

SPLIT SKIN GRAFT (SKIN GRAFTING)

Background

Sometimes a reconstructive Plastic Surgery technique is required to help heal up wounds. These wounds may be caused by trauma, delayed healing or, more commonly, following the removal of a skin cancer. In such cases a skin graft may be required to help heal these wounds. There are two types of skin graft: split thickness skin grafts (SSG) and full-thickness skin grafts (FTSG). The former involves shaving a superficial sliver of skin (usually from the thigh); the latter involves taking a piece of full-thickness skin (usually from behind the ear or from the neck). Each technique is slightly different and are used in different situations – Mr Banwell will explain which technique is most appropriate in your case. In each case skin is moved from one area (donor site) to another area (the graft or recipient site)

The treatment

The operation may be performed under either a local anaesthetic (+/- sedation) or a general anaesthetic. Mr Banwell will discuss the best approach with you. Smaller procedures can be performed as a day case but larger procedures may require a stay in hospital.

The benefits

This procedure aims to heal your wound healed quickly. However, this does involve creating a second wound ('robbing Peter to pay Paul') – the 'donor' site.

Duration of Surgery

The surgery can take 1-2 hours depending on the complexity of surgery.

Complications of Surgery

Unfortunately complications can occur following any surgery and patients need to be fully aware of this. Mr Banwell does his utmost to minimise the complication rate and likes to practise in a safe manner. The commonest complications are scarring, adverse scarring, bleeding, haematoma formation and the need to return to theatre, infection, alteration in sensation, contour irregularity, cosmetic issues and wound healing delay (especially of the donor site).

After Surgery

It is important to take things easy after your surgery. You should not bend or perform heavy lifting. It is also important to sleep on some pillows to keep your head elevated. You will have a dressing on your wound for a week when the skin graft 'take' will be examined (it takes time for the graft to gain a new blood supply). After this you will have a dressing on for a further week or two. The 'donor' site (the thigh) will have a dressing on for 3-4 weeks and will often be sorer than the actual skin grafted site

Recovery

You should refrain from exercise for at least 2 weeks. This includes golf, gardening, tennis and bowls. You should be able to drive the following day if you feel safe to perform an emergency stop. It is routine to be seen in dressing clinic at the hospital at least once but often you will need to be seen by the nurses on several occasions. Mr Banwell will, of course, see you too to monitor your progress. The donor site is usually the area that takes longest to heal and this should be kept dry. If you wish to shower, it is advisable to wrap cling film around the thigh.

Success and satisfaction

This operation is usually very successful but patients should be aware of the potential cosmetic outcome.

Important Notice

Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed.