Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Split-Thickness Skin Graft

This information describes surgery using a split-thickness skin graft.

During a split-thickness skin graft, your surgeon will remove a thin layer of skin from 1 part of your body (donor site) and use it to close the surgical site that needs to be covered (recipient site). You may have a split-thickness skin graft if you lost a large area of skin due to an infection, burn, or surgery.

About Your Donor Site

Your surgeon will choose your donor site based on the size of the area that needs to be covered. They will show you the area that may be used as a donor site. Sites often used are the upper thigh and buttock. Your surgeon will talk with you about your donor site during your clinic visit before your surgery.

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

Your donor site will be covered with 1 of the following during your surgery:

- A Xeroform®, which is a sterile wound dressing (bandage) and a dry gauze
- A Kaltostat®, which is a padded off-white dressing, under a Tegaderm™ (a clear dressing)

When you’re in the hospital, your nurse will change your dressing every 2 to 3 days after your surgery. If you’re at home, a visiting nurse may change your dressing, or your caregiver will be shown how before you leave the

hospital.

About Your Recipient Site

After your surgery, your recipient site may be covered with a pressure dressing or a wound VAC system.

Pressure dressing

The pressure dressing will help your recipient site heal properly. It works by putting pressure on your recipient site so that fluid doesn't build up underneath. This helps the skin graft stick to your skin. It may be held with silk sutures (stitches), a splint, cast, or sling. This will keep your graft from moving.

Your surgeon or nurse will remove the pressure dressing about 5 to 7 days after your surgery. After the pressure dressing is removed, your recipient site will be covered with a Xeroform dressing.

If you have a cast, your surgeon will cut out the area of the cast above your recipient site. This will help them look at your graft. The entire cast will be removed 10 days after your surgery, unless you had other surgeries. If you had other surgeries, you may have to keep the cast on longer. An Ace® bandage, rolled gauze, or tape will be used to hold your Xeroform dressing in place after your cast is removed.

You may be instructed to change your Xeroform dressing and gauze once a day until your graft has completely healed. Your nurse will teach you and your caregiver how to change the dressing.

Wound VAC system

Instead of a pressure dressing, your surgeon may choose to use a wound VAC system on your recipient site. A wound VAC is a special dressing that applies suction to your wound to improve its healing.

The wound VAC system will be removed 5 to 7 days after your surgery. Then your surgeon will look at your graft to make sure it's fully healed. If it isn't fully healed, you may need to keep your wound VAC dressing on longer.

Caring for Your Sites

One week after your surgery, your surgeon will check to see if your donor site has healed. If it has, it will be let open to air. If not, you will get a new Kaltostat and Tegaderm dressing put on your donor site.

Before your dressing is removed

- Leave the dressing on your donor and recipient sites, unless your surgeon tells you to change it. Make sure to keep the dressing dry.
- Don’t shower or take a bath until your surgeon tells you it’s okay. This will be based on how fast your sites are healing.
- You may take sponge baths but don’t get your recipient site wet.
- You may have some clear yellow or pinkish drainage from your donor site. If you do, you can put dry gauze over the dressing on the donor site.

After your dressing is removed

- While you’re at home, keep the sites open to the air as much as possible. When you go out, put dry, nonstick gauze over the sites, if needed.
- Don’t rub the sites until they have completely healed.
- Avoid exposing the sites to the sun. Apply a PABA- free sunscreen with an SPF of 30 or higher to the sites, once they have healed.
- After your donor and recipient sites have healed, put a thick layer of A & D® ointment or other moisturizer on the area. Do this once a day after showering. You should continue to do this for 1 to 3 months, depending on your doctor’s instructions.
- At first, your recipient and donor sites will look dark pink in color. This color will change and become lighter over the next few months. Once your sites have completely healed, you can use makeup to cover any scarring.

Call Your Doctor or Nurse if You Have:

- A fever of 101° F (38.3° C) or higher
- Shaking chills
- A thick yellow (pus-like) drainage from your donor or recipient site
- Drainage from your donor or recipient site that smells bad
- New or increased redness or warmth around your donor or recipient site
- New tenderness around your donor or recipient site

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

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

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