurse in outpatients can provide further guidance.

Avoid exercise at first to allow your wounds to heal. The healing time may vary; your surgical team will advise you at your follow up appointment.

## Looking after your skin graft

Your skin graft area will usually be covered for a few weeks until the new skin has sufficiently healed. You may have a firm dressing applied to your grafted area. If the graft is over a joint or on your lower leg, your movement may be restricted and the area may be splinted to keep your grafted area immobilised and to protect the skin. If your graft is on the leg, it is very important to elevate (raise) the limbs as much as possible for the first couple of weeks.

The graft is quite fragile so it is important not to rub or knock the graft or dressing.

If your wound is dressed, it is important not to get the dressing wet or soiled. Please contact us or your district nurse (if you are under their care) if your dressing has become damaged. You are advised not to bath or shower for two weeks following your graft. After this time your nurse may advise that you shower using a mild soap, rinse well and pat the graft dry with a soft towel.

It is important to rest and recuperate slowly for the first couple of weeks to allow the graft to heal properly.

When the skin has healed sufficiently, it may be possible to remove the dressing. Your outpatient nurse can provide further guidance.

After the dressing is permanently removed, it is important to keep the new skin clean, dry and moisturised, with a cream such as E45 at least twice a day. The skin is thinner and more sensitive, so small areas of wound breakdown and blisters are common in the newly healed skin. This can happen from irritation from clothing or accidental knocking. Skin grafts often become dry and flaky from the lack of oil and sweat glands in the new skin.

Your scars will improve within a few months of surgery. Grafts are red and lumpy temporarily, before they start to fade, flatten and soften. The scars will take up to two years to fully mature.

It is important to protect scars from sunlight or any ultraviolet (UV) light for at least two years by applying sun block (SPF 50) to the affected areas when exposed. The skin is thinner without the normal skin protection and will burn and blister quickly. If the skin becomes tanned it can lead to permanent discolouration which is blotchy and irregular. Your outpatient nurse will explain how best to minimise scarring at your follow up appointments.

**You should completely avoid using hot water bottles or heat pads over your skin graft or suture lines during the healing stage and once the skin has healed. The skin may look normal, however there may be altered sensation in the area which can result in significant burns.**

## How to reduce swelling

Elevating the grafted area can help to relieve swelling. When you go home:

- If the graft is on your face or head, sleep with extra pillows and avoid stooping forward for a few days as this may make the wound bleed.
- If the graft is on your leg or foot, rest your leg on a foot stool or on a pillow when you are in bed, so that your ankle is higher than your hip, whenever possible. You will need to gradually increase the amount of walking you do and this will be advised by your doctor.
- If you have problems with the circulation in your lower leg you may need to have a type of bandage which applies compression to improve the circulation in your leg to help with the healing of your graft.

- If the graft is on your hand or arm, keep your limb elevated on a pillow when you are in bed. Avoid over use of the limb, your doctor will advise what you are able to do.
- Do not lift heavy objects.

Please wait until your check up with your surgical team before resuming any sporting activities.

## Possible complications

There are times when the skin graft 'fails' and the graft does not attach to the wound bed underneath. It is important to identify potential causes of graft failure as soon as possible, particularly in the first 5–7 days. If a problem is identified early, often the graft can be saved. The following are potential causes of graft failure in the first week.

- **Tissue fluid or bleeding under the graft:** this can stop the graft attaching to the wound bed and makes it difficult for oxygen and nutrients to reach the wound.
- **Movement:** this can cause the graft to move and not attach to the wound bed.
- **Infection:** this will slow the normal healing process and can lead to failure of the graft where it does not attach to the wound bed or it may take longer for the graft to heal. To prevent infection, it is important to keep your dressings in place and dry and clean until you are checked by nursing staff.
- **Smoking:** this reduces the amount of oxygen in the bloodstream which can be delivered to the graft and can significantly slow healing. It may also increase the risk of developing an infection.

## Things to look out for

- Signs of redness around the wound areas
- Fever
- Odour coming from the wounds
- A burning sensation around the wounds
- Increasing pain and swelling
- Bleeding at the site of the operation
- Leaking an odorous green/yellow fluid (pus).

Please call your specialist nurse if any of these symptoms occur.

We advise you not to smoke after your operation as smoking will increase the risk of complications.

## Contact details

Please contact your Clinical Nurse Specialist if any problems occur.

Alternatively, please call:

**The Royal Marsden Macmillan Hotline: 020 8915 6899**

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.







## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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