­

**Royal Manchester Children’s Hospital**

**Information for Patients**

**Skin Grafting: Information for Parents & Carers**

**Introduction**

This booklet is to help you to understand what the medical team mean when they say skin grafting.

The aim is to provide you with some answers regarding the process and aftercare.

The medical and nursing staff will be able to provide you with more answers so that you have a full understanding.

**What is skin grafting?**

## **A skin graft is a thin layer of healthy skin, taken from one area of the body and placed over the area to replace the lost or damaged skin.**

## There can be many reasons why someone would undergo skin grafting such as burns, cuts (lacerations) or coverage of skin following removal of skin growths.

## The area where the skin is removed from is called a Donor site, the skin can come from many places on the body your medical team will inform you where the most likely place will be, if possible before surgery.

## The skin is then placed on the damaged area and is often held in place using surgical glue, staples or sutures. A dressing is then placed on top of the area.



## **Types of skin grafting**

## The 2 most common types of skin grafting are “Split-thickness skin grafts” and “Full thickness grafts”.

## **Split Skin Grafts:**

## This is where a thin layer of the top part of the skin (epidermis) and a small part of the deeper skin (dermis) is taken off and used for the grafting process.

## **Full thickness grafts:**

## This is where all the layers of the skin is taken and used for the grafting process.

## **What are the benefits for having a skin graft?**

## Benefits Hanging Sign Isolated On White Wall Stock Clipart | Royalty-Free | FreeImages

## Help to heal the area quicker

## Help to reduce pain and discomfort when dressings changed

## Help to reduce the risk of infection

## Help reduce the chance of scarring

## Help stop contractures in joints

## Cover an area that has lost skin

## **Possible Complications**

## Your medical team will go more in depth with you during consent regarding possible complications following a skin graft.

## These can include infections, bleeding and lost of graft.

## **Management**

## Following discharge home, you will be asked to keep the child’s **dressings clean and dry**. You will receive an appointment to return to our clinic to have their dressings changed.

## If the skin graft is over and joint then he/she may have something called a splint in place to prevent this area from moving. This is to prevent the graft from moving thus reducing the risk of slippage.

## This dressing is normally changed between 3 to 7 days depending on the graft site and patient welfare.

## The donor site will have a firm dressing applied and this is left intact for as long as possible, normally 10 - 14 days. **Again you will be asked to keep the area dry and clean**. You will be provided with telephone numbers on discharge to ring if you are concerned.

## **What to expect to see at the first dressing change**

## Not always is the wound healed at the first dressing change and they may require additional dressings to allow the wound to heal fully.

## At first the skin graft may look different in appearance to their normal skin, can often look dark reddish purple.

## It can take anything up to 2 years following grafting for it to fully fade in colour and it may never look the same as before. The texture of the skin can also be different but the aim is to heal the wound sooner so that we can implement scar management (please see Scar Management booklet) as soon as possible. We will help you and your child through this process.

## **Aftercare**

## occupational therapy clip art free - Clip Art Library**Washing and Creaming**

A strong commitment is required from parents, carers and families to follow through with the treatment plan to ensure that we achieve the best possible scar result.

Burn scars can become very dry and this will lead to itching and breakdown of skin. The reason why scars are dry is due to damage to the glands in the skin that produce the natural oil. If the glands are damaged or scarred as in deeper burns or after skin grafting, the scars will always be dry. In more superficial burns, the glands will recommence natural oil production but will take time.

We need to reintroduce the oils by applying non-fragranced moisturising creams to the areas involved.

This also allows the patient (careers, parents) to massage the burn scars more easily.

This is usually done 3 times a day (if this is different your therapy team will inform you), but the length of time varies depending on the size and position of the scar. As a team we will advise you on this on an individual basis.

**Process**

Skin is washed thoroughly with a non-fragrance soap (i.e. baby soap), then dried. It is extremely important to wash previous cream off before applying new cream to help prevent blackheads and pimples.

Moisturiser cream is applied onto the affected areas. It is done in a circular motion. It is important to support the scar before applying pressure and commencing the circular massaging to ensure that you are not just moving the scar tissue around itself. Massaging the scar helps to keep it supple by shifting the fluid that builds up in the scar tissue. Massaging helps joints to move better and they donot feel stiff and achy. Further massaging techniques will be shown to you by our after-care team.

## Your child may not enjoy the procedure but with patience, encouragement and perseverance your child will come to enjoy it.

## Any concerns please speak to your nursing staff and medical team and they will answer any questions that you have.

**Contact details:**

communication-1293317_960_720Burns and Plastics After Care Clinic on 0161 701 9250 from

8.00 am – 4.00 pm Monday to Friday.

Outside these hours contact the Burns Unit on 0161 701 8100.

envelope-35392_960_720

www-1632431_960_720