Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Split-Thickness Skin Graft

This information explains what a split-thickness skin graft is. It also explains how to care for your donor and recipient sites after your split-thickness skin graft.

During a split-thickness skin graft, your surgeon will take a thin layer of skin from part of your body. They'll use the piece of skin to close a wound somewhere else on your body.

- The **donor site** is the place your surgeon takes the skin from. For a split-thickness skin graft, the donor site is usually a rectangular area from one of your thighs.
- The **recipient site** is the place your surgeon puts the skin. The grafted skin in the recipient site may look different from the skin around it after it heals.

You may have a split-thickness skin graft if you lost a small or large area of skin. You may have lost the skin due to an infection, burn, or surgery to take out cancer.

Your care team may tell you to limit some movements or physical activities. If they do, follow their instructions or you may damage the skin graft as it's healing.

About your donor site

Your donor site will look raw and red after your surgery. You may have some discomfort or pain in the area for 1 to 2 weeks.

You'll have 1 of these types of dressings (bandages) over your donor site:

- A Xeroform® dressing (a thin yellowish dressing) under dry gauze. You may also have a stretchy fabric bandage (such as an Ace® bandage) over the Xeroform and gauze for extra support.
- A Kaltostat® dressing (a padded off-white dressing) under a Tegaderm™ dressing (a clear dressing).

Your donor site will not need sutures (stitches).

About your recipient site

Your recipient site will look different depending on which dressing you have. You may have some discomfort or pain in the area for 1 to 2 weeks.

You'll have 1 of these types of dressings over your recipient site:

- A bolster (pressure dressing)
- A negative pressure wound therapy (wound VAC) system

Your surgeon may also place a skin substitute called Integra® under the pressure dressing or negative pressure wound therapy system.

These special dressings will help the recipient site heal.

Integra®

Integra is an artificial (man-made) skin substitute made from bovine (cow) and shark cartilage. It's placed over a wound to help new skin grow.

Your surgeon may place Integra over your recipient site instead of a piece of skin from your thigh. Integra is placed under the bolster or negative pressure

wound therapy dressing.

Bolster (pressure dressing)

A bolster is a bulky, cushion-like dressing held in place with sutures (see Figure 1). Bolsters are often yellow and can be covered with gauze.



Figure 1. A bolster (pressure dressing)

Bolsters work by putting gentle pressure on your recipient site to keep fluid from building up. This helps the skin graft stick to your body and keeps it from moving.

You may also have a splint, cast, or sling to help hold the bolster in place. This depends on where the bolster is on your body. If you have a cast, your surgeon will cut out the part above your recipient site. This will help them look at your graft.

Negative pressure wound therapy (wound VAC) system

A negative pressure wound therapy system is an airtight dressing connected to a small machine by a tube (see Figure 2).

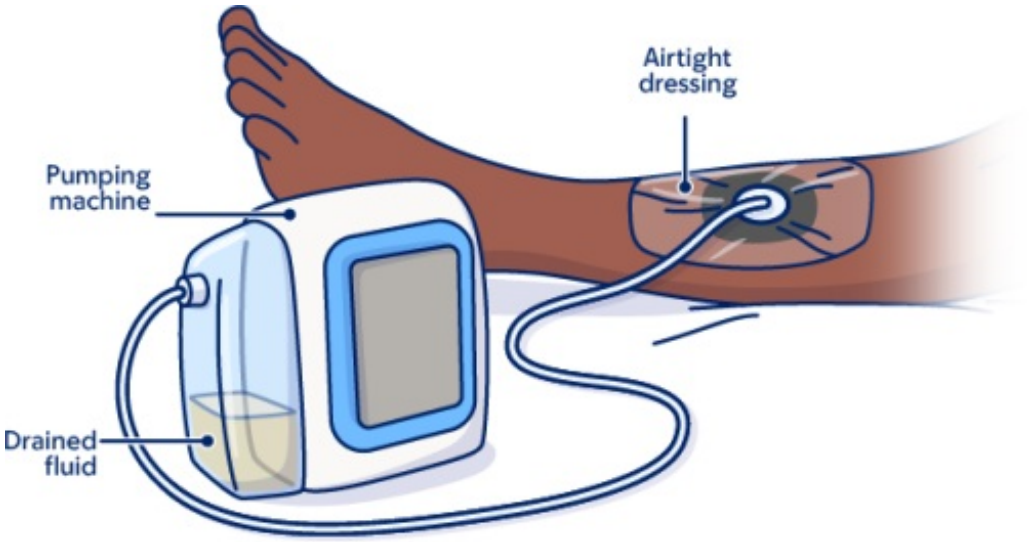


Figure 2. A negative pressure wound therapy (wound VAC) system

Negative pressure wound therapy uses gentle suction to pull fluid away from your wound. This helps keep the graft from moving. It can also help new tissue

grow faster and attach to the skin underneath. These things can help the wound heal.

How to care for your donor and recipient sites

During the first 5 to 7 days after surgery

- Leave the dressings on your donor and recipient sites unless your surgeon tells you to change them.
- Keep your dressings dry.
- Do not shower or take a bath until your surgeon tells you it's OK. This will be based on how fast your sites are healing.
- You can take sponge baths, but do not get your recipient site wet. Your care team will tell you if it's safe to get your donor site wet.
- You may have some clear yellow or pinkish drainage from your donor site. This is normal. If you have drainage, take off the outer dressing and put clean, dry gauze over the Kaltostat or Xeroform dressing instead. Change the gauze as needed. Do not take off the Kaltostat or Xeroform dressing.
    - If you see bloody drainage or blood oozing from your donor site, put pressure (press) on the area for 15 minutes. Call your surgeon's office if there's still bloody drainage or blood oozing after 15 minutes. Take off the bloody outer dressing and put clean, dry gauze over the Kaltostat or Xeroform dressing instead.

After your first dressing change 5 to 7 days after surgery

Your surgeon or nurse will take off your dressings to check your donor and recipient sites about 5 to 7 days after your surgery. They will see how the areas are healing.

Your donor site

Your surgeon or nurse may place a different dressing over your donor site. This may be a Xeroform dressing, Adaptic™ dressing, Kaltostat and Tegaderm dressing, or gauze. Less often, the area may be left open to air.

Most people can start gently cleaning the donor site with soap and water when they shower. After cleaning the area, rinse it well and gently pat it dry with a clean towel.

Your care team may tell you to put Vitamin A & D ointment on your donor site. Follow their instructions.

Keep a dressing over the donor site while you have drainage from the area. Take off the dressing before you shower each day, and put on a new one after you shower. Once the area stops draining, you can leave it open to air.

Notes:

☐ Your recipient site if you have a bolster

Your surgeon or nurse may place a new dressing over your recipient site. This may be a Xeroform dressing, Adaptic dressing, or gauze. Less often, the area may be left open to air.

Change this dressing once a day until your graft has fully healed. Your nurse will teach you and your caregiver how.

Keep your recipient site dry until your care team gives you other instructions.

Notes:

☐ Your recipient site if you have a negative pressure wound therapy system

If the graft isn't fully healed, your surgeon or nurse may put the negative pressure wound therapy system back on for longer. Or, they may put a different dressing on your wound. Your care team will talk with you about what to expect and how to care for the area.

Notes:

☐ Your recipient site if you have Integra

After they take off the bolster or negative pressure wound therapy system, your care team may tell you to put Silvadene® cream and a nonstick dressing on the area 1 time per day. Follow their instructions. Less often, the area may be left open to air.

Change the dressing once a day until your graft has fully healed. Your nurse will teach you and your caregiver how.

Keep your recipient site dry until your care team gives you other instructions.

3 weeks after your surgery, your surgeon or nurse will take off a remaining layer of silicone holding the Integra in place. At this time, they'll give you more instructions for how to care for your recipient site. They may tell you to wash it gently and put on other ointments. Follow their instructions.

Notes:

After your wounds are healed

Your care team will tell you when your wounds are healed. Usually, this is when there's no more scabbing or open areas.

- Do not let the sun hit the sites. Use a sunscreen with a sun protection factor (SPF) of 30 or higher on the sites once they have healed.
- Put moisturizer on the sites once a day after showering. Keep doing this for 1 to 3 months, depending on your doctor's instructions. You can also use scar creams or silicone gel sheeting.
- At first, your recipient and donor sites will look dark pink. This color will change and get lighter over the next few months. Once your sites have fully healed, you can use makeup to cover any scarring.

When to call your care team

Call your care team if you have:

- A fever of 101 °F (38.3 °C) or higher
- Shaking chills
- Thick, yellow (pus-like) drainage from your donor or recipient site
- Bad-smelling drainage from your donor or recipient site
- New redness or warmth around your donor or recipient site
- More or spreading redness or warmth around your donor or recipient site
- New tenderness (such as soreness or pain) around your donor or recipient site
- Bleeding that does not stop after applying pressure for 15 minutes

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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