

OLYMPIC PLASTIC SURGERY CENTER

POST OPERATIVE INSTRUCTIONS: SKIN GRAFT

1. Keep dressing (grafted area) clean and dry. In most cases, the dressing will be removed 5 to 7 days after surgery, at the time of your follow-up appointment, in the clinic. Skin grafts require early immobilization, and it is important that the dressing not be removed prior to this, as this could increase the risk of graft loss.
2. Following removal of the dressing, the area should be kept clean. The grafted area and surrounding skin can be gently cleansed with soap and water, avoiding trauma to the grafted site. Avoid soaking the area until it is well-healed. Usually showering is safe beginning at 10 to 14 days after surgery. Care should be taken to avoid direct contact between the shower stream and the graft, until it is well-healed.
3. If possible, the surgical site should be elevated above the level of the heart to decrease swelling and discomfort. This is generally helpful for about 2 weeks after surgery.
4. The skin graft donor site is usually covered with an adherent yellow medicated gauze (Xeroform) or a clear adhesive dressing (appearance of Saran wrap). **a.** The clear adhesive cover should be kept clean and dry. Fluid may accumulate under this dressing (this can be drained in clinic if it is a large collection) or it may leak out from under the dressing. In the case of leakage, leave the dressing as it is and reinforce the area with dry gauze and tape to control drainage. **b.** The Xeroform dressing is usually covered by a white gauze dressing. The overlying gauze should be removed the day after surgery. The yellow Xeroform should then be left open to air; it should **NOT** be removed. The xeroform will become incorporated into a scab over the donor site. It will peel up from the edges as healing occurs – the edges can be trimmed with scissors as needed. **c.** If a VAC dressing was used, do not remove or alter the settings. This will be removed in the office. A hair dryer (low or no heat) can be used for 15 minutes 2-3 times a day to promote drying of the xeroform/donor site.
5. Avoid aspirin-containing products or anti-inflammatory medications (Motrin, Aleve, etc.) for 2-3 days after surgery, as these may increase the risk of bleeding immediately after surgery. Tylenol is safe immediately after surgery and may be alternated with (or used in place of) prescribed pain medication.
6. A neutral moisturizing lotion, such as Eucerin, can be applied to the grafted area beginning at about 2 wks from the time of surgery. Lotion can also be applied to the donor site after it is healed. Lotion should not be applied to any portion of the wound that remains open. If there are small open areas that remain, a thin layer of antibiotic ointment, such as Neosporin or Bacitracin, can be applied to these – Dr. Meeks will direct you in this regard.
7. It is usually a good idea to avoid strenuous activity or exercise for the first 7-10 days after surgery. Avoid activities and body movements that could disrupt the graft. These include direct contact and shearing motions at the graft site – this is critical during the first 2 wks following surgery.
8. Driving should be avoided if you are taking narcotic pain medications or if there is still significant pain from the surgery.

What to look for / Troubleshooting:

1. Signs of infection: increasing redness, pain, warmth, swelling, or purulent drainage at the surgical site. Additionally, fevers and chills can be signs of infection. Normal surgical pain and swelling should generally begin to decrease 2-3 days after surgery. Infection of the grafted or donor areas may require premature removal of the dressings placed at the time of surgery. Failure to address this in a timely manner can lead to graft loss. If you suspect infection at the surgical site, contact Dr. Meeks as soon as possible to determine the appropriate treatment course.
2. Signs of bleeding: sudden increased swelling/mass-effect at the surgical site, drainage of blood from the wound, or severe bruising around the surgical site. Drainage of a small or moderate amount of blood-tinged fluid following surgery is not uncommon and is usually not indicative of active bleeding. If there appears to be active bleeding, direct pressure on the site can be helpful. An accumulation of blood under the graft can

lead to partial or total graft failure; this can be treated by drainage in the office. If you suspect significant bleeding following surgery, contact Dr. Meeks to determine appropriate treatment.

3. Seroma is an accumulation of fluid at a surgical site. If a significant fluid accumulation occurs under the skin graft, it can cause loss of part or all of the graft. Removal of this fluid can be performed in the office.
4. Graft failure: portions, or rarely all, of the graft can appear to "slough" from the wound. In this case, the graft is no longer adherent to the wound bed and it loses its blood supply, resulting in the loss of that portion of the graft. Small portions of graft loss are not uncommon and usually heal well with the appropriate wound care. If there are small open areas, due to partial graft loss, antibiotic ointment can be applied to these areas (see #6 above).