

SKIN GRAFT

A Skin Graft is performed when a patient does not have enough skin, or stretch in the skin, to repair the defect once the lesion has been removed. You will have two wounds - the donor site where the skin was taken and the site where the lesion was removed from and the skin graft placed. This procedure is commonly performed on the nose, ear or scalp.

DRESSINGS

The skin graft will be covered with a piece of gauze and foam, stitched on to your wound to put an even pressure on the graft to make sure it 'takes'. Over the next few days the foam will absorb some blood, become hard and unsightly (see photo 2). Do not remove this foam.

The second dressing is placed over the donor site. If this is covered with a plastic dressing you can get this wet but do not remove it.

Your dressings should stay intact until removal of your sutures. Should you feel your donor site dressing start to lift, please resecure with either micropore tape or a larger waterproof dressing (if used). These can be purchased from your nearest pharmacy.

If you feel that your dressing has been compromised, due to:

- Blood, or other fluid collection under the dressing
- A reaction to the dressing

Please call the Sole'vita Surgery to talk to a nurse.

IMMEDIATE WOUND CARE

You have been given a tube of chloromycetin ointment to place a small amount around the edge of the foam twice a day and half an hour before suture removal. This ointment helps to keep the foam moist, limits the risk of infection and allows easier removal.

Keep the foam dry until suture removal. You may clean around the edges of the foam with a damp sponge.



1 A typical lesion on the nose requiring a skin graft and the excision planned.



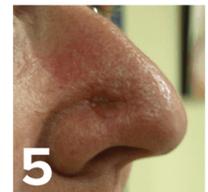
2 One week after surgery, prior to suture removal.



3 Immediately following suture removal.



4 One week after suture removal.



5 Four weeks after suture removal. Area will soften & flatten out over time.

For further information on your Minor Surgical Procedure, please go to www.capsclinic.com.au/solevita/minor-surgical-procedures/

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- Do not under any circumstances shave over the wound areas.
- Surgical sites are vulnerable to the sun, please ensure you protect the area.
- You may experience slight numbness for three to four weeks around the incision site, which usually resolves.

WOUND CARE FOLLOWING SUTURE REMOVAL

- Treat the wound gently. The graft remains fragile for 2 to 3 weeks after suture removal.
- You may shower and get the graft wet but avoid having the full shower stream directly on the graft. Do not rub the graft, pat dry only for 2 to 3 weeks.
- If you have some chloromycetin ointment left, you should continue to apply it over the graft until it runs out, then use moisturising cream daily.
- As the healing of the graft progresses the top layer of the skin will 'scab' over and gradually peel off. This is normal and is not a cause for concern.
- Three weeks after suture removal, begin to gently massage the graft 2 to 3 times a day using any kind of skin moisturiser.

- This encourages circulation to the area, which speeds up the healing process. Continue to massage for 2 to 3 months. The nurses will demonstrate and discuss this.
- It is not unusual for the graft to have a slightly bruised and crater like appearance. This will improve over a six to twelve month period.
- After removal of sutures and when the wound is fully healed, you may use a sunscreen and make up. We recommend mineral makeup.

CONCERNS

The results of your procedure may be compromised by complications. Rapid intervention may reduce the chance of complications becoming a real issue. If these symptoms occur please contact us immediately.

- **You are unable to cease or slow any bleeding of the wound after applying pressure to the area for twenty minutes**
- You feel any heat or increasing pain developing in your wound
- You notice the wound getting red or excessively swollen

**IF YOU ARE CONCERNED, CALL SOLE'VITA SURGERY
ON (02) 6282 1153**

Should you have any urgent concerns outside of clinic hours, we recommend that you go to your local GP, Walk In Centre or Emergency Department.

