

Caring for your child's skin graft and donor site

Burns & Plastic Surgery /

Children's Day Care Unit

Information for Patients, Parents & Carers

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What is a split thickness skin graft?

When an area of skin is lost or damaged and needs to be replaced it can be covered with a skin graft. Skin is usually 'taken' from another part of the body, most commonly the thigh. The place the skin is taken from is called the "donor site".

The "taken" skin is called a split thickness skin graft because it is made up of the top layer of skin (epidermis) and a small part of the layer below the epidermis (the dermis).

How long will my child be in hospital?

Whether your child can go home the same day or whether they need to stay in hospital will depend on the size and location of the area grafted. Being sent home can also depend on how they recover after being put to sleep and if they are in pain, feeling sick and if they are eating and drinking enough.

How is the skin graft secured?

It is important for the success of the skin graft, that the graft is firmly secured and held in place with a clean thick dressing. This has to be left in place until the first check, 5 to 7 days after the procedure. Your child will have 2 dressings, 1 covering the skin graft and 1 covering the donor site.

Follow-up appointments

If your child is sent home before their graft check (first dressing change) you will either be

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given a follow-up appointment when you leave or it will be sent to you in the post.

You will be asked to come to the Burns and Plastics Dressing Clinic for follow up appointments to see a nurse (this is a nurse-led clinic). The clinic is on Children's Day Care Unit, Level 4 of the Windsor Building at Leicester Royal Infirmary.

You should give your child pain relief 30 minutes before the appointment time to help your child be comfortable for their dressing change. We normally would recommend paracetamol and ibuprofen as long as there are no other medical reasons why your child cannot take these medications, if you are not sure check with their General Practitioner (GP) or nurse.

At this appointment your child will be checked by a nurse and the nurse will tell you how the skin graft has taken. You will then be told if any more appointments are needed.

If you have any concerns, or are unable to bring your child to the appointment please call Children's Day Care on 0116 258 6922 or Ward 19 out of hours 0116 258 5534.

Aftercare of your skin graft

Once the graft has been seen by a nurse and dressings are not needed, we advise you to cover the healed graft with factor 50 or sun block if the new skin is going to be out in the sun. This area of skin is sensitive and more likely to burn in the sun. The area could be covered with clothing to protect it or a hat if the graft is on your child's head.

If the graft is knocked it could get damaged so your nurse will advise you about the length of time to keep your child off school.

Sometimes healed skin grafts can become itchy. Regular washing and moisturising will help with this. You may need to ask the GP to prescribe an antihistamine if washing and moisturising is not helping. Try not to let your child scratch as it may break the skin, introduce infection and damage the graft.

For ongoing scar care you will be told about keeping the skin moisturised. A scar leaflet will be given and a referral to the Occupational Therapy team who provide scar therapy can also be done if needed.

If the skin graft is over a joint it is important to have scar therapy and come to appointments because as skin grafts get older they can shrink (contract) and become tight. This can sometimes make moving that joint more difficult. Your child may also have to wear a splint or cast for a short time after surgery to prevent movement of the graft if it is over a joint.

What is a donor site?

A 'donor site' is the part of the body where the piece of skin has been taken from. The skin can be taken from various areas, most common is the thigh.

During surgery your donor site will have been dressed with a special dressing to help slow down

the leaking of fluid that comes from the wound.

It is normal for the wound to leak fluid. The purpose of the dressing is to:

- absorb the fluid
- keep the wound clean and dry
- protect the 'raw' surface
- allow the wound to heal

It is normal for the wound to have a slight smell from the fluid or dried blood. The dressing may also harden and become loose. The level of weeping usually settles after 3 to 4 days.

When does the donor site dressing need changing?

The donor site dressing will be checked but not changed, at the same time as the graft check. The donor site is usually checked at the Burns and Plastics Dressing Clinic by the nurse between 10 to 14 days after surgery. If you have any concerns about the donor site or you notice it has slipped please ask the nursing staff in the clinic or call Ward 19 if out of hours.

It is important that this dressing does not get wet.

The donor site dressing should only be removed early if there are concerns. Removing it early can cause unnecessary pain, bleeding, risk of infection and delayed healing.

What to do if your child's dressing is leaking or coming off?

If you notice your child's dressing is loose before you go home, please tell the nursing staff on the ward and they can re-pad or secure the dressing. If you have concerns after you have been sent home, please contact Ward 19 out of hours or the Children's Day Care Unit.

Why is my donor site more painful than the graft site?

The donor site is more painful than the graft site because the area is raw whilst healing and there are lots of exposed nerve endings in the surface of the skin. This pain usually settles after 5 to 7 days. We advise you give your child regular pain relief, for example paracetamol and ibuprofen. Please ensure you have given enough pain relief at least 30 minutes before any dressings are removed. Always follow the written instructions on the medication boxes and ensure your child is safe to take these medications, if unsure check with their GP.

Aftercare of a donor site

Once your child's donor site dressing has been removed and is healed, you will be advised to moisturise the area 3 to 4 times a day. We recommend you use Epimax Cream or if your child has a different moisturiser check with the nurse that it is suitable. Epimax Cream can be bought

over the counter at a pharmacy.

It is normal during healing for the donor site to be itchy, try not to let your child scratch. Once completely healed, your child can bath/ shower, please ensure water is cooler than normal as the healed skin will feel more sensitive.

You will notice a difference in the skin colour on the donor site. At first it may look bright red but over several months the area will become paler. Please do not worry as this is normal and gradually over time, the colour will become closer to the normal skin pigment surrounding it. This can vary and may take up to 4 to 6 months. Again this skin will need factor 50 sun cream if exposed to the sun to protect it from burning as it will be more sensitive once healed.

Why might a skin graft not work?

If a skin graft does not attach to the wound bed this means it has not worked. There are many reasons this can happen such as, too much movement, infection, bleeding or fluid under the graft. The first 5 to 7 days after surgery are the most important for graft “take”.

Infection:

If infection is present the bacteria can dissolve the skin graft.

The wound will take longer to heal because the body is fighting off the infection instead of trying to heal the graft.

To prevent infection try to keep the dressing clean and dry. Do not remove it to look at the wound.

Fluid or bleeding:

When there is an injury or a wound to the body this causes swelling.

Swelling creates fluid that tries to escape from the body, if the fluid sits in-between the wound and the graft this can stop the skin graft from sticking down.

Nutrients and oxygen then find it harder to reach the wound; these are what help the wound heal.

Movement:

For a graft to “take” (stick to the wound bed) it needs to not move around the wound bed; it must be still.

If a graft is over a joint or on a leg it is even more important to prevent the graft from moving; sometimes the movement should be restricted e.g. by wearing a splint or being on bed rest (the nurse will tell you if this is the case and how long your child needs it, if this is necessary).

It is quite likely a scar will occur on the grafted site, but usually the donor site does not scar. Darker skin types however, are more prone to problematic scarring. Scarring can sometimes occur in both sites, please discuss this with your nurse.

A referral for scar therapy can be done for your child if needed, please ask your nurse for more information if required.

How to improve the chances of successful graft take

- Elevation: keep limb or grafted area raised if possible - this will reduce swelling, reduce fluid leakage and improve circulation.
- Immobilise area if possible - this will stop too much movement.
- Don't touch the graft or remove the dressings - this will reduce risk of infection.
- Try not to rub, or knock, or wet the dressings.
- Keep your child well hydrated and give them a high protein diet as this will improve wound healing but seek advice from your child's General Practitioner (GP) before giving high protein if your child has renal/ kidney problems.
- Foods that are high in protein, such as, chicken, lentils, pulses, green beans, broccoli, fish, eggs are good for wound healing. If your child suffers from kidney problems please check with their GP before increasing their protein.

However, all of this advice can be followed but still a graft may not work.

If unsuccessful more surgery might be needed if it is a large area. For smaller areas usually the wound will still heal but will take a slightly longer time as sometimes only small parts of the skin graft has worked.

Contact details

We hope this information will help you care for your child at home. If you feel you need more information or advice, or if you have any concerns, please contact:

- Children's Day Care Unit - Windsor Building, Level 4, Leicester Royal Infirmary
Monday to Friday - 8am to 6pm 0116 258 6317 / 0116 258 6922
- Out of hours: Ward 19 - Balmoral Building, Level 6, Leicester Royal Infirmary
0116 258 5244 / 0116 258 5534

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